Dallas Stars Youth Hockey Concussion Return to Play Clearance Letter

Email or Fax this completed form to Kendall Goldberg
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NOTE: DO NOT SUMBIT UNTIL TOTALLY CLEARED TO RETURN TO FULL COMPETION/GAMES

Baylor Scott & White INSTITUTE FOR REHABILITATION

Athlete Name: _____ Date of Birth: _____ Date of Injury: _____
Team Name: _____ Parent/Guardian Name: _____
Contact Number: _____

This athlete has been evaluated by a neuropsychologist and/or physician (MD). Neuropsychologist and/or physician determined: (select all that apply)

☐ No concussion diagnosed and no follow up needed. **Athlete CLEARED to return to full participation.**

☐ Concussion diagnosed, athlete is actively symptomatic, and not ready to start the Return to Play Protocol. **Athlete NOT CLEARED to return to full participation. Visit Date:_____**

☐ Concussion was diagnosed, athlete not actively symptomatic, and ready to start the Return to Play Protocol. **Athlete NOT CLEARED to return to full participation. Visit Date: _____**
(MUST COMPLETE STEPS 1 AND 2 PRIOR TO CLEARANCE)

STEP 1: RETURN TO PLAY PROTOCOL:

Days	Rehab Stage	Functional Exercise	Objective	Date competed	Supervision (initial)
1	Light aerobic activity **(15-20 minutes)**	walking or stationary bike	*Symptoms return = STOP! 24 hrs normal activity until asymptomatic and start Day 1 again. *Asymptomatic for 24 hours= proceed to Day 2		
2	Moderate aerobic activity **(20-30 minutes)**	Dynamic warm-ups, low-intensity soccer drills, foot skills, etc. **No Contact!**	*Symptoms return= STOP! 24 hrs normal activity until asymptomatic and start Day 2 again. *Asymptomatic for 24 hours= proceed to Day 3		
3	Moderately aggressive aerobic activity **(45 minutes)**	Running, plyometrics, burpees, more intense soccer drills. **No Contact!**	*Symptoms return= STOP! 24 hrs normal activity until asymptomatic and start Day 3 again. *Asymptomatic for 24 hours= proceed to Day 4		
4	Non-Contact Practice	Participate in the full length of practice: warm-ups, skills practice, and conditioning. No scrimmaging. **No Contact!**	*Symptoms return= STOP! 24 hrs normal activity until asymptomatic and start Day 4 again. *Asymptomatic for 24 hours= proceed to Day 5		
5	Full practice	Full practice with no restrictions	*Symptoms return= STOP! 24 hrs normal activity until asymptomatic and start Day 5 again. *Asymptomatic for 24 hours= present to neuropsychologist/physician for clearance		

*Completion of accepted return to play protocol should be under the guidance of your treating physician or neuropsychologist.

STEP 2: Concussion was diagnosed, athlete not actively symptomatic, and athlete successfully completed the Return to Play Protocol. **Athlete is CLEARED to return to full participation. Date Cleared: _____**

Physician or Neuropsychologist Name (PRINT): _____ Date: _____
Physician or Neuropsychologist signature: _____ Phone: _____
Name of Practice: _____