



CONCUSSION EVALUATION AND
RETURN TO SPORT PROTOCOL



*This form is a resource. A healthcare provider is not required to use it;
an official medical release with the necessary information is acceptable.*

This form is adapted from the following sources:
USA Hockey Concussion Management Program (June 2017):
http://assets.ngin.com/attachments/document/0042/6418/USA_Hockey_Concussion_Management_Program_2017.doc; as
well as the Acute Concussion Evaluation (ACE) care plan on the CDC website
(<https://www.cdc.gov/headsup/index.html>).

Athlete's Name: _____

Athlete's Date of Birth: _____ Date of Suspected Injury: _____ Date of Evaluation: _____

Cause/Location of Suspected Injury:

This athlete: ___ HAS ___ HAS NOT received a diagnosis of concussion.

Accepted evaluators are medical professionals trained in the evaluation and management of concussions, acting within the scope of his or her practice.

An official medical release form is an acceptable alternate to the use of this form to return an athlete to participation.

Evaluator's Name: _____

Evaluator's Licensed Medical Designation: _____ Signature: _____

Evaluator's Address: _____

Office Phone: _____ Email: _____



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Graduated Return-to-Sport Strategy

http://assets.ngin.com/attachments/document/0042/6418/USA_Hockey_Concussion_Management_Program_2017.doc

Stage	Aim	Activity	Goal of each step
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate
3	Sport-specific exercise	Running or skating drills. No head impact activities	Add movement
4	Non-contact training drills	Harder training drills, eg, passing drills. May start progressive resistance training	Exercise, coordination and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	

- After a brief period of rest (24–48 hours after injury), patients can be encouraged to become gradually and progressively more active as long as these activities do not bring on or worsen their symptoms.
- There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the athlete should go back to the previous step.
- Resistance training should be added only in the later stages (stage 3 or 4 at the earliest).