



# Saint Alphonsus

## REHABILITATION SERVICES (STARS)

208-367-7000

208-367-8944

www.starspt.org

### Concussion—Return to Participation Medical Release

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ School/Grade \_\_\_\_\_

Date of Injury: \_\_\_/\_\_\_/\_\_\_ Sport/ Injury Details: \_\_\_\_\_

At this time, the student is:

- symptom-free at rest  NOT symptom-free
- symptom-free at exertion  NOT symptom-free at exertion
- scoring within a normal range on ImPact  NOT scoring within a normal range on ImPact

When impact is utilized, please either attach or allow access to baseline and post concussion scores with percentiles.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Completed by (Printed Name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Registered Athletic Trainer  Coach  Athletic Director  Other: \_\_\_\_\_

#### Graduated, Step-wise Return-to-Participate Progression

1. **No Activity:** Complete rest, both physical and cognitive. This may include staying home from school or limiting school hours and/or homework as activities requiring concentration and attention may worsen symptoms and delay recovery.
2. **Light aerobic exercise:** Walking or stationary bike at low intensity; no weight lifting or resistance training.

Before progressing to the next stage the student must be healthy enough to return to school full time

3. **Sport-specific exercise:** Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities.
4. **Non-Contact training:** More complex drills in full equipment. Weight training or resistance training may begin.
5. **Full Contact practice:** Participate in normal training activities.
6. **Unrestricted Return-to-Participation/full competition.** (Earliest Date of Return-to-Participation: \_\_\_\_\_)

The Student should spend a minimum of one day at each step. If symptoms re-occur, the student must stop the activity and contact their trainer or other health care professional. Depending upon the specific type and severity of the symptoms, the student may be told to rest for 24 hours and then resume activity one-step below where he or she was when the symptom occurred. **Graduated return applies to all activities including sports and PE classes.**

#### **This section to be completed by Physician/ Health Care Professional:**

- Student **may NOT return** to any sport activity until medically cleared.
- Student should **remain home from school** to rest and recover with a projected return date \_\_\_\_\_
- Please **allow classroom accommodations**, such as extra time on tests, a quiet room to take tests, and a reduced workload when possible.

Additional Recommendations: \_\_\_\_\_

- Student **may begin graduated return at stage circled above:** symptom free at rest and with graded exertion, can return to participation on date above.
- Student is now **cleared for full contact practice/participation:** symptom free at rest and exertion and has completed a graduated Return-to-Participation protocol.

Physician/ Health Care Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/ Health Care Professional Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\* Special thanks to the Oregon School Activities Association, [www.osaa.org](http://www.osaa.org), who created this form and granted permission to STARS for its use\*\*

