

# Concussion Injury History Form - Gfeller-Waller/NCISAA

Name of Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_

DOB: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ School: \_\_\_\_\_

<u>Following the injury, did the athlete experience:</u>	<u>Circle one</u>	<u>Duration (write number/ circle appropriate)</u>
<i>Lying motionless on the playing surface?</i>	YES   NO   UNSURE	
<i>Falling unprotected to the surface?</i>	YES   NO   UNSURE	
<i>Actual or suspected loss of consciousness or unresponsiveness?</i>	YES   NO   UNSURE	_____ min / hrs
<i>Seizure, tonic posture (sudden tension or stiffness), or convulsive activity?</i>	YES   NO   UNSURE	_____ min / hrs
<i>Ataxia (poor voluntary muscle control i.e. stumbling, off-balance, speech difficulty)</i>	YES   NO   UNSURE	_____ hrs / days / weeks / continues
<i>Vomiting?</i>	YES   NO   UNSURE	_____ hrs / days / weeks / continues
<b><i>The above signs strongly suggest concussion, but could indicate a more serious condition or injury. If there is concern about a more serious injury, consider seeking rapid evaluation by a licensed healthcare provider.</i></b>		
<i>Disorientation or confusion, inability to respond appropriately to questions?</i>	YES   NO   UNSURE	_____ hrs / days / weeks / continues
<i>Gait unsteadiness?</i>	YES   NO   UNSURE	_____ hrs / days / weeks / continues
<i>Dizziness?</i>	YES   NO   UNSURE	_____ hrs / days / weeks / continues
<i>Headache?</i>	YES   NO   UNSURE	_____ hrs / days / weeks / continues
<i>Nausea?</i>	YES   NO   UNSURE	_____ hrs / days / weeks / continues
<i>Emotional lability (inappropriate laughing, crying, anger, etc?)</i>	YES   NO   UNSURE	_____ hrs / days / weeks / continues
<i>Amnesia?</i>	YES   NO   UNSURE	_____ min / hrs / days / weeks / continues
<i>Difficulty focusing, concentrating, or remembering?</i>	YES   NO   UNSURE	_____ hrs / days / weeks / continues
<i>Vision problems?</i>	YES   NO   UNSURE	_____ hrs / days / weeks / continues
<i>Light Sensitivity?</i>	YES   NO   UNSURE	_____ hrs / days / weeks / continues
<i>Noise Sensitivity?</i>	YES   NO   UNSURE	_____ hrs / days / weeks / continues
<i>Other : _____</i>	YES   NO   UNSURE	_____ hrs / days / weeks / continues

Describe how the injury occurred: \_\_\_\_\_

\_\_\_\_\_

Additional details: \_\_\_\_\_

\_\_\_\_\_

Person completing Injury History Section: Licensed Athletic Trainer, First Responder, Coach, Parent, Other (Please Circle)

Name of person completing Injury History: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

# Licensed Health Care Provider Concussion Evaluation Recommendations Form

Licensed Health Care Providers (LHCP) are STRONGLY ENCOURAGED by the NCISAA to have expertise and training in concussion management. LHCP's include the following: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician's Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist.

Name of Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

All NCISAA member school student-athletes diagnosed with a concussion are STRONGLY RECOMMENDED to have input and signature from a physician (MD/DO who is licensed under Article 1 of Chapter 90 of the General Statutes and has expertise and training in concussion management) before being cleared to resume full participation in athletics. Due to the need to monitor concussions for recurrence of signs and symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians should not make clearance decisions at the time of first visit. All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Providers should refer to NC Session Law 2011-147, House Bill 792 Gfeller-Waller Concussion Awareness Act for requirements for clearance, and please initial any recommendations you select. (Adapted from the Acute Concussion Evaluation (ACE) care plan (<http://www.cdc.gov/concussion/index.html>) and the NCISAA Concussion Return to Play Protocol). The recommendations indicated below are based on today's evaluation.

The recommendations indicated below are **based on today's evaluation.**

RETURN TO SCHOOL /  
ACADEMICS:

PLEASE NOTE 

1. The North Carolina State Board of Education approved "Return-To- Learn after Concussion" policy to address learning and educational needs for students following a concussion.
2. A sample of accommodations is found on the **LHCP Concussion Return to Learn Recommendations form.**

**LHCP identified below should check all recommendations that apply.**

- Out of school until \_\_\_\_/\_\_\_\_/20\_\_ (date).
- Return for further evaluation on \_\_\_\_/\_\_\_\_/20\_\_ (date).
- May return to school on \_\_\_\_/\_\_\_\_/20\_\_ (date) with accommodations selected on the **LHCP Concussion Return to Learn Recommendations form.**
- May return to school now with no accommodations needed.

RETURN TO SPORTS &  
PHYSICAL EDUCATION:

PLEASE NOTE 

A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The **NCISAA Concussion Return to Play (RTP) Protocol** has been designed using a step-by-step progression and is REQUIRED to be completed in its entirety by any concussed student-athlete before they are released to full participation in athletics.

**LHCP identified below should check all recommendations that apply.**

- Not cleared for sports at this time.
- Not cleared for physical education at this time.
- May do light physical activity that poses no risk of head trauma such (i.e. walking laps).
- Must return to the examining LHCP for clearance before returning to sports / physical education.
- May start RTP Protocol under appropriate monitoring and may return to PE activities after completion.
- May start the RTP Protocol under monitoring of First Responder. The supervising LHCP must review progress of student-athlete through stage 3 BEFORE beginning stage 4, AND after Stage 5 is complete either electronically, by phone, or in person. An additional office visit is not required unless otherwise indicated by the LHCP.
- May start the RTP Protocol under monitoring of a LHCP and progress through all 5 stages with no office contact necessary unless required by examining LHCP. REMINDER: Athlete **must** be asymptomatic with physical and cognitive activity before Stage 4 can begin.

Comment: \_\_\_\_\_

\_\_\_\_\_  
Signature of MD, DO, LAT, PA, NP, Neuropsychologist (please circle)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Phone Number

**\* The LHCP above has delegated aspects of the student-athlete's care to the individual designated below: \***

\_\_\_\_\_  
Signature of LAT, NP, PA-C, Neuropsychologist, First Responder (please circle)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Phone Number

# Concussion Return-To-Learn Recommendations

Licensed Health Care Providers (LHCP) are STRONGLY ENCOURAGED by the NCISAA to have expertise and training in concussion management. LHCP's include the following: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician's Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist.

Name of Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Following a concussion, most individuals typically need some degree of cognitive and physical rest to facilitate and expedite recovery. Activities such as reading, watching TV or movies, playing video games, working/playing on the computer and/or texting require cognitive effort and can worsen symptoms during the acute period after concussion. Navigating academic requirements and a school setting present a challenge to a recently concussed student-athlete. A Return-To-Learn policy facilitates a gradual progression of cognitive demand for student-athletes in a learning environment. Licensed Health Care Providers should consider whether academic and school modifications may help expedite recovery and lower symptom burden. It is important to the review academic/school situation for each student athlete and identify educational accommodations that may be beneficial.

**Return to school with the following supports:** *(Educational accommodations that may be helpful are listed below)*

## Length of Day

- Shortened day. Recommended \_\_\_\_\_ hours per day until re-evaluated or (date) \_\_\_\_\_.
- ≤ 4 hours per day in class (consider alternating days of morning/afternoon classes to maximize class participation)
- Shortened classes (i.e. rest breaks during classes). Maximum class length of \_\_\_\_\_ minutes.
- Use \_\_\_\_\_ class as a study hall in a quiet environment.
- Check for the return of symptoms when doing activities that require a lot of attention or concentration.

## Extra Time

- Allow extra time to complete coursework/assignments and tests.
- Take rest breaks during the day as needed (particularly if symptoms recur).

## Homework

- Lessen homework by \_\_\_\_\_ % per class, or \_\_\_\_\_ minutes/class; or to a maximum of \_\_\_\_\_ minutes nightly, no more than \_\_\_\_\_ minutes continuous.

## Testing

- No significant classroom or standardized testing at this time, as this does not reflect the patient's true abilities.
- Limited classroom testing allowed. No more than \_\_\_\_\_ questions and/or \_\_\_\_\_ total time.
  - Student is able to take quizzes or tests but no bubble sheets.
  - Student able to take tests but should be allowed extra time to complete.
- Limit test and quiz taking to no more than one per day.
- May resume regular test taking.

## Vision

- Decrease screen time (SMART board, computer, videos, etc.) to a maximum \_\_\_\_\_ minutes per class AND no more than \_\_\_\_\_ continuous minutes (with 5-10 minute break in between). This includes reading notes off screens.
- Print class notes and online assignments (14 font or larger recommended) to allow to keep up with online work.
- Allow student to wear sunglasses or hat with bill worn forward to reduce light exposure.

## Environment

- Provide alternative setting during band or music class (outside of that room).
- Provide alternative setting during PE and/or recess to avoid noise exposure and risk of injury (out of gym).
- Allow early class release for class transitions to reduce exposure to hallway noise/activity.
- Provide alternative location to eat lunch outside of cafeteria.
- Allow the use of earplugs when in noisy environment.
- Patient should not attend athletic practice
- Patient is allowed to be present but not participate in practice, limited to \_\_\_\_\_ hours

## Additional Recommendations:

\_\_\_\_\_  
Signature of MD, DO, LAT, PA, NP, Neuropsychologist (please circle)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Phone

# NCISAA Concussion Return to Play (RTP) Protocol Form

Name of Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_ Sport: \_\_\_\_\_

\*The NCISAA Concussion Return to Play (RTP) Protocol is REQUIRED to be completed in its entirety for any concussed student-athlete before they are released to resume full participation in athletics. A step-by-step progression of cognitive and physical exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, allowing a student-athlete to return to athletics safely. The NCISAA Concussion RTP Protocol has been designed using this step-by-step progression.

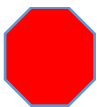
\*The NCISAA Concussion RTP Protocol can be monitored by any of the following Licensed Health Care Providers (LHCP): Licensed Physician (MD/DO), Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, or a Licensed Neuropsychologist. A First Responder may monitor the RTP Protocol under the direction of a LHCP if a LHCP is unavailable directly.

\*Current evidence shows that **exercise** can be safely started **quickly** (typically within 24-48 hours following concussion) with careful monitoring. The Return to Play Protocol outlined below demonstrates the program approved by the NCISAA which will allow student-athletes to return to activity safely. This early physical activity ("**prescribed exercise**") is to be clinically directed and can include prescribed aerobic and light resistance exercise (all without any risk of head trauma).

**\*Student-athletes should be evaluated daily as they proceed through the protocol and MUST BE SYMPTOM FREE DURING AND AFTER ACADEMIC AND PHYSICAL EXERTION BEFORE BEING ALLOWED TO PROCEED TO STAGE 4.**

## PRESCRIBED EXERCISE FOR CONCUSSION TREATMENT

STAGE	EXERCISE STRATEGY	GOAL	DATE(S) COMPLETED	COMMENTS	MONITORED BY
<p><b>This section indicates an appropriate example of a prescribed exercise program as part of an athlete's treatment plan. It is expected that it may take greater than 24 hours to complete each of stages 1-3.</b></p> <p><b>*Stages 1-3 may be completed while an athlete is experiencing symptoms, however, symptoms should not increase more than 2 points on a scale of 1-10 during or after activity and should not last more than one hour.*</b></p>					
1	Symptom-limited activity (such as walking or stationary bike) as prescribed by LHCP. Daily activities that do not exacerbate symptoms.	Perceived intensity/exertion: daily activity			
2A	Light aerobic exercise (Up to approx. 55% of max HR). May include light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms.*	Perceived intensity/exertion: easy / light; increase HR			
2B	Moderate aerobic exercise. (Up to approx. 70% of max HR) May include light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms.*	Perceived intensity/exertion: moderate / medium; increase HR			
3	Sport-specific agility drills in three planes of movement. These activities should pose no risk of head trauma (SUCH AS ballhandling, dribbling a soccer ball, etc).	Perceived intensity/exertion: moderate; change of direction and multiplane movement; increase head and eye movement			



**Before advancing to STAGE 4, is the athlete now symptom-free at rest and with prescribed exercise? With cognitive exertion?**

**ATTN FIRST RESPONDERS:** If the RTP has been monitored by a First Responder (FR) then the FR must sign below attesting that they have reviewed the progress of the SA through stage 3 electronically, by phone, or in person with the LHCP and that the SA was cleared to progress to stage 4. The supervising LHCP should then be contacted electronically, by phone, or in person when SA completes Stage 5.

FR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STAGE	EXERCISE STRATEGY	GOAL	DATE COMPLETED	COMMENTS	MONITORED BY
4	Participate in non-contact training drills. Warm-up and stretch x 10 minutes. Intense sport-specific activity/ <u>non-contact practice</u> and agility drills x 30-60 minutes.	Perceived intensity/exertion: high/game speed; multiplane movement with coordination of multitasking and cognitive strain			
5	Participate in full practice. If in a contact sport, controlled contact practice allowed.				
6	Resume full, <b>unrestricted</b> participation in competition.				

## RETURN TO PLAY (RTP) PROTOCOL MONITORING

The individual who monitored the student-athlete's Return to Play Protocol must sign and date below when **stage 5** is successfully completed.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol through Stage 5.

\_\_\_\_\_  
 Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician-Assistant,  
 Licensed Nurse Practitioner, Licensed Physical Therapist, or Licensed  
 Neuropsychologist (Please Circle)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Please Print Name

## RETURN TO PLAY APPROVAL

As the examining LHCP, I attest that the above-named student-athlete is now reporting to be completely free of all clinical signs and reports he / she is entirely symptom-free at rest and with both full cognitive and full exertional / physical stress and that the above-named student-athlete has successfully completed the required NCISAA Concussion Return to Play Protocol through stage 5. By signing below, I give the above-named student-athlete consent to resume full participation in athletics without restriction.

\_\_\_\_\_  
 Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician-Assistant,  
 Licensed Nurse Practitioner, Licensed Physical Therapist, or Licensed  
 Neuropsychologist (Please Circle)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Please Print Name

## Parent / Legal Guardian Consent for Their Child to Resume Full Participation in Athletics

I am aware that the NCISAA REQUIRES the consent of a child's parent or legal guardian prior to them resuming full participation in athletics after having been evaluated and treated for a concussion. I acknowledge that the licensed Health Care Provider above has overseen the treatment of my child's concussion and has given their consent for my child to resume full participation in athletics. By signing below, I hereby give my consent for my child to resume full participation in athletics.

\_\_\_\_\_  
 Signature of Parent/Legal Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Please print name and relationship to student-athlete