

### Information Sheet for Athletes with Recent Injury to the Head

Date: _	Time of Injury:
Today	received a blow to the head and may have sustained a
head ii	njury. I have advised him / her to:
-	thlete suspected of having a concussion should be removed from play, and seek medical evaluation.
Proble must g	ms could arise over the first 24 – 48 hours. The athlete should not be left alone and to to a hospital at once if they:  Have a headache that gets worse  Are very drowsy or can't be awakened  Can't recognize people or places  Have repeated vomiting  Behave unusually or seem confused; are very irritable  Have seizures (arms and legs jerk uncontrollably)  Have weak or numb arms or legs  Are unsteady on their feet; have slurred speech
	mber, it is better to be safe. It your doctor after a suspected concussion.
1.	Have someone check on you at regular intervals over the next 12 hours to check if any of the symptoms listed above have developed
2. •	For the next 48 hours: Rest (physically and mentally), including training or playing sports until symptoms resolve and you are medically cleared No alcohol No prescription or non-prescription drugs without medical supervision. Specifically: - No sleeping tablets - Do not use aspirin, anti-inflammatory medication or sedating pain killers
• 3.	Do not drive until medically cleared  Do not return to any form of exercise until medical clearance has been received
Sports	Trainer: Level 1 Level 2
Signat	ure:

## **MEDICAL CLEARANCE FORM**



#### **PHASES OF RETURN TO PLAY FOLLOWING CONCUSSION:**

Focus	Goal	Requirements to move to next stage	
Rest			
Rest	Help speed up recovery	Complete physical and cognitive rest in the first 24 – 48 hours	
Recovery			
Symptom limited activity	Two days of activities that do not provoke symptoms	No concussion-related symptoms at rest or with physical or brain activity for at least 1 day and the player has successfully returned to work/school The player should also have a medical clearance (e.g. physiotherapist, sports trainer, first aider) to confirm that the playe has had no concussion-related symptoms for at least 1 day	
<b>Graded Loadin</b>	g – individual program		
Light / moderate aerobic exercise	<ul> <li>Light / moderate aerobic exercise (e.g. walking, jogging, cycling at slow to medium pace)</li> <li>No resistance training</li> </ul>	Remain completely free of any concussion-related symptoms	
Recovery day			
Sport-specific exercise	<ul> <li>Increased intensity (e.g. running at an increased heart rate) and duration of activity</li> <li>Add sports specific drills (e.g. goal kick, stationary handball)</li> <li>Commence light resistance training</li> </ul>	Remain completely free of any concussion-related symptoms     The player should also have a medical clearance (e.g. physiotherapist, sports trainer, first aider) to confirm that the playe has had no concussion-related symptoms for at least 1 day	
Recovery day			
<b>Graded Loadin</b>	g – full team training		
Limited contact training	Return to full team training – non-contact except drills with incidental contact (incl. tackling)	Remain completely free of any concussion-related symptoms     Player confident to return to full contact training	
Recovery day Clearance by a medical do	octor is required before returning to the final full o	contact training session and competitive contact sport	
Full contact training	Full team training	<ul> <li>Remain completely free of any concussion-related symptoms</li> <li>Player confident to participate in a match</li> </ul>	
Recovery day			

The earliest that a player may return to play (once they have successfully completed a graded loading program and they have obtained medical clearance) is on the 12th day after the day on which the concussion was suffered.

A more conservative approach is required if there is a lack of baseline testing and active medical practitioner oversight of each stage of the graded return to football. A more conservative approach is important in certain situations including for children and adolescents, players with a history of concussion and where there is a recurrence of symptoms at any stage during the return to play program.



# **MEDICAL CLEARANCE FORM**



#### **RETURN TO PLAY CLEARANCE FORM**

**PLAYER DETAILS** 

Player:		Club:	Happy Valley Football Club
Date of concus	sion://		
	st take this form to a Doctor to recei ore returning to full contact training		
The player mus	st return this form to their club who	must retain a o	copy and provide to their League if
<u>DECLARATION</u>	OF FITNESS TO RETURN TO PLAY		
By signing this (including full r	document, I declare that the above	player has reco	
In my opinion t Football.	the player is now medically fit to ret	urn to full cont	act training or playing Australian
Signed:		Date:	/
Doctor name:		Provider #:	

Please note that the earliest that a player may return to play (once they have successfully completed a graded loading program and they have obtained medical clearance) is on the 12th day after the day on which the concussion was suffered.

