

**MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION  
FOLLOWING A CONCUSSION OR INJURY**

This release is to certify that \_\_\_\_\_ has been examined  
(Student's name)

due to experiencing the signs, symptoms and behaviors consistent with a concussion or another injury. Following an examination, it is my medical opinion that he/she:

\_\_\_\_\_ **Is unable to return to any participation in athletics until further notice.**

**Return appointment scheduled on:** \_\_\_\_\_  
(Date)

\_\_\_\_\_ **May return to limited participation in athletics on** \_\_\_\_\_  
(Restrictions are noted below) (Date)

\_\_\_\_\_ **Following return to limited participation, this student needs to return for re-evaluation before being released for full participation in athletics.**

\_\_\_\_\_ **May return to full participation in athletics on** \_\_\_\_\_  
(Date)

*Restrictions:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Medical Professional's Name and license held** (Type or print) \_\_\_\_\_ **Date**

\_\_\_\_\_ **Medical Professional's Signature** \_\_\_\_\_ **Phone Number**

**Parent's or Guardian's Permission and Release**

I hereby give my consent for my son/daughter to return to participation following their concussion as per the instructions detailed above.

\_\_\_\_\_ **Parent's or Guardian's Signature** \_\_\_\_\_ **Date**

\_\_\_\_\_ **Parent's or Guardian's Home Phone #** \_\_\_\_\_ **Parent's or Guardian's Work Phone #**

**RETURN TO PARTICIPATON PROTOCOL FOLLOWING A CONCUSSION  
ARE ON THE BACK OF THIS FORM.**

# RETURN TO PARTICIPATION PROTOCOL FOLLOWING A CONCUSSION

Return to participation following a concussion is a medical decision. Medical experts in concussion believe a concussed student should meet ALL of the following criteria in order to progress to return to activity. The protocol below will help licensed medical professionals designated by Iowa Code determine when return to participation is appropriate:

- **Asymptomatic at rest, and with exertion (including mental exertion in school), AND have written clearance** from physician, physician's assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist or licensed athletic trainer . ***\*Written clearance to return by one of these licensed medical professionals is REQUIRED by Iowa Code Section 280.13C!***
- Once the criteria above are met, **the student should progress back to full activity following the stepwise process** detailed below. An appropriate health care professional, or their designee, should closely supervise this progression.
- **Progression to return is individualized and should be determined on a case-by-case basis.** Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the student, and sport/activity in which the student participates. A student with a history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may progress more slowly as determined by an appropriate health care professional, or their designee.

**Step 1. Complete physical and cognitive rest.** No exertional activity until asymptomatic. This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.

**Step 2. Return to school full-time.**

**Step 3. Low impact, light aerobic exercise.** This step should not begin until the student is no longer having concussion symptoms and is cleared by the treating primary health-care provider or concussion specialist for further activity. At this point the student may begin brisk walking, light jogging, swimming or riding an exercise bike at less than 70% maximum performance heart rate. No weight or resistance training.

**Step 4. Basic exercise,** such as running in the gym or on the field. No helmet or other equipment.

**Step 5. Non-contact, sport-specific training drills** (dribbling, ball handling, batting, fielding, running drills, etc.) in full equipment. Weight-training can begin.

**Step 6. Following medical clearance\*, full contact practice or training.**

**Step 7. Normal competition in a contest.**

**NOTE:** Generally, **each step should take a minimum of 24 hours.** If post concussion symptoms occur at **ANY** step, the student must stop the activity and their health care provider should be contacted. If any post-concussion symptoms occur during this process the student should drop back to the previous asymptomatic level and begin the progression again after an additional 24-hour period of rest has taken place.

*References: "Suggested Guidelines for Management of Concussion in Sports," NFHS Sports Medicine Advisory Committee 2009; "Consensus State on Concussion in Sport 3<sup>rd</sup> International Conference in Sport Held in Zurich, November 2008," Clinical Journal of Sports Medicine, Volume 19, Number 3, May 2009.*