MEALINCARE PROVIDER RELEASE:		Student Name:	
Sport: Date of Injury:	_ School: _ Description:	Birthdate:	

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 o8.64.370(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) 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 <u>not to have a concussion</u>, 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 <u>sustained a concussion</u>, 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) program. All student athletes with a concussion must successfully complete the RTP Program described below before returning resuming full athletic activity.

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 is added. Academic accommodations may be necessary for student athletes attending school when they still have concussion symptoms. 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 is individualized by the supervising healthcare provider. Factors which may slow the rate are young age (18 or less), history of previous concussion, 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 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.

Neurocognitive Evaluation Required: The Anchorage School District requires that a medical release to return to sports participation following a concussion be based upon a neurocognitive assessment or evaluation. A physical examination, alone, is not sufficient.

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HEAL	THCARE PROVIDER RELI	_	ETURN TO PLAY PROTOCOL udent Name:	(RTP)			
Symptomatic Stage: Physical and Cognitive Rest; then, incremental cognitive work, without provoking symptoms.							
Day 1	Begins when symptom-free for 24 hours						
Day 2	15 minutes of light aerobic activity: walk, swim, stationary bike, NO resistance training 30 minutes light-moderate activity: jog, more intense walk, swim, stationary bike, NO resistance training						
	START PE class at previous day's activity level As RTP Protocol activity level increases, PE activity level remains 1 day behind						
Day 3	30 minutes Moderate-heavy aerobic activity: run, swim, cycle, skate, Nordic ski, NO resistance training						
Day 4	30 minutes heavy aerobic activity: hard run, swim, cycle, skate, Nordic ski						
	15 minutes Resistance training: push-ups, sit-ups, weight-lifting						
Day 5 Day 6	Return to Practice, non-contact LIMITED participation; routine sport-specific drills Return to Full Contact Practice						
Day 7	Day 7 Medically Eligible for Competition after completing RTP Protocol and is cleared by Healthcare Professional						
	Eligibility Criteria must be met before return to competition						
Sacti	on at The Concusso	d Athlata Ta	he completed by Healthcare Pro	wider			
			be completed by Healthcare Pro				
Student has sustained a concussion and is not yet ready to begin the Return to Play Protocol. Student is cleared to begin the Return to Play Protocol with any modifications noted below. This clearance is							
	•	•	,	i nis clearance is			
_	er effective if student's symptom	•					
Student is now entirely free of concussion symptoms and has completed the ASAA Return to Play Protocol described above. The athlete is medically eligible to return to competition.							
Please note any additional restrictions to the Return to Play Protocol below (attach more pages if needed):							
Please	iote any additional restrictions to	the Return to Play i	Frotocol below (attach more pages ij n	eeueu):			
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 first box:							
	Student is cleared to return to full		Medical Dx:				
Student is cleared for limited participation with the following restrictions (attach more pages if needed):							
Stodeness eleared for infinited participation with the following restrictions (attach more pages if needea).							
Secti	on 3: Healthcare Prov	vider Attesta	tion				
By signing this form, I attest that I am a Qualified healthcare provider as 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.							
Healthco	are Provider Signature	HCP Printed Name	Alaska License Numb	er Date			
Section 4: Athlete And Parent Consent							
The Return to Play Protocol is the 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							
_	hlete's return to athletic participation		sceeps the list of additional hijory in requ	esting and consenting			
 Student	Athlete Signature L	Date	Parent Signature	Date			
Student Athlete's Printed Name			Parent's Printed Name	-			

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