



PANTHERS

RETURN TO PLAY PROTOCOL FOLLOWING A HEAD RELATED INJURY

If any hockey player is suspected of having a concussion, this form must be given to the parents and a Physician/Nurse Practitioner must sign this form before the player is allowed to return to activity.

PLAYER'S NAME: _____

Please note: After the initial Physician/Nurse Practitioners assessment, if a concussion is suspected, the player must complete a second visit with a Physician/Nurse Practitioner and have the Physician/Nurse Practitioner complete the designated areas of this form before the player can return to any hockey related physical activity.

PHYSICIAN/NURSE PRACTITIONER – INTIAL ASSESSMENT:

No concussion – player may return to:

- regular team practices
- all scheduled games
- all team training

Physician/Nurse Practitioner signature: _____

_____ Date: _____

Comments: _____

Suspected concussion – no activity until symptoms & signs have completely resolved.

Physician/Nurse Practitioner signature: _____

_____ Date: _____

Comments: _____

RETURN TO PLAY PROCESS:

Note: The player/parent/guardian must show this completed form to the team trainer and/or coaching staff.

When a concussion is suspected by a Physician/Nurse Practitioner, the player and parent(s)/guardian(s) monitor symptoms and signs of a concussion. As a part of this monitoring, the parent/guardian should communicate regularly with the trainer and coaching staff throughout steps 1-4. It is very important that a player not do any physical activity if she has any signs or symptoms. The 'return to play' process is gradual and must follow the steps as outlined here:

- Each step must take a minimum of one day.
- If symptoms or signs of the concussion return (e.g. headache, feeling nauseated) either with activity or later that day, the student needs to rest for 24 hours, and return to the previous step.

- A player should never return to play if symptoms persist.
- The player may not participate in any hockey based physical activities until Step 1 and Step 2 have been completed.
- Prior to beginning Step 3, the parent/guardian signature is required.

	Activities	Goal of Step	Duration	Date Acheived
STEP 1: Symptom-limiting activities	Daily activities that don't make symptoms worse, such as moving around the home and simple chores	Gradual reintroduction of daily school, and work activities	At least 24 hours	
STEP 2: Light aerobic activity	Light activities such as walking or stationary bicycle at slow to medium pace for 10 to 15 minutes	Increase heart rate	At least 24 hours	
STEP 3: Sport-specific exercise	Individual physical activity such as running or skating No contact or head impact activities	Add movement	At least 24 hours	
STEP 4: Non-contact training, practice drills	Harder training drills Add resistance training (if appropriate)	Exercise, coordination and increased thinking	At least 24 hours	
STEP 5: Unrestricted Training & Practice	Unrestricted training and practice-with contact where applicable	Restore confidence and assess functional skills	At least 24 hours Obtain clearance from Physician/Nurse Practitioner or nurse practitioner before unrestricted training, practice or competition	
STEP 6: Return-to-Sport	Unrestricted competition			

PHYSICIAN/NURSE PRACTITIONER VISIT FOR RETURN TO UNRESTRICTED PARTICIPATION:

Concussion symptoms & signs have gone

With the approval of the Physician/Nurse Practitioner, the player may return to full participation in all physical activities.

Physician/Nurse Practitioner signature: _____

_____ Date: _____

Comments: _____

STEP 5: With the approval of the Physician/Nurse Practitioner, the player may return to full participation in all hockey team activities. This form must be returned to the team Trainer who will inform relevant personnel. This sheet must be kept on file with the team.

STEP 6: Game play

When in doubt, sit them out!!