Oregon School Activities Association
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Wilsonville, OR 97070
503.682.6722 http://www.osaa.org

School Fax: _____

School Email: _____

MEDICAL RELEASE – RETURN-TO-SPORT PARTICIPATION FOLLOWING A CONCUSSION

Athlete's Name: _____ **Date of Birth**: ___/___/___ **School/Grade**: _____

This section to be completed by school official, coach, athletic trainer, or parent/guardian.

Date of Injury: ____/ ____/ ____ **Sport/ Injury Details**: _____

_____

The athlete is currently: ☐ symptom-free at rest ☐ NOT symptom-free at rest ☐ symptom-free at exertion ☐ NOT symptom-free at exertion
☐ scoring within a normal range on neurocognitive exam ☐ NOT scoring within a normal range on neurocognitive exam

If neurocognitive exam used (e.g., ImPACT, SWAY, etc.), please attach baseline and post-concussive report with percentiles.

Comments: _____

_____

Completed by (Printed Name): _____ Signature: _____ Date: _____

☐ School Official ☐ Coach ☐ Athletic Trainer ☐ Parent/Guardian

Per ORS 336.485, an athlete is prohibited from participating in an athletic event or training no sooner than the day after they experienced a blow to the head or body and only after they no longer exhibit signs, symptoms or behaviors consistent with a concussion; and receive a medical release from a qualified health care professional.

Recommended Graduated, Return-to-Sport Process: The best available evidence shows that strict rest until the complete resolution of symptoms is not beneficial. Relative (not strict) rest, which includes activities of daily living and reduced screen time, is recommended immediately and for up to the first 48 hours after injury. ***Steps 1-3 are for treatment purposes and must be done away from the team environment.*** If more than mild exacerbation of symptoms occurs during Steps 1-3, the athlete should stop and attempt the same step the next day. Athletes experiencing concussion-related symptoms during Steps 4-6 must return to Step 3 to establish full resolution of symptoms with exertion before engaging in any athletic events or training.

Step	Exercise Strategy	Activity at Each Step (each step typically takes a minimum of 24 hours)	Goal
1	Symptom-limited Activity	Daily activities that do not exacerbate symptoms (e.g., walking). This step should last approximately 24-48 hours after the injury.	Gradual reintroduction of activities of daily living, including school
2	Aerobic Exercise **2A-Light** (up to 55% max HR) **then** **2B-Moderate** (up to 70% max HR)	Stationary cycling or walking at slow to medium pace. May start light resistance exercise that does not result in more than mild and brief exacerbation of concussion symptoms.	Increase heart rate
3	Individual Sport-Specific Exercise	Sport-specific exercise away from the team environment (e.g., running, change of direction and/or individual drills away from the team environment). No activities at risk of head impact.	Add movement, change of direction
Steps 4-6 may begin only after the resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including with and after physical exertion. **Athlete must not be exhibiting any signs, symptoms, or behaviors consistent with a concussion and have a medical release prior to beginning Step 4 (per ORS 336.485).**			
4	Non-contact Training Drills	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training) can integrate into team environment.	Resume usual intensity of exercise, coordination, and increased thinking
5	Full Contact Practice	Participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return-to-Sport	Normal game play	

This section to be completed by Qualified Health Care Professional.

GENERAL SCHOOL RECOMMENDATION

☐ Recommended that athlete be assessed by the school Brain Injury Management Team (BIMT) for needed physical, cognitive, and social-emotional accommodations per **Immediate and Temporary Accommodations Plan (ITAP)**.

RETURN-TO-SPORT DECISION

☐ Athlete may NOT return to any athletic events or training.

☐ Recommended that athlete start Graduated, Return-to-Sport process **at the step circled above.** Athlete may fully Return-to-Sport once they have completed Step 5.

☐ Athlete is cleared to fully Return-to-Sport as of the date of the Qualified Health Care Professional's signature below.

Additional Comments/Recommendations: _____

_____

Qualified Health Care Professional Name/Title: _____ Phone: _____

Qualified Health Care Professional Signature: _____ Date: _____

Attestation: I am returning this athlete to participate in accordance with these statutes ORS 336.485, ORS 417.875, ORS 336.490 as a Qualified Health Care Professional. These statutes require athletes be cleared by one of these Oregon qualified health care professionals: MD, DO, DC, ND, NP, PA, PT, OT, or Psychologist. Before signing any Return-to-Participation forms, course completion certificates must be obtained by all DC, ND, PT and OT and after July 1, 2021, by all NP, PA, and Psychologists. For other than MD / DO, I certify that I have completed the Oregon Concussion Return-to-Play Education: ***https://www.ohsu.edu/school-of-medicine/cpd/return-play***.

The Oregon School Activities Association's (OSAA) Sports Medicine Advisory Committee has developed a medical release form for athletes to Return-to-Sport participation following a concussion. No definitive data exists that allows us to absolutely predict when an athlete with a concussion can safely return to participation. We have found significant differences exist among qualified health care professionals across the state relating to when an athlete is permitted to return to participation following a concussion.

The OSAA's Sports Medicine Advisory Committee believes that the guidelines presented on this form represent a summary consensus of the literature. We do not intend to dictate to professionals how to practice medicine and the information on this form is not meant to establish a standard of care. The committee feels that the components of the form are truly relevant to addressing the concerns of coaches, parents/guardians, educators, athletes, and medical providers that lead to the research into this subject and to the development of this form. The form also provides a clear written document to help athletes, families, medical providers, and school districts comply with state law.

GOALS FOR ESTABLISHING A WIDELY USED FORM:

1. Protect athletes from further harm. Young athletes are particularly vulnerable to the effects of concussion. They are more likely than older athletes to experience problems after concussion and often take longer to recover. Teenagers in particular appear to be more prone to a second injury to the brain that occurs while the brain is still healing from an initial concussion. This second impact can result in long-term impairment or even death. The importance of proper recognition and management of concussed young athletes cannot be over-emphasized.
2. Allow athletes to Return-to-Sport participation as soon as it is reasonably safe for them to do so.
3. Establish statewide guidelines regarding concussion management and Return-to-Sport participation criteria to minimize differences in management among medical providers. The consistent use of these guidelines is intended to minimize the risks associated with a high school athlete returning to participate before fully recovered from a concussion.
4. Provide a basis to support medical decisions regarding when an athlete may or may not participate. This will help support the medical decision when an athlete faces pressure from many fronts to return to participation before fully recovered.
5. Follow a common process for athletes, families, health care providers, and schools to comply with Oregon statutes requiring all concussed athletes to be cleared by a Qualified Health Care Professional (MD-Medical Doctor, DO-Osteopathic Doctor, DC-Chiropractic Doctor, ND-Naturopathic Doctor, NP-Nurse Practitioner, PA-Physician Associate, PT-Physical Therapist, OT-Occupational Therapist or Psychologist).

IMPORTANT COMPONENTS OF AN EFFECTIVE FORM:

1. Inclusion of the latest consensus statements and Graduated, Return-to-Sport participation recommendations, so athletes, families, coaches, school officials, and health care professionals will all understand that athletes must be symptom-free at rest and with exertion. Returning athletes at an arbitrary date following a concussion is not an option.
2. Providing clearly identified sections for the Athlete's Name and the Qualified Health Care Professional's decision regarding clearance for Return-to-Sport participation should help reduce liability from a school returning an athlete without formal clearance. If a Return-to-Sport participation is questioned, the school can easily keep athletes safe and comply with state law by requiring that an athlete provide a fully completed medical release form stating when the athlete can fully Return-to-Sport.
3. Recommendations for physical, cognitive, and social-emotional accommodations per **Immediate and Temporary Accommodations Plan (ITAP)** to address educational needs of athletes while their brain injury recovers.

Note to Health Care Professionals: Please read "Consensus Statement on Concussion in Sport –The 6th International Conference on Concussion in Sport" ***https://bjsm.bmj.com/content/57/11/695*** and *SCAT6* ***https://bjsm.bmj.com/content/57/11/622***. These documents summarize the most current research and treatment techniques in head injuries. The most noteworthy items to come from these conferences include early exercise as treatment, starting prior to athlete being symptom-free, an updated Sports Concussion Assessment Tool (SCAT6) for use in the first 72 hours up to 1 week after injury, the addition of the Sport Concussion Office Assessment Tool-6 (SCOAT6) for the office setting from 72 hours after injury and for serial evaluations beyond. These tools added longer word lists for memory, a timed concentration assessment, and a dual gait task.

*All DC, ND, PT and OT and, after July 1, 2021 , all NP, PA, and Psychologists who want to become a Qualified Health Care Professional must complete this online course: ***www.ohsu.edu/school-of-medicine/cpd/return-play***.

Note: Athletic Trainers (ATs) are important to the identification and management of concussions in schools. In Oregon, ATs can evaluate and return athletes to participation the same day if they determine the athlete does not have a concussion. Also, ATs can implement Graduated, Return-to-Sport participation progression. For more information on athletic trainers, contact Oregon Athletic Trainers' Society via their website: **www.oregonathletictrainerssociety.com.**

This form may be reproduced, if desired. In addition, the OSAA Sports Medicine Advisory Committee would welcome comments for inclusion in future versions, as this will continue to be a work in progress.