



Oregon School Activities Association

25200 SW Parkway Avenue, Suite 1
Wilsonville, OR 97070

503.682.6722 http://www.osaa.org

School Fax: _____

School Email: _____

MEDICAL RELEASE – RETURN TO 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.

Date of Injury: ___/___/___ Sport/ Injury Details: _____

- At this time, the athlete is:
- symptom-free at rest
 - NOT symptom-free at rest
 - symptom-free at exertion
 - NOT symptom-free at exertion
 - scoring within a normal range on ImpACT
 - NOT scoring within a normal range on ImpACT

If ImpACT test used, please attach baseline and post-concussive report with percentiles. Passport ID: _____

For a list of common concussion symptoms and management recommendations, see www.osaa.org/health-safety/concussion.

Comments: _____

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

- Athletic Trainer
- Coach
- Athletic Director
- Other: _____

Graduated, Step-wise Return-to-Participation Progression: A medical release is required by **ORS 336.485, ORS 417.875** before returning to participation.

1. **Symptom-Limited Activity:** Relative rest up to 48-72 hours. Allow low intensity physical and cognitive activity. May include staying home or limiting school hours and/or homework. Gradually reintroduce very light activity while limiting symptoms.
2. **Light Aerobic Exercise:** Walking or stationary bike at low to moderate intensity; no contact, resistance or weight training.
3. **Sport Specific Exercise:** Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities.
4. **Non-Contact Training:** More complex drills in full equipment. Weight training or resistance training may begin.

****Before moving to the next stage, the athlete must be fully recovered, medically cleared, and in school full-time without accommodations.**

5. **Full-Contact Practice:** Participate in normal full-contact training activities.
6. **Unrestricted Return-to-Participation / Full Competition:** Game play against opposing team.

The athlete should spend a minimum of one day at each step. If symptoms re-occur, the athlete must stop the activity and contact their athletic trainer or other health care professional. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity one-step below the level when the symptoms occurred. Graduated progression applies to all activities including sports and PE classes.

This section to be completed by Physician/Qualified Health Care Professional:

- Athlete may NOT return to any sport activity including school PE until medically cleared.
- Athlete should remain home from school to rest and recover with a projected return to school date _____.
- Please allow classroom accommodations, such as extra time on tests, a quiet room to take tests, and a reduced workload when possible.

Please use OSAA / CBIRT adopted form **Medical Release – Return-to-Learn Following a Concussion** <http://www.osaa.org/docs/forms/>

Additional Recommendations: _____

- Athlete may begin graduated return-to-participation at step circled above. If symptom free at rest and with graded exertion, can progress as above.
- Athlete is now cleared for full contact practice/play: symptom free at rest and exertion and has completed a graduated return-to-participation protocol.

Return-to-Participation Date: _____ Comments: _____

Physician/Qualified Health Care Professional Signature: _____ Date: _____

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

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 participation following a concussion. The committee reviewed extensively the literature available on concussions in sport. No definitive data exists that allow us to absolutely predict when an athlete with a concussion can safely return to participation. We have found significant differences that exist among physicians across the state relating to when an athlete is permitted to return to participation following a concussion.

The OSAA and the Sports Medicine Advisory Committee agree 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 very relevant to addressing the concerns of coaches, parents, 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 appear to be particularly vulnerable to the effects of concussion. They are more likely than older students 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 participate as soon as it is reasonably safe for them to do so.
3. Establish statewide guidelines regarding concussion management and return-to-participation criteria to minimize differences in management among medical providers who are signing "return-to-participation" forms. 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 in regard to when an athlete may or may not participate. This will help support the medical decision when an athlete faces incredible 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 Assistant, PT-Physical Therapist, OT-Occupational Therapist or Psychologist).

IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. Inclusion of the latest consensus statements and return-to-participation progression 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 and complete a graduated return-to-participation protocol. Returning athletes at an arbitrary date following a concussion is not a option.
2. Providing sections to clearly state the athlete's name, the Return-to-Participation Date and the Qualified Health Care Professional providing clearance for return-to-participation should help reduce liability from a school returning an athlete to participate without formal clearance. If a return-to-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 return-to-participate.
3. Recommendations for classroom accommodations to address educational needs of students while their brain injury recovers. Please use OSAA / CBIRT adopted form [Medical Release – Return-to-Learn Following a Concussion](#) or see CBIRT website <https://cbirt.org>.

Note to Health Care Professionals: Please read " Consensus Statement on Concussion in Sport –The 5th International Conference on Concussion in Sport" <https://bjsm.bmj.com/content/51/11/838> and SCAT5 <https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf> These documents summarize the most current research and treatment techniques in head injuries. The most noteworthy items to come from these conferences are the addition of a standardized evaluation, an earlier return to light activity, recommended academic accommodations and standardized return-to-participation guidelines. *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: ImPACT stands for **Immediate Post-Concussion Assessment and Cognitive Test**. It is sophisticated software developed to help sports medicine clinicians evaluate recovery following concussion. ImPACT evaluates multiple aspects of neurocognitive functioning including memory, brain processing speed, reaction time, and post-concussive symptoms. ***The OSAA Foundation has a relationship with ImPACT that helps reduce the cost for member schools to access the program.*** For information on implementing a baseline-testing program, see OSAA program: <http://www.osaafoundation.org/impact/>. ***Member schools establish their own testing protocols and are not required to utilize the ImPACT program.***

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 return-to-participation progression in coordination with a qualified health care professional. In 1990, the AMA recognized the certified athletic trainer as an allied health care professional. In 1998, a resolution passed urging all schools to provide the services of a certified athletic trainer for student-athletes (AMA Resolution 431, A-97). For more information on athletic trainers, contact Oregon Athletic Trainers' Society via their website: <http://oatswebsite.org>.

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.