BOB JONES ACADEMY
Eternity Matters More.

BJA Concussion Return to Play Form

Student's Name _____ Date of Birth _____
Date of Injury _____

This return to play plan is based on today's evaluation. Date of Evaluation _____
Return to this office Date/Time_____
Return to school on (Date)_____

- Students should NOT return to practice or play the same day that their head injury occurred.
- Students should NEVER return to play or practice if they have ANY symptoms.
- Students, be sure that your coach/PE teacher/school nurse are aware of your injury, symptoms, and have the contact information for the treating physician.

The following are the return to sports/PE recommendations at this time (<u>please initial all recommendations</u>):

PE:
_____ Do not return to PE class at this time.
_____ May gradually return to PE under the supervision of the athletic director and school nurse. (Use "Gradual Return to Play Plan" below)
_____ May return to PE class without restrictions

SPORTS:
_____ Do not return to sports practice or competition at this time.
_____ May gradually return to sports practices under the supervision of the athletic director and school nurse. (Use "Gradual Return to Play Plan" below)
_____ Must return to Physician for final clearance to return to competition

-OR- _____ Cleared to fully participate in all activities without restriction on (Date) _____

Medical Office Information (Please Print/Stamp):

Physician's Name _____ Office Phone _____
Physician's Signature _____ Office Address _____
*In compliance with SC State Law H3061, this form must be signed by a Physician (MD or DO). _____

<u>Gradual Return to Play Plan</u>

Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate, moving to increasing your heart rate with movement, then adding controlled contact if appropriate, and finally return to sports competition.

Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step, you can move to the next step *the next day* only if you do not experience any symptoms at the present level. If your symptoms return, let your coach and health care provider know, return to the first level, and restart the program gradually.

Day 1: Low levels of physical activity. This includes walking, light jogging, light stationary biking, and light weightlifting (low weight – moderate reps, no bench, no squats).
Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduced time and/or weight from your typical routine).
Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement).
Day 4: Sports specific practice
Day 5: Full contact in a controlled drill or practice
Day 6: Return to competition

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC website: www.cdc.gov/heads-up/ and the SCHSL RTP form: https://schsl.org/archives/1163. All medical providers are encouraged to review the CDC website if they have questions regarding the latest information on the evaluation and care of a student athlete following a concussion injury. (Reviewed 4-13-26)