

## Concussion Return to Play Clearance Letter



**Email or Fax this completed form to Carmen Waskom**

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**NOTE: DO NOT SUBMIT UNTIL TOTALLY CLEARED TO RETURN TO FULL COMPETITION/GAMES**  
**Deadline: ALL clearance documents must be received by 4:00 pm on Fridays for weekend games and 1pm the day before weekday games. Documents turned in during the weekend will not be cleared until the next Monday . Notes will not be accepted on site.**

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: CANNOT BE SKIPPED IF DIAGNOSED WITH A CONCUSSION.**

Days	Rehab Stage	Functional Exercise	Objective	Date completed	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. <b><u>No Contact!</u></b>	*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. <b><u>No Contact!</u></b>	*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. <b><u>No Contact!</u></b>	*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: \_\_\_\_\_

\*\*\* Notes will not be accepted from ER , Urgent care, telehealth or chiropractors