

## **Physician Evaluation for Concussion of Student**



Student Name:	DOB:		
School:	Date of Evaluation:		
Please return completed form to Athletic Trainer (High School) or School Nurse (Middle School)			
-	demonstrated signs, symptoms or behaviors of concussion at professional evaluation and recommendation for care.		
student who exhibits signs, symptoms, or be	hool Activities Association, and the National Federation of High Schools, any chaviors consistent with a concussion shall be immediately removed from play until cleared by an appropriate health care professional (MD/DO).		
SIGNS AND SYMPTOMS OBSERVED/	REPORTED (Scat 5 attached if available):		
INITIAL PHYSICIAN (MD/DO) ASSESS	SMENT (Check all that apply):		
Student diagnosed with an alterneturn to full participation at thi Student diagnosed with a concu- supervision of their school's Ath Return to Play protocol.	ssion. Athlete may return to participation under the letic Trainer (only available for grades 9-12) and may begin  ANNOT return to physical activity, sport or competition and		
RETURNING TO SCHOOL: Please sele	ect all that apply.		
Student may return to school wi Student may return to school wi	sence from school while waiting for evaluation. th <b>NO</b> restrictions. th restrictions (see next section). ool. Re-evaluation needed and scheduled		
	se select all that apply. ( <i>Please notify school nurse</i> of academic anage communication of classroom accommodations.)		
No physical education classes, w Allow extra time to complete ass Testing in a quiet environment	veight lifting, or sports participation signments and tests		

No major testing (e.g. mid until	dterms, finals, standardized (date)	tests) during the recovery	y period and/or
Consider reducing make-		y, e.g., reduce about	%.
Abbreviated daily schedu			
Other considerations:			
Physician Signature:		Date:	
Printed Name:			
Phone:			
FOL	LOW-UP PHYSICIAN	ASSESSMENT	
Follow up examination in	dicates that the patient con	tinues to demonstrate sig	ıns, symptoms or
behaviors of concussion and I		• • •	ng but not
limited to sports, practice, PE	classes, running, jumping o	r weight lifting).	
Accommodations still req	uired until next follow-up a	ssessment on	(date):
Release from academic ac	ccommodations on	without additio	nal follow-up.
Upon follow-up examinat May begin the graduated	cion, the patient demonstra I Return to Play protocol un	· · · · · · · · · · · · · · · · · · ·	
Restrictions:			
Only after successful complet	ion of the graduated RTP w	ill the student be cleared	to participate
•	G		to participate.
$\Box$ iviay be cleared by $A$	Athletic Trainer (available o	mly for grades 9-12)	
☐ Must be cleared by	MD/DO		
Upon follow-up examinat and may return to all activitie	•	ed complete recovery fro	m concussion
Name of Physician:		MD/DO	
Signature	Date:		
Phone:	Fax:		

## **Parents and Student**

## UNDERSTANDING THE CONCUSSION PROCESS AND RETURN TO PLAY PROTOCOL

## **Olathe Public Schools**

Best practice under current circumstances is to treat every concussion as a unique and singular injury. The severity varies from case to case, so we treat every instance a new one with new treatment guidelines and restrictions. While previous history of concussion will be taken into consideration, it is not a standard by which the current injury will be treated.

The return to play protocol (RTP) is designed to allow the athlete to return to participation following a diagnosed concussion in the safest and most effective way possible. A question that athletes and parents have is "when will my son/daughter be back on the field?". Unfortunately, there is no clear cut way to give an exact date (see above). The RTP is standard of care, best practice and there are several factors in determining when to start.

- 1. The athlete will begin the RTP after symptoms have resolved and/or as directed by treating physician (MD/DO).
- 2. While the student athlete remains symptomatic, they will not return to physical activity at school or club sports/outside school activities (unless directed by treating physician MD/DO).
- 3. Academic accommodations will be put in place as needed by the MD, the school nurse, or the school counseling department upon return to school. Examples are limiting school hours of attendance, test taking, and homework guidelines and/or limitations.
- 4. If a post injury ImPACT test is needed it shall be performed after 48 hours of recovery.
- 5. Post injury assessment is determined by a MD/DO.
- 6. USD 233 Athletic Trainers *do not* read or interpret the ImPACT Test results.
- 7. The RTP will only begin under the clearance of the attending MD/DO and (for grades 9-12) the supervision of the school Athletic Trainer (ATC).
- 8. The 5 step RTP protocol can only be done in a minimum of 5 days. 24 asymptomatic hours are required to advance to the next step/level. Each step is more demanding than the last and will exponentially tax and test different systems of the body.
- 9. Full clearance will only be granted by the attending MD/DO. If the physician of care wants the athletic trainer to establish full return to participation, there must be paperwork documenting these wishes. Per Kansas law, only a MD/DO may release an athlete.

In the Olathe School District all baseline ImPACT assessments, follow up ImPACT assessments, post injury assessments/RTP administration by the school Athletic Trainer, are conducted free of charge thanks to the partnership with Olathe Health.

Concussion Resources: http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm

