

Los Angeles Unified School District
Medical Services Division

Medical Clearance to Start Stage 6 of Concussion Return to Play (RTP) Protocol

To Whom It May Concern:

Athlete _____ / _____ / _____ / _____ Concussion Diagnosis Date: _____
NAME (Print) DOB Grade Sport (from RTP Protocol)

Concussion Monitor

Athlete has successfully completed the Return to Play (RTP) Protocol Stages 1-5 (**minimum of 6 days**)

Concussion Monitor (Print Name) Title Signature Date

CA Licensed Healthcare Provider (MD/DO/NP/PA)

May begin a monitored, return to play/practice (RTP) Stage 6 (per CIF Concussion RTP Protocol)

Comments: _____

CA Licensed Healthcare Provider (MD/DO/NP/PA) Contact Information: Name, Address, Telephone (stamp):

Signature: _____ Date: _____

Parent/Guardian Acknowledgement/Consent to Release Medical Information

I, the Parent/Guardian, authorize release of information about concussion assessment and management between LAUSD and my child's health care provider.

Parent/Guardian (Print Name) _____ Relationship to Athlete: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____



Los Angeles Unified School District Concussion Return to Play (RTP) Protocol

Athlete's Name: _____ **Date of Injury:** _____ **Date of Concussion Diagnosis:** _____

As stated by CA state law (AB2127), the following requirements must be met prior to an athlete returning to play/competition: 1) Evaluation by a licensed healthcare provider (LHP)*, 2) Completion of a graduated return to play protocol that is no less than 7 days in duration, and 3) Written medical clearance from an LHP.

Instructions for Return to Play Protocol:

- A certified athletic trainer (ATC), physician, or another identified healthcare provider or concussion monitor (e.g. athletic director, coach) must initial each stage after you successfully pass it.
- You cannot progress more than one stage per day (or longer if instructed by your healthcare provider).
- You should return to a normal school schedule and course load without modifications before completing the return-to-play protocol.
- You should inform your healthcare provider or athletic trainer (if available) and obtain follow-up care if you cannot pass a stage after 3 attempts due to a worsening of concussion symptoms or if you feel uncomfortable at any time during the progression.

Concussion Monitor: _____ / _____ / _____

NAME (please print)
POSITION
SIGNATURE

You must have written clearance from a licensed healthcare provider to begin and progress through the following Stages as outlined below or as otherwise directed.

Nurse verification of physician Clearance: _____				
		NAME (please print)	SIGNATURE	DATE
Date & Initials	Stage	Activity	Exercise Example (Activities should be monitored by a designated adult)	Objective of the Stage
	1	Limited physical activity to allow the brain to rest and recover	<ul style="list-style-type: none"> ● Light physical activity should be encouraged. ● Light daily activities (e.g. walking, stretching) ● No activities requiring exertion (e.g. weightlifting, jogging, P.E. classes) 	<ul style="list-style-type: none"> ● Recovery and reduction/elimination of symptoms
	2	Light aerobic activity	<ul style="list-style-type: none"> ● 10-30 minutes of brisk physical activity (e.g. walking, stationary bike) that does not result in more than mild and brief exacerbation of symptoms** 	<ul style="list-style-type: none"> ● Increase heart rate to ≤ 55% of perceived maximum (<i>max</i>) exertion (e.g., < 100 beats per min) ● Monitor for symptom return
	3	Moderate aerobic activity <i>(Light resistance training)</i>	<ul style="list-style-type: none"> ● Increase in exertional activities (e.g., 20-30 minutes of jogging, stationary biking, body weight exercises, etc.) that do not result in more than mild and brief exacerbation of concussion symptoms**. 	<ul style="list-style-type: none"> ● Increase heart rate to 55-75% max exertion (e.g., 100-150 bpm) Monitor for symptom return
	4	Strenuous aerobic activity <i>(Moderate resistance training)</i>	<ul style="list-style-type: none"> ● Continued increase in intensity and duration of physical activity (e.g. jogging, stationary bike, interval training, weightlifting) that does not result in more than mild and brief exacerbation of concussion symptoms. ** ● 30-45 min running or stationary biking. ● Weightlifting ≤ 50% of max weight ● May begin to incorporate sport-specific training away from the team environment (e.g. change of direction, ball handling). ● No activities that pose a risk for head impact 	<ul style="list-style-type: none"> ● Increase heart rate to > 75% max exertion ● Prepare for return to sport-specific activities ● Monitor for symptom return ● DO NOT PROGRESS TO STEP 5 IF THIS STEP CAUSES EXACERBATION OF SYMPTOMS
	5	Non-contact training with sport-specific drills	<ul style="list-style-type: none"> ● Exercise to high intensity, including incorporating more challenging training drills (e.g. multi-player training). Can integrate into a team environment. ● No contact with people, padding, or the floor/mat 	<ul style="list-style-type: none"> ● Resumption of the usual intensity of exercise, coordination, and thinking activities ● DO NOT PROGRESS TO STEP 6 IF THIS STEP CAUSES EXACERBATION OF SYMPTOMS AND RETURN TO STEP 4

Prior to beginning Stage 6, please make sure that written clearance from a licensed healthcare provider* is obtained for return to play.

You must be symptom-free prior to beginning Stage 6

Nurse verification of Clearance for Return to Play Stage 6: _____				
		NAME (please print)	SIGNATURE	DATE
	6	Limited contact practice OR Full unrestricted practice for non-contact sports	<ul style="list-style-type: none"> ● Controlled contact drills allowed (no scrimmaging) 	<ul style="list-style-type: none"> ● Increase acceleration, deceleration, and rotational forces. ● Restore confidence, assess readiness for return to play.
	7	Full contact practice Full unrestricted practice	<ul style="list-style-type: none"> ● Return to normal training, with contact. ● Return to normal unrestricted training 	<ul style="list-style-type: none"> ● Monitor for symptom return. ● DO NOT PROGRESS IF ANY OF THESE STEPS CAUSES EXACERBATION OF SYMPTOMS AND RETURN TO STEP 5

MANDATORY: You must complete at least ONE contact practice before returning to competition, or if non-contact sport, ONE unrestricted practice.

All athletes must complete a full 7-day return to play protocol.

8	Return to play (competition)	<ul style="list-style-type: none"> ● Normal gameplay (competitive event) 	Return to full sports activity without restrictions
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*Licensed health care provider shall mean a physician (MD or DO) or licensed professional under the direct supervision of a physician [Nurse Practitioner (NP), Physician Assistant (PA)] trained in the education and management of concussions. A student-athlete who sustains a concussion or possible concussion must receive an evaluation from a medical professional (MD, DO, NP, or PA), as they may also be experiencing other co-occurring medical conditions (e.g., neck injury, cardiopulmonary complications, focal brain injury, etc.) that a medical provider can best evaluate and rule out.

** Mild and brief exacerbation of symptoms should be limited to no more than a 2-point (out of 10) increase in symptoms severity on a pain scale and be no longer than 1 hour duration of an increase in symptoms (e.g. you have a 3/10 headache when starting the activity but after 20 minutes the headache increases to a 5/10, then you should stop the activity and consider modifying or reducing for next time)