



TENNESSEE YOUTH SPORTS ALLIANCE RETURN TO PLAY FORM

(The following information and forms comply with the Tennessee sports concussion law.)

In 2013, the Tennessee General Assembly enacted Public Chapter 148. This act, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion and head injury. Every individual involved in youth athletics must become more proactive in identifying and treating athletes who show signs of concussion or head injury. In order to address this critical issue, the National Federation of State High School Associations includes the following language in every sport rule book publication:

Any player who exhibits signs, symptoms or behaviors consistent with a concussion such as loss of consciousness, headache, dizziness, confusion or balance problems, shall be immediately removed from the game and shall not return to play until cleared by an appropriate health care professional.

CONCUSSION POLICY

1. Information concerning the nature, risk and symptoms of concussion and head injury should be reviewed by all TYSA community directors, coaches, youth athletes and their parent or guardian.
2. The CDC has developed a free online course titled “*Heads Up – Concussion in Youth Sports*” The course may be accessed at www.cdc.gov/concussion/headsup/online_training.html
All TYSA community directors as well as football and cheer coaches, must complete this course annually. A copy of their current certificate must be on file at their TYSA community.
3. Prior to the annual initiation of practice or competition the following persons must review and sign a concussion and head injury information sheet: all football and cheer coaches, athletic directors, and/or community directors, any appointed licensed health care professional.
4. Prior to the annual initiation of practice or competition, all TYSA athletes and the athlete's parent/guardian should review a concussion and head injury information sheet. A form confirming this review shall be signed and returned by the athlete's parent/ guardian.
5. Any youth athlete who shows signs, symptoms and behavior consistent with a concussion shall immediately be removed from the activity or competition for evaluation by a licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training and present a “Concussion Return to Play” clearance to the TYSA community organization.
6. No youth athlete who has been removed from play due to suspected concussion shall return to practice or competition until the youth athlete is evaluated by a health care provider and receives written clearance from the health care provider for a full or graduated return to play.

The Concussion Return to Play Form has been approved by TDH and should be used. It contains specific instructions that shall be followed before an athlete can return to sports. The form is to be completed and signed by a licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training before an athlete that has been removed from practice or a game may return to participate.

A copy of the form must be kept on file by the TYSA community administrator for a period of three (3) years from the date of injury.

7. All documentation of the completion of a concussion recognition and head injury safety education course and signed concussion and head injury information sheets shall be maintained by the TYSA community for a period of three (3) years.
8. Non-compliance with this policy by a TYSA community organization will result in the immediate suspension of that community from TYSA until proof of complete compliance can be established. This suspension shall include all practices and games.

PROTOCOL FOR COMMUNITY DIRECTORS and/or COACHES

1. Determine prior to the start of the contest whether your TYSA community has access to a designated health care professional* during the contest.
2. Continue to monitor players for possible signs of injury as usual.
3. Remove any player that shows signs, symptoms or behaviors consistent with a concussion per CDC Concussion Checklist.
4. Inform the head coach and the TYSA community director that the player is being removed for showing signs, symptoms or behavior consistent with a concussion.
5. The TYSA community organization shall require the player be examined by their designated health care professional. If the designated health care professional determines that the student has not sustained a concussion, the head coach may so advise the officials during an appropriate stoppage of play and the athlete may re-enter competition pursuant to contest rules.
6. The head coach is in charge of getting clearance from the TYSA community's designated health-care professional.
7. If the TYSA community does not have access to a designated health care professional, or if the TYSA community's designated health care professional suspects the athlete may have sustained a concussion, the only means for an athlete to return to practice or play is to complete an evaluation by a licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training and present a "Concussion Return to Play" (RTP) clearance to the TYSA community organization.
8. If signs, symptoms and behaviors consistent with concussion are observed by any coach, TYSA community director or official, and a designated health care professional is not available to evaluate the athlete, the "Concussion Return to Play" form MUST be completed and signed by a licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training and shown to the official(s) by the head coach prior to an athlete returning to participate in a contest the same day.
9. Officials have no role in the diagnosis of a concussion. NFHS rules do require that the officials remove players from the contest when signs, symptoms or behaviors consistent with a concussion are observed and the above written protocol must be followed.

**Designated health care professionals – certified athletic trainer, licensed nurse practitioner, physician's assistant, medical doctor or osteopathic physician*



Checklist

Athlete's Name: _____ Athlete's Age: _____ Date/Time of Injury: _____

Where and How Injury occurred: *(Be sure to include cause and force of the hit or blow to the head.)* _____

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on this form.)* _____

DIRECTIONS:

Use this checklist to monitor the athlete who presents with a head injury. Athletes should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the athlete first presents, then fifteen minutes later, and at the end of 30 minutes.

Athletes who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the child to a health care professional, observe the child for any new or worsening symptoms right before the athlete leaves.

Send a copy of this checklist with the athlete for the health care professional to review.

	0 MINUTES	15 MINUTES	30 MINUTES	<input type="checkbox"/> MINUTES Just prior to leaving
OBSERVED SIGNS				
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events <i>prior</i> to the hit, bump, or fall				
Can't recall events <i>after</i> the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				



Resolution of Injury:

Athlete sent home with parent/legal guardian

Athlete referred to health care professional with experience in evaluating for concussion

SIGNATURE OF TYSA REPRESENTATIVE COMPLETING THIS FORM: _____

COMMUNITY: _____

TITLE: _____

COMMENTS:



TYSA CONCUSSION RETURN TO PLAY FORM

This form is adapted from the Acute Concussion Evaluation care plan on the Centers for Disease Control and Prevention website (www.cdc.gov/injury). All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the youth athlete following a concussion injury. **Please initial any recommendations selected.**

Athlete's Name: _____

Date of birth: _____

Date of Injury: _____

This return to play plan is based on today's evaluation.

Date of Evaluation: _____

Care plan completed by: _____

Return to this office/Time: _____

Return to school on (date): _____

- RETURN TO SPORTS:
1. Athletes should not return to practice or play the same day that their head injury occurred.
 2. Athletes should never return to play or practice if they still have ANY symptoms.
 3. Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating health care provider.

The following are the return to sports recommendations at the present time:

SPORTS:

_____ Do not return to sports practice or competition at this time.

_____ May gradually return to sports practices under the supervision of the health care professional for your school or team.

_____ May be advanced back to competition after phone conversation with treating health care provider.

_____ Must return to the treating health care provider for final clearance to return to competition.

-OR-

_____ Cleared for full participation in all activities without restriction.

Treating Health Care Provider Information (Please Print/Stamp)

Please check:

_____ Medical Doctor (M.D.)

_____ Osteopathic Physician (D.O.)

_____ Clinical Neuropsychologist w/ concussion training

Provider's Name: _____ Provider's Office Phone: _____

Provider's Signature: _____ Office address: _____

Gradual Return to Play Plan

Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (e.g. stationary cycle); moving to increasing your heart rate with movement (e.g. running); then adding controlled contact if appropriate; and finally return to sports competition.

Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day. Move to the next level of activity only if you do not experience any symptoms at the present level. If your symptoms return, let your health care provider know, return to the first level and restart the program gradually.

Day 1: Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking and light weightlifting (low weight – moderate reps, no bench, no squats).

Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and or reduced weight from your typical routine).

Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement.)

Day 4: Sports specific practice.

Day 5: Full contact in a controlled drill or practice.

Day 6: Return to competition