

**STUDENT HEALTH REVIEW/EXAM****SECTION B: To be completed by physician, physician assistant or advanced nurse practitioner***This form to be sent to the school (do not send to ASAA)*

<b>Student Last Name</b>	<b>Student First Name</b>	<b>MI</b>	<b>Date of birth</b>	<b>Grade</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Height</b>	<b>Weight</b>	<b>Blood Pressure</b>	<b>Pulse</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Vision — Right Eye</b>	<b>Vision — Left Eye</b>	<b>Vision Corrected?</b>	<b>Pupils</b>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	

	NORMAL	ABNORMAL FINDINGS	INITIALS
Cardiopulmonary			
Pulse			
Heart			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

**Clearance:** ☐ Cleared  
☐ Cleared after completed evaluation/rehabilitations for (Specific Sports): \_\_\_\_\_  
☐ Not cleared for: ☐ Collision ☐ Contact ☐ Noncontact ☐ Strenuous  
☐ Moderately Strenuous ☐ Nonstrenuous

Due to: \_\_\_\_\_

**Name of M.D., P.A. or ANP (circle which)****Signature****Date****Address****Phone****ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.**

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# ASAA HEALTHCARE PROVIDER RELEASE AND RETURN TO PLAY PROTOCOL (RTP)

Student Name: \_\_\_\_\_

Sport: \_\_\_\_\_ School: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Description: \_\_\_\_\_

## IMPORTANT NOTE TO HEALTHCARE PROVIDER

Per AS 14.30.142, as amended, a student who has been removed from participation in a practice or game for suspicion of concussion may not return to play until the student has been evaluated and cleared for participation by an Athletic Trainer OR by a qualified person who verifies that he or she is currently trained in the evaluation and management of concussions.

**"Qualified person"** means either:

- 1) A health care provider licensed in Alaska, or exempt from licensure under Alaska law (AS 08.64.370(1), (2), or (4),  
**OR**
- 2) a person acting at the direction and under the supervision of a physician licensed in Alaska, or exempt from licensure.

As interpreted by ASAA, Athletic Trainer means a Certified Athletic Trainer.

As interpreted by ASAA, "Trained" means that the provider:

- 1) Has completed the online CDC Concussion Course for Clinicians ([www.preventingconcussions.org](http://www.preventingconcussions.org)) in the last two years,  
**AND**
- 2) Has **a)** completed 2 hours of CME in Sports Concussion Management in the last 2 years, or **b)** has completed a one-year Sports Medicine Fellowship, a Certificate of Added Qualifications in Sports Medicine, or a Residency in Neurology or Neurosurgery.

**IF YOU DO NOT MEET THESE CRITERIA, PLEASE REFER THE STUDENT ATHLETE TO A HEALTHCARE PROVIDER WHO DOES**

**If an athlete is removed from participation in an activity because of a suspected concussion:**

BUT is found **not to have a concussion**, the athlete's return to play should be determined by the athlete's medical provider in accordance with the provider's assessment of the athlete's condition and readiness to participate;

AND is **determined to have sustained a concussion**, the athlete's readiness to return to participation should be assessed in accordance with the Alaska School Activities Association's graduated Return to Play (RTP) protocol. All student athletes with a concussion must successfully complete an appropriate RTP Protocol that lasts a minimum of six days before resuming full athletic activity. The Return to Play protocol recommended by ASAA's Sports Medicine Advisory Committee is described below.

Students should begin with a period of complete rest in which they avoid cognitive and physical exertion. As symptoms diminish, and the athlete feels able, he/she can begin trials of cognitive work, e.g. reading, texting, computer, TV, school. The introduction of cognitive work should be in short increments which increase progressively in length and intensity so long as concussion symptoms do not recur or worsen. When several hours of cognitive work are well tolerated at home, then attendance at a half day of school is appropriate. When a full day of school is tolerated, then homework may be added. Academic accommodations may be necessary for student athletes as they return to school following a concussion. If cognitive work at any time provokes or exacerbates symptoms, then the work should be discontinued, additional cognitive work should be minimized until symptoms regress, and the student can attempt to advance cognitive work again on the following day.

Only when the concussion symptoms have been entirely absent for 24 hours, does Day 1 of the progressive return to physical activity begin. The **Return To Play Protocol** is to take place over a **minimum of six days, with at least 24 hours between each step**. The rate of progression through the steps in the program should be individualized. Factors which may slow the rate are young age, history of previous concussions, number/severity/duration of concussion symptoms, medical risk factors, and the concussion risk of the sports to which the athlete will return. Physical or cognitive activity that provokes recurrence of concussive symptoms will delay recovery and increase the risk of future concussion. Therefore, if symptoms recur at any step, then physical activity should stop until 24 hours after resolution of the symptoms, and then resume at the previous step.

## PAGE 2 of 2 ASAA HEALTHCARE PROVIDER RELEASE AND RETURN TO PLAY PROTOCOL (RTP)

Student Name: \_\_\_\_\_

<b>SYMPTOMATIC STAGE:</b> Physical and Cognitive Rest; Then Incremental Cognitive Work, without Provoking Symptoms.	
<b>Day 1</b>	Begin when symptom free for 24 hours. 15 min of light aerobic activity: walk, swim, stationary bike. <b>NO</b> resistance training.
<b>Day 2</b>	30 min light-moderate aerobic activity: jog, more intense walk, swim, stationary bike. <b>NO</b> resistance training. START PE class at previous day's activity level. As RTP Protocol activity level increases, PE activity level remains 1 day behind
<b>Day 3</b>	30 min mod-heavy aerobic activity: run, swim, cycle, skate, Nordic ski. <b>NO</b> resistance training.
<b>Day 4</b>	30 min heavy aerobic activity: hard run, swim, cycle, skate, Nordic ski. 15 min Resistance Training: push-up, sit-up, weightlifting
<b>Day 5</b>	Return to Practice, Non-contact Limited Participation: Routine sport-specific drills
<b>Day 6</b>	Return to Full-Contact Practice
<b>Day 7</b>	Medically Eligible for Competition after completing RTP Protocol and is cleared by Healthcare Professional. ASAA Eligibility Criteria must be met before return to competition.

### SECTION 1: THE CONCUSSED ATHLETE - to be completed by Healthcare Provider

- ☐ Student has sustained a concussion and is not yet ready to begin the Return to Play Protocol.
- ☐ Student is cleared to begin ASAA's **Return to Play Protocol** with any modifications noted below. *This clearance is no longer effective if student's symptoms return and persist.*

☐ **Student is entirely free of concussion symptoms and has completed the ASAA Return to Play Protocol as described above. The athlete is medically eligible to return to competition.**

Please note any additional modifications to ASAA's Return to Play Protocol below [attach more pages if needed]:

### SECTION 2: THE NON-CONCUSSED ATHLETE - to be completed by Healthcare Provider

- ☐ Student has **NOT** sustained a concussion. The **Medical Diagnosis** which explains his/her symptoms is: This is **REQUIRED** if checking the first box: \_\_\_\_\_
- ☐ Student is cleared to return to full sports participation. Medical Dx: \_\_\_\_\_
- ☐ Student is cleared for limited participation with the following restrictions [attach more pages if needed]:

### SECTION 3: HEALTHCARE PROFESSIONAL ATTESTATION

By signing this form, I attest that I am a **Qualified Healthcare provider authorized under AS 14.30.142** and that I meet the ASAA definition of "Currently Trained" in the evaluation and management of concussion, as explained above. I do hereby take responsibility for the daily monitoring and decision making in managing this student athlete's concussion.

Healthcare Provider Signature \_\_\_\_\_ HCP Printed Name \_\_\_\_\_ AK License Number \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 3: ATHLETE AND PARENT CONSENT

The **Return to Play Protocol** incorporates an internationally recognized process by which concussed athletes are returned to athletic participation as safely as possible. Participation in athletics is accompanied by the risk of injury, permanent disability, and death. Having recently sustained a concussion, an athlete is at more risk for another head injury with risk of permanent disability or death. By signing this form, the athlete and the parent indicate their understanding that the completion of the **Return to Play Protocol** is not a guarantee of safe return to athletic participation. The parent accepts the risk of additional injury in requesting and consenting to the athlete's return to athletic participation.

Student Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Athlete Printed Name \_\_\_\_\_ Parent Printed Name \_\_\_\_\_