



Rugby Idaho – Return to Participation Medical Release

If an athlete sustains a concussion during athletic participation, or sustains an injury and exhibits the signs, symptoms, or behaviors consistent with a concussion, the athlete must be immediately removed from all athletic participation. The athlete may only return to physical activity if/when the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions and receives the following written clearance to return to sport.

The following athlete has been evaluated and diagnosed with a concussion by a medical professional trained in the evaluation of concussions. The following steps must be completed under the supervision of a medical professional (MD, DO, PA, Advanced Practice Nurse *who is not the athlete's parent or guardian*) who **IS TRAINED IN THE EVALUATION AND MANAGEMENT OF CONCUSSIONS (as outlined in Idaho Code § 33-1625)**. This form must be signed by the above referenced medical professional and returned to **Rugby Idaho's Executive Director, Erin Breen: executivedirector@rugbyidaho.com**, in order for the athlete to return to participation.

Athlete Name: _____ DOB: ____/____/____

Injury Date: ____/____/____ Sport: _____ Level (Varsity, JV, Club, etc.) _____

Sideline evaluation completed: Yes No Evaluation completed by: _____

In accordance with the Centers for Disease Control and Prevention (CDC), the Return-to-Sport Strategy begins with Return-to-Learn (successfully tolerating school- resumption of full cognitive workload) and there is a six-step process gradually returning the athlete to normal activities. If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day.

Return-to-Sport Strategy

Athlete may not begin the return-to-sport strategy until 14 days after the injury.

1	Symptom-limited activity	Daily activities that do not exacerbate symptoms (e.g., walking).
2	Aerobic exercise 2a. Light (up to approx. 55% max HR) then 2b. Moderate (up to approx. 70% max HR)	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.
3	Individual sport-specific exercise	Sport-specific training away from the team environment (e.g., running, change of direction and/or individual training drills away from the team environment). No activities at risk of head impact.
Following authorization by your physician, Steps 4–6 should begin <u>after</u> the resolution of any signs and symptoms related to the current concussion, including during and after physical exertion. Athletes experiencing concussion-related signs/symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities.		
4	Non-contact training drills	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training), can integrate into a team environment.
5	Full contact practice	Following medical clearance, participate in normal training activities.
If symptoms re-emerge with this level of exertion, then return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. If the student remains symptom free for 24 hours after this level of exertion, then proceed to the next stage with MEDICAL CLEARANCE.		
6	Return to sport	Normal game play (minimum of 19 days from date of injury).
Earliest Date of Return-to-Competition: _____		

**Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0–10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the symptoms reported prior to cognitive activity or physical exertion.*

I (treating MD/DO/PA/Advanced Practice Nurse) certify that the aforementioned athlete is cleared to begin the above Return to Sport Strategy and is cleared for full contact drills and training, and, **IF ASYMPTOMATIC**, may return to competition on: _____

Name: _____ Signature: _____

Phone: _____ Fax: _____ Today's Date: _____

I (parent/guardian) attest that my child has successfully completed the full Return to Sport Strategy as outlined above and has been cleared to return to participation by a medical professional **trained in concussion management**. I understand that sports are inherently dangerous and realize that concussions are an injury that can occur. I also understand that this process/protocol is in place to protect my child, that any deviation from this process/protocol is under my volition, and I take full responsibility for any and all consequences of that decision.

Parent/Guardian name: _____ Athlete name: _____

Parent/Guardian Signature: _____ Athlete Signature: _____

Phone: _____ Today's Date: _____

Rugby Idaho

Email completed form to Erin Breen, Rugby Idaho Executive Director at executivedirector@rugbyidaho.com

Rugby Idaho utilizes a standardized medical release form for players to return to participation following a concussion. No definitive data exists that allows us to absolutely predict when an athlete with a concussion can safely return to participation. There are significant differences that exist among healthcare providers relating to when they will permit an athlete to return to participation after having a concussion.

USA Rugby nor Rugby Idaho presume to dictate to medical professionals how to practice medicine. Neither is the information on this form meant to establish a standard of care. The organization does feel, however, that the guidelines included on the form represent a consensus of the literature. The components of the form are relevant to addressing the concerns of coaches, parents, athletes and qualified healthcare professionals.

GOALS FOR ESTABLISHING A STANDARDIZED FORM:

1. Protect athletes from further harm. Youth athletes appear to be particularly vulnerable to the effects of concussion. They are more likely than adults to experience problems after concussion and often take longer to recover. Teenagers also 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 athletes cannot be over-emphasized.***
2. Allow athletes to participate when it is deemed reasonably safe for them to do so. (This must NOT occur sooner than 19 days from the date of injury per USA Rugby guidelines.)
3. Establish guidelines to help minimize major differences in concussion management among providers who are signing the Return to Participation Medical Release.
4. Provide a basis of support for the healthcare provider making decisions on when an athlete can or cannot participate.

IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. Inclusion of the latest consensus statements so providers will understand the athletes must be symptoms free at rest and exertion and complete a graduated return to sport process. Returning students at an arbitrary date is **NOT** an option.
2. Inclusion of the date and nature of the injury as well as the earliest date to return to participation.
3. Inclusion of a detailed return to sport progression so that all athletes are managed safely and fairly.
4. Inclusion of all the components discussed has the potential to limit liability caused by a youth sport organization making medical decisions.

NOTE TO HEALTHCARE PROFESSIONALS: Please familiarize yourself with the “Consensus Statement on Concussion in Sport: The 6th International Conference on Concussion in Sport – Amsterdam, October 2022.” This document summarizes the most recent research and treatment techniques in regard to brain injury. The most noteworthy items to come from these conferences are the discontinuation of initial symptom-based grading scales and the addition of standardized return to sport guidelines.