Upper Ottawa Valley Little League

Concussion Return to Play Certification Form

Athlete: _____ Coach: _____

Division: _____ Team: _____

*******PART A*******

The above Athlete was examined by a Medical Professional and it was diagnosed that the Athlete **DID NOT** suffer a concussion. Athlete is cleared to resume full athletic activities.

I attest that the Athlete was examined and did not suffer a concussion. Athlete is cleared to play in all practices and games:

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Medical Professional Name: _____ Date: _____

Medical Professional Signature: _____

*******PART B*******

The above Athlete was examined by a Medical Professional and diagnosed with a concussion.

Athletes who have sustained a concussion MUST complete a graduated Return to Play with a Medical Professional once cleared to resume activities.

Date Cleared to Begin Return to Play Protocol: _____

Date Competed Return to Play Protocol: _____

I attest that the Athlete has successfully completed a graduated Return to Play protocol and is cleared to play in all practices and games:

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Medical Professional Name: _____ Date: _____

Medical Professional Signature: _____

Completed form must be provided to UOVLL Safety Officer safety@uovll.ca **prior to athlete returning to play.**

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Return to Play Progression - Based on Parachute Canada Guidelines

(http://horizon.parachutecanada.org/wp-content/uploads/2014/10/Coaches_Concussion_Guidelines.pdf)

STEP 1 No activity, complete rest. Once back to normal and cleared by a doctor, go to step 2.
Completed on: _____ _____ _____ Date Player signature Parent/Guardian signature
STEP 2 Begin with stretching followed by light exercise such as walking or stationary cycling at 50% intensity for 10-15 minutes. Goal to increase heart rate.
Completed on: _____ _____ _____ Date Player signature Parent/Guardian signature
STEP 3 Begin with stretching. Sport specific aerobic activity (ie. running) for 20-30 minutes at 60% intensity. NO CONTACT. Remains off field activities. Goal is to add movement.
Completed on: _____ _____ _____ Date Player signature Parent/Guardian signature
STEP 4 Begin "On field" practice such as fielding, hitting with a partner and other activities with NO CONTACT (no sliding, no live pitching) up to 60 minutes duration. Begin resistance training including neck and core strengthening. Goal is to work on coordination/thinking.
Completed on: _____ _____ _____ Date Player signature Parent/Guardian signature
STEP 5 "On field" practice with body contact, once cleared by a doctor. Goal is to restore confidence and assess functional skills.
Concussion Return to Play Certification form must be completed by physician and submitted **prior** to starting step 5
STEP 6 Game play.

Note: Each step must take a minimum of one day. If the athlete has any symptoms of a concussion (e.g. headache, feeling sick to his/her stomach) that come back at any step, STOP activity, wait 24- 48 hours, and resume activity at previous step. This protocol must be individualized to the athlete, their injury and the sport they are returning to.

It is very important that an athlete not play any sports if they have any signs or symptoms of concussion. The athlete must rest until he/she is completely back to normal. When he/she is back to normal and has been seen by a doctor, he/she can then go through the steps of increasing activity described above. When the athlete has progressed through these steps with no symptoms or problems, and has received clearance from a doctor, he/she may return to play. If you are unsure if an athlete should play, remember... when in doubt, sit them out!