



## Dripping Springs ISD Concussion Management Plan for Middle School Student-Athletes

When a student-athlete has been removed from play or is suspected of sustaining a concussion, he/she must be evaluated by their treating physician. The student-athlete must provide the middle school nurse a written release from the treating physician before the UIL Return to Play protocol can begin. DSISD will not accept medical clearance from an emergency room physician. \_\_\_\_\_ Parent Initial

This form must be completed & signed by the athlete's treating physician or other appropriate healthcare professional. In accordance with HB 2038, this signed form must be on file with the middle school nurse in order to begin and complete the Return to Play protocol. \_\_\_\_\_ Parent Initial

<b>Athlete Name:</b> _____	<b>Date of Birth:</b> _____	<b>Date of Injury:</b> _____
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The above-named athlete was referred to me due to having signs/symptoms of a concussion. In my professional opinion:

- This student-athlete has not sustained a concussion & is able to return immediately to full, unrestricted sports participation.
- This student-athlete is **NOT CLEARED** at this time and is not allowed to participate in athletics. Athlete is to return to the clinic for further evaluation on: \_\_\_\_\_
- This student-athlete is **CLEARED** to begin the required UIL Return to Play protocol under the supervision of the school nurse. Once the athlete completes the protocol successfully, he/she is cleared for full sports participation.
- This student-athlete is cleared to begin the required UIL Return to Play protocol under the supervision of the school nurse. Once the athlete completes the protocol successfully, he/she **MUST RETURN FOR RE-EVALUATION** before being cleared for full, unrestricted sports participation.

\*\* Some student-athletes may require academic accommodations as they heal. These accommodations should be indicated by the treating physician using the [DSISD Return to Learn Form](#) found on the middle school nurse's webpage or here: <https://www.dsisdtx.us/cms/lib/TX02204855/Centricity/Domain/138/DSISD-RTL.pdf>

**Physician Signature:** \_\_\_\_\_ **Physician Name (Print):** \_\_\_\_\_  
**Physician Phone:** \_\_\_\_\_ **Physician Fax:** \_\_\_\_\_

### DSISD STEPWISE RETURN TO PLAY PROTOCOL (Athlete will only advance ONE step per day)

The athlete will be held out of all activities until asymptomatic at rest & without medication for at least 24 hours. This asymptomatic period includes mental exertion in school to help reduce the re-emergence of symptoms once initiating the Return to Play protocol. **Please note: If any concussive symptoms occur during the Return to Play progression, the athlete must stop all activity until asymptomatic for another 1-2 days and then begin again from Step 1. If symptoms persist or worsen, additional evaluation by their physician must occur.**

- Step 1:** 10-15 minutes of light aerobic activity (light jog, stationary bike); No resistance/weight training
- Step 2:** 20-30 minutes of moderate aerobic activity; no helmet/no equipment
- Step 3:** Non-contact training drills in full uniform; may begin weight-lifting, resistance training, & other exercises
- Step 4:** Full contact practice or training
- Step 5:** Return to full sports participation



## Dripping Springs ISD Return to Play Checklist for Middle School Athletes

This form is to be initialed and dated by both the athlete and the school nurse tasked with implementing the Return to Play (RTP) Protocol under HB 2038. Following completion of each step, the athlete will be assessed by the school nurse. Athlete & school nurse will then initial and date that step to indicate it was completed without any return of symptoms. In accordance with HB 2038, a coach can supervise the athlete while he/she is completing the RTP protocol, but cannot authorize the student-athlete's return to play.

Acknowledgment that athlete is asymptomatic & ready to begin the Return to Play Protocol. This athlete denies any symptoms concerning a concussion. No symptoms are noted by the school nurse.

Athlete's initials: \_\_\_\_\_ School Nurse's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 1:** 10-15 minutes of light aerobic activity (light jog, stationary bike); No resistance/weight training. This athlete denies any symptoms concerning a concussion. No symptoms are noted by the school nurse.

Athlete's initials: \_\_\_\_\_ School Nurse's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 2:** 20-30 minutes of moderate aerobic activity; no helmet/no equipment. This athlete denies any symptoms concerning a concussion. No symptoms are noted by the school nurse.

Athlete's initials: \_\_\_\_\_ School Nurse's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 3:** Non-contact training drills in full uniform; may begin weight-lifting, resistance training, & other exercises. This athlete denies any symptoms concerning a concussion. No symptoms are noted by the school nurse.

Athlete's initials: \_\_\_\_\_ School Nurse's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 4:** Full contact practice or training. This athlete denies any symptoms concerning a concussion. No symptoms are noted by the school nurse.

Athlete's initials: \_\_\_\_\_ School Nurse's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 5:** Student returned to full athletic participation. This athlete denies any symptoms concerning a concussion. No symptoms are noted by the school nurse. **\*\*Parent must complete the bottom portion of the UIL Management Return to Play form & turn it in to the school nurse before the athlete will be allowed to return to full participation. \*\***

Athlete's initials: \_\_\_\_\_ School Nurse's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

This student athlete has successfully completed all phases of the Return to Play protocol and is allowed to return to full unrestricted sports participation.

School nurse signature: \_\_\_\_\_ Date: \_\_\_\_\_