



# Concussion Management Protocol Return to Play Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).

\_\_\_\_\_  
*Student Name (Please Print)*

\_\_\_\_\_  
*School Name (Please Print)*

## Designated school district official verifies:

*Please Check*

- The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.
- The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.

\_\_\_\_\_  
*School Individual Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*School Individual Name (Please Print)*

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## Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

*Please Check*

- Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.
- Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.
- Understands the immunity provisions under Section 38.159 of the Texas Education Code.

\_\_\_\_\_  
*Parent/Responsible Decision-Maker Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Responsible Decision-Maker Name (Please Print)*

## Concussion Physician Clearance / Referral Form

Date: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_

The above named athlete is being referred due to signs/symptoms of a concussion (MTBI). Please have the athlete or parent/guardian return the completed form to the school designee. Once cleared, under Texas HB 2038, the athlete is required to complete a Return-to-Play Protocol before full unrestricted participation is allowed.

\_\_\_\_\_ Athlete is NOT cleared for any physical activities until seen again by the physician.

\_\_\_\_\_ Athlete is allowed to begin the required Return-to-Play Protocol (when symptom free for 24 hours).  
Once the athlete completes the protocol, the athlete is cleared for full participation.

\_\_\_\_\_ Athlete is allowed to begin the required Return-to-Play Protocol. Once the athlete completes the protocol,  
he or she must return to my office for re-evaluation before being cleared for full participation.

\_\_\_\_\_ Athlete is not diagnosed with a concussion, and is cleared for Full participation.

(Any restrictions: \_\_\_\_\_)

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\* For Post-Concussion computer-based Cognitive testing and Vision & Balance Testing, please call the  
CHI St. Joseph Health Sports Medicine Concussion Program at 979-731-2876 \*\***

### RETURN-TO-PLAY PROTOCOL:

Per HB-2038 - A coach is not permitted to clear an athlete for participation following a concussion/MTBI. The athlete MUST see a physician. The stages of the Return-to-Play Protocol are as follows: The athlete must be symptom free for 24 hours before beginning (48 hours symptom-free is preferred). The Return to Play Protocol steps can be supervised by an Athletic Trainer, coach or nurse. Only one step per day

1. Mental rest. 24 hours symptom-free
2. Light aerobic exercise with no resistance training; 10-15 minutes. No resistance training/lifting.
3. Moderate aerobic exercise (run / jog / bike) for 15 – 20 minutes, and can do light resistance training/lifting.
4. Sport-specific activity, non-contact drills. No head impact activities. 20-30 minutes. Continue resistance training.
5. Sports-specific, light contact training drills with resistance training allowed. Any return of symptoms (physical or mental), Must see physician.
6. Full contact practice. No games, scrimmage, or competitive play. Any return of symptoms (physical &/or mental) Must return to physician.
7. Full game/competitive play. Any return of symptoms (physical &/or mental) Must return to physician.

**Note – Athlete progression continues as long as the athlete is asymptomatic at current level. If the athlete experiences any post-concussion symptoms, he or she must wait 24 hours and be asymptomatic before resuming. The athlete will start the progression again at the level of the program where he or she was last symptom free.**

Athletic Trainer (or \_\_\_\_\_ ISD Representative) clearance required for full unrestricted participation.

# Return to Play Guidelines    Following a Head

## Injury/Concussion

*Be proactive in the prevention, recognition, and management of concussions in order to limit the risk of concussions associated with athletics. As well as to limit the potential catastrophic and long term risks associated with sustaining a concussion. Therefore the management and return to play decisions will remain in the realm of clinical judgment on an individual basis by both the Licensed Athletic Trainer and the Physician.*

### Texas Return to Play Guidelines Following Concussion

*Per HB2038 UIL student-athletes must be cleared by a physician after a suspected concussion and before beginning the Return to Play Protocol. The athlete MUST complete the Return to Play (RTF) progression in adherence to their school districts' protocol, under the care of the Athletic Trainer or the district's designee.*

**\*\* Returning to Play/activity following a head injury must follow a "RTF" stepwise progression. The athlete Must be released from a physician, have the signed. UIL approved "Return to Play" parent/ athlete consent form, and be symptom free (both physical & mental) for 24 hours before beginning the "RTP" progression. The athlete should complete each level and progress to the next (in 24 hour intervals) if they remain asymptomatic both at rest and with exercise. Should the athlete become symptomatic during any phase of the progression, they should drop back to the previous asymptomatic level and try to progress after a 24 hour period of rest has passed. If the athlete remains symptomatic for an extended period of time the athlete may need to return to the physician.**

Also, recovering from a concussion may require academic / educational modifications/accommodations. Your physician, school counselor & teacher will be able to work with you and your child in determining any possible needs/changes.

**"RTP" Progression: (The following Levels / Steps are to be done One Day at a time while monitoring for symptoms)**

**Possible start date of:** \_\_\_\_\_

Level-Day 1 ( \_\_\_\_\_ ) – 24 Hours with no symptoms

Level-Day 2 ( \_\_\_\_\_ ) - Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, Resistance training, or any other exercise. If no symptoms re-occur, then you may do Level 2 tomorrow.

Level-Day 3 ( \_\_\_\_\_ ) - Moderate aerobic exercise- 15-20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment. If no symptoms re-occur, then you may do Level 3 tomorrow.

Level-Day 4 ( \_\_\_\_\_ ) - Non- contact sport-specific training drills in full uniform. May begin weight lifting, resistance training, and other exercises. If no symptoms re-occur, then you may do Level 4 tomorrow.

Level-Day 5 ( \_\_\_\_\_ ) - Full contact practice or training. If no symptoms re-occur, then do Level 5 tomorrow.

Level-Day 6 ( \_\_\_\_\_ ) - Full game play. Any return of symptoms (physical &/or mental) at this level, then another Physician exam is required.

**\*\* You should NEVER return to activity/play if you still have ANY symptoms. (Physical &/or mental). \*\***  
**\*\* This is to prevent / avoid re- injury and possible "Second-Impact Syndrome."**

Continued post-concussive symptoms, prior concussion history and any diagnostic testing results along with neurocognitive testing and physical exam, will be utilized by a Physician and athletic trainer in establishing a timeline for an athlete's return to activity. It is important to note that this timeline could last over a period of days, weeks, months, or potentially medically disqualify the student from athletics. All cases will be handled on an individual basis.

All concussions are to be reported to the Oversight Committee Chairperson by the high school coach or middle school coach. The information reported via e-mail will include the date of concussion, sport, event, gender, date of physician release, date passed progressive return protocol, and school name. A follow-up e-mail will also be sent to the Oversight Committee Chairperson when final return to play has been determined by the high school coach, middle school coach, or school nurse.