



Licensed Health Care Provider Concussion Evaluation Recommendations

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

Name of Athlete: _____ DOB: _____ Date of Evaluation: _____

All NCHSAA 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 & 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 NCHSAA concussion Return to Play Protocol.) The recommendations indicated below are based on today's evaluation.

RETURN TO SCHOOL:

PLEASE NOTE →

SCHOOL (ACADEMICS):
(LHCP identified below should check all recommendations that apply.)

- 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.
- A sample of accommodations is found on the **LHCP Concussion Return to Learn Recommendations** page.

- Out of school until ____/____/20____ (date). LHCP Initial: _____ Date: _____
- Return for further evaluation on ____/____/20____ (date). LHCP Initial: _____ Date: _____
- May return to school on ____/____/20____ (date) with accommodations as selected on the **LHCP Concussion Return to Learn Recommendations** page. LHCP Initial: _____ Date: _____
- May return to school now with no accommodations needed. LHCP Initial: _____ Date: _____

RETURN TO SPORTS:

PLEASE NOTE →

SPORTS & PHYSICAL EDUCATION:
(LHCP identified below should check all recommendations that apply.)

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 **NCHSAA Concussion Return to Play (RTP) Protocol**, therefore, 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.

- Not cleared for sports at this time.
- Not cleared for physical education at this time.
- May do light physical education that poses no risk of head trauma such (i.e. walking laps).
- May start RTP Protocol under appropriate monitoring and may return to PE activities after completion.
- Must return to the examining LHCP for clearance before returning to sports/physical education.
- May start the RTP Protocol under monitoring of **First Responder**. The examining LHCP must review progress of student-athlete through stage 4 and before beginning stage 5 either electronically, by phone, or in person and an additional office visit is not required unless otherwise indicated by the LHCP. If the student-athlete has remained free of signs/symptoms after stage 5 is completed, the LHCP must then sign the **RETURN TO PLAY FORM** before the student-athlete is allowed to resume full participation in athletics.
- May start the RTP Protocol under monitoring of **LHCP** and progress through all five stages with no office contact necessary unless required by examining LHCP. If student-athlete remains free of signs/symptoms the LHCP must sign the **RETURN TO PLAY FORM** before the student-athlete is allowed to resume full participation in athletics.

Comment: _____

Signature of MD, DO, LAT, PA, NP, Neuropsychologist (Please Circle)

Date: _____

Please Print Name _____

Office Address _____

Phone Number _____

The Licensed Health Care Provider 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 _____

Office Address _____

Phone Number _____