



## UTAH YOUTH SOCCER ASSOCIATION CONCUSION RETRUN TO PLAY CLEARANCE FORM

Utah Youth Soccer Association has developed this form as a uniform method for qualified health care providers to present a written release for athletes to return to play after having sustained a concussion or having demonstrated signs, symptoms, or behaviors consistent with a concussion and having been removed from participation as a result. **While the use of this particular clearance form is not necessary, athletes may not return to play unless cleared by a qualified health care provider.**

UYSA does not presume to dictate to professionals how to practice medicine. Neither is the information in this form meant to establish a standard of care. UYSA does feel, however, that the guidelines included on the form represent a summary consensus of experts in the field of concussion management. UYSA also feels that the components of the form are relevant to addressing concerns of coaches, parents, athletes, administrators and health care professionals regarding written clearance from a qualified health care provider for a concussed athlete to return to play. Final authority for clearance to return to play shall reside with a qualified health care provider as designated in Utah House Bill 204. Prior to returning to competition the concussed athlete shall have written release signed by a qualified health care provider indicating the athlete is medically released to return to play.

### **Suggested Return to Play Protocol**

- Recovery from concussion and progression through the Suggested Return-to-Play stages is individualized and determined on a case by case basis. Many factors influence the rate of progression and include previous concussion history, duration and types of symptoms, age and sport/activity in which the athlete participates. Athletes with history of prior concussion, extended duration of symptoms, or participation in collision or contact sports may progress more slowly.
- The following table is adapted from the 3<sup>rd</sup> International Conference on Concussion in Sport and provided the framework for the return to play protocol.
- It is expected that athletes will start in stage 1 and remain in stage 1 until symptom free.
- The patient may, under the direction of a qualified health care provider progress to the next stage only when the assessment battery has normalized. The assessment battery may include any or all of the following:
  - a. Symptom assessment
  - b. Cognitive assessment with computerized or other appropriate neuropsychological assessment
  - c. Balance assessment with BESS
- It is required that at least 24 hours, at minimum, of being asymptomatic with each stage before progressing to the next stage.



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- Utilizing this framework, in a **best case scenario**, a patient sustaining a concussion and being asymptomatic by the next day will start in Stage 1 as post injury day 1 and progress through to Stage 6, 'Return to Play' by post injury day 6.
- There may be circumstances based on an individual's concussion severity, where the return to play protocol may take longer. Under all circumstances the progression through this protocol shall be overseen by the qualified health care provider.
- Each athlete suspected of a concussion shall be evaluated by a qualified health care provider at least one time during this process.
- When the athlete has successfully passed through Stage 5 (Full Contact Practice) a clearance may be obtained from the qualified health care provider.
- A completed concussion return to play clearance form indicating the student is medically cleared to return to full participation shall be kept in personal records.

### SUGGESTED RETURN TO PLAY PROTOCOL

Stage	Functional Exercise or Activity	Objective	Recommended Tests Administered before advancing to next stage
1. No structured physical or cognitive activity	Only Basic activities of daily living (ADL's). When indicated, complete cognitive rest followed by gradual reintroduction of schoolwork	Rest and recovery, avoidance of overexertion	Initial Post-Injury test battery - Symptom checklist - Computer based neuropsychological testing - BESS
2. Light aerobic physical activity	Non-impact aerobic activity (e.g. swimming, stationary bike) at <70% estimated maximum heart rate for up to 30 minutes as symptoms allow	Increase heart rate, maintain condition, assess tolerance of activity	- Symptom checklist
3. Moderate aerobic physical activity and non-contact training drills at half speed	Non-contact sport specific drills at reduced speed; Aerobic activity at 70-85% estimated maximum heart rate; light resistance training (e.g. weights at <50% previous max ability)	Begin assimilation into team dynamics, introduce more motion and non-impact jarring	- Symptom checklist
4. Non-contact training drills at full speed	Regular non-contact training drills; aerobic activity at maximum capacity including sprints; regular weight lifting routine	Ensure tolerance of all regular activities short of physical contact	- Symptom checklist - Computer based neuropsychological testing - BESS
5. Full contact practice	Full contact practice	Assess functional skills by coaching staff, ensure tolerance of contact activities	- Symptom checklist - BESS
6. Return to Play	Full game competition		

