



North Metro Soccer Association

Concussion Evaluation and Clearance Return to Play Form

Coaches, Parents and Medical providers are encouraged to review the CDC website with questions regarding the latest information on concussions as well as MN Statute 121A.38 on Concussion Procedures.

Step #1 – Concussion Evaluation: Any player who is suspected to have suffered a concussion during a practice or game should immediately be removed from all activity and then evaluated using the following guidelines. Once complete, this page should be sent to the North Metro Risk Manager riskmgmt@northmetrosoccer.org if it is suspected the player has suffered a concussion.

Player's Name: _____ **Date of Birth:** _____

Team: _____ **(i.e. U13 Boys C2) Coach:** _____

Person Completing Injury Section (circle one): Licensed Athletic Trainer/Physician | First Responder | Coach | Parent

Name of person completing the form _____ Date _____

| Following the injury did the athlete experience: | Circle one | Comments: |
|---|------------|-----------|
| Headache? | Yes / No | |
| Dizziness? | Yes / No | |
| Nausea? | Yes / No | |
| Confusion? | Yes / No | |
| Difficulty concentrating? | Yes / No | |
| Vision problems? | Yes / No | |
| Loss of consciousness or unresponsive? | Yes / No | |
| Seizure or convulsive activities? | Yes / No | |
| Balance problems/unsteadiness? | Yes / No | |
| Emotional instability/abnormal laughing, crying, anger? | Yes / No | |
| Others? | Yes / No | |

Describe the injury, or additional details: _____

Based on the above evaluation, it is believed that _____ (Player Name) may have suffered a concussion and will need to go through the evaluation procedure outlined on Page 2 in order to return to play _____

Signature of Evaluator

Step #2 – Concussion Clearance Return to Play: Once Page 1 has been submitted to the risk manager, the player may not be allowed to participate until one of the two options below is completed:

Option #1 – Full Clearance given by a medical provider trained in concussion evaluations and clearance:

Players Name: _____ Date of Birth: _____

Team: _____ (i.e. U13 Boys C2) Coach: _____

Physician Name (Please print) _____ MD or DO

Signature (Required) _____

Date _____

Office address _____

Phone Number _____

_____ is fully cleared to return to play based on today's evaluation.

- For additional information visit the CDC website <http://www.cdc.gov/concussion/index.html>
- This form needs to be completed and emailed to the North Metro Risk Manager for the player to be cleared to participate. riskmgmt@northmetrosoccer.org

Additional comments/instructions: _____

Option #2 – Players can complete the six stage evaluation on page three if given permission to do so by a medical provider trained in concussion evaluations and clearance:

Person Completing Evaluation (circle one): Licensed Athletic Trainer/Physician | Coach | Parent

Name of person completing the form _____ Date _____

Permission to complete home evaluation granted by:

Physician Name (Please print) _____ MD or DO

Signature (Required) _____

Date _____

Office address _____

Phone Number _____

Players must complete all six stages in order before returning to play – once complete, please email the completed form to the North Metro Risk Manager riskmgmt@northmetrosoccer.org

| Stage/Date Completed | Aerobic Activity | Target Heart Rate | Strength | Balance | Contact in Practice | Other |
|----------------------|---|-------------------|-----------------------------------|--------------------------|--------------------------------|------------------------------|
| Stage 1 - _____ | Very Light – Walking, Stationary Bike, Treadmill | 30-40% | Light – No Weight or Hand Weights | Stationary Only | None | Stretching |
| Stage 2 - _____ | Light/Moderate – Walking, Stationary Bike, Treadmill | 40-50% | Body Weight or Hand Weights | Stationary Only | None | Stretching |
| Stage 3 - _____ | Moderate – May Start Jogging (30-45 Minutes) | 40-60% | Free Weights or Machines (<70%) | Walking/Active Balance | Non-Contact Activities (Light) | Plyometrics |
| Stage 4 - _____ | Interval Training – Varying Speeds and Intensity | Up to 80% | Free Weights or Machines (<90%) | Challenging Balance Act. | Full Non-Contact Practice | Jumping |
| Stage 5 - _____ | Interval Training – Include Full Sprints and Stopping | Up to 90% | Full Strength Training | Full, Active Balance | Full Practice | Heading (U12 and older only) |
| Stage 6 - _____ | Full Training at Game Speed | 100% | Full Strength Training | Game Speed Balance | Full Practice and Games | |
| | | | | | | |

Target Heart Rate

% of Maximum Heart Rate * (220 – Age - Resting Heart Rate [Beats/Minute at Full Rest]) + Resting Heart Rate

Example: Stage 1 for 16 year old with resting heart rate of 80 = .35 (204-80) + 80 = 123