



Plano Youth Soccer Association Concussed Player Clearance Form

Return Completed signed form via email or fax to:

ppilconcussion@gmail.com

Fax: 972-516-2216

*****DO NOT FAX OR EMAIL UNTIL PLAYER IS ENTIRELY CLEARED TO RETURN TO FULL COMPETITION/GAMES*****

Please Include the Business card of the Medical Doctor, Doctor of Osteopathic Medicine, or a Licensed Athletic Trainer

Concussed Player's Name: _____ DOB: ____/____/____

Parent/Guardian Name: _____ Team Name: _____

Date of Injury: ____/____/____ Date of Evaluation: ____/____/____

The player named above has been evaluated by a physician experienced in concussion management.
Physician determined: (select all that apply)

- No concussion diagnosed and no follow up needed. Athlete **CLEARED** to return to full competition with no restrictions.
- Concussion diagnosed, athlete is actively symptomatic, and not ready to start the Return to Competition Protocol. Athlete **NOT CLEARED** to return to competition. Date: ____/____/____
 - MUST COMPLETE STEPS 1 & 2 PRIOR TO CLEARANCE**
- Concussion was diagnosed, athlete not actively symptomatic, and ready to start the Return to Competition Protocol. Athlete **NOT CLEARED** to return to competition. Date: ____/____/____
 - MUST COMPLETE STEPS 1& 2 PRIOR TO CLEARANCE**

STEP 1:

Day	Rehab Stage	Functional Exercise	Objective	Date Completed	Supervision (Initials)
0	No Activity	Physical and Cognitive Test	Recovery		
1	Light Aerobic Activity (15-20 minutes)	Fast walk or stationary bike 15-20 minutes with supervision	<ul style="list-style-type: none"> • Symptoms return > STOP! 24 hrs rest until asymptomatic and start day 1 again. • Asymptomatic for 24 hrs > Proceed to Day 2 		
2	Sport-Specific Exercise (20 minutes)	Jogging/Running 20 min. e.g. Running Drills NO CONTACT	<ul style="list-style-type: none"> • Symptoms return > STOP! 24 hrs rest until asymptomatic and start Day 2 again • Asymptomatic for 24 hrs > Proceed to Day 3 		
3	Non-Contact Training Drills (45 minutes)	Sports Drills for 45 minutes. e.g. Passing, dribbling, turning NO CONTACT	<ul style="list-style-type: none"> • Symptoms return > STOP! 24 hrs rest until asymptomatic and start Day 3 again • Asymptomatic for 24 hrs > Proceed to Day 4 		
4	Full Participation in noncontact practice	NO CONTACT! Participate in the full length of practice: skills practice, conditioning, etc.	<ul style="list-style-type: none"> • Symptoms return > STOP! 24 hrs rest until asymptomatic and start Day 4 again • Asymptomatic for 24 hrs > Proceed to Day 5 		
5	Full Practice with no restrictions	Normal Practice participation	<ul style="list-style-type: none"> • Symptoms return > STOP! 24 hrs rest until asymptomatic and start Day 5 again • Asymptomatic for 24 hrs > Proceed to Day 6 		
6	Full practice with no restrictions	Normal Practice participation	<ul style="list-style-type: none"> • Symptoms return > STOP! 24 hrs rest until asymptomatic and start Day 6 again • Asymptomatic for 24 hrs > Proceed to Day 7 		
7	Return to Competition	Re-evaluation	See Step 2		

*****Completion of accepted return to play protocol should be under guidance of a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), or a Licensed Athletic Trainer (LAT) *****

STEP 2: Concussion diagnosed, athlete not actively symptomatic, and athlete successfully completed the Return to Competition Protocol. Athlete **CLEARED** to return to full competition. Date: ____/____/____

MD, DO, LAT Name (PRINT): _____ Date: ____/____/____

MD, DO, LAT signature: _____

Name of Practice: _____ Phone: _____