



Elk Grove High School Sports Medicine

500 W. Elk Grove Blvd. Elk Grove Village, IL 60007

Phone: (847) 718-4507 Fax: (847) 718-4538

*****This form must be completed by a Doctor of Medicine or Doctor of Osteopathic Medicine who is licensed to practice medicine in all of its branches in the state of Illinois*****

Dear Physician,

_____ is a student-athlete at Elk Grove High School. He/she recently sustained a head injury and presented the following: _____

Assessment: This student-athlete is presenting signs and symptoms consistent with a concussion.

Plan: Township High School District 214 has developed the following return to participation policy in regards to concussion/head injury management:

ImPACT Post-Injury: Once the student-athlete is asymptomatic they will be assessed using the computer-based, neurocognitive assessment tool, ImPACT. Their results will be compared to their baseline scores OR normative data if their baseline is not available. Once the ImPACT results show that all composite scores have returned to acceptable, baseline scores the student-athlete will begin the return-to-play progression outlined below. If ImPACT results show post-injury scores are not returned to baseline levels another ImPACT test will be given. ImPACT test may be given every 5-10 days, not to exceed two tests in one week, until scores have returned to baseline levels.

***Each step should take 24 hours.**

***An athlete may not move on to the next step of the sequence if symptoms return.**

Stage 1: No Activity. Complete physical rest from time of injury until asymptomatic following injury.

Stage 2: Light Aerobic exercise to increase heart rate and blood pressure in the brain. Heart rate to remain below 70% of age-predicted maximum.

Stage 3: Perform moderate to heavy cardio and/or sport specific drills without the threat of contact from others.

Stage 4: Noncontact training involving others, resistance training

Stage 5: Unrestricted training

Stage 6: Return to play

***If the student-athlete has symptoms during any of the above steps, then the process returns to the previous step with a minimum of 24 hours of rest before resuming the sequence.**

Academic Accommodations: If you feel that academic accommodations are necessary, please fill out an ACE Care Plan or provide written prescription of what academic accommodations are necessary at this time.

Thank you for your cooperation and help to safely return this student-athlete to participation in athletics at Elk Grove High School.

Sincerely,

Mike Porters, ATC
Athletic Trainer Supervisor
(847) 718-4507
michael.porters@d214.org

Physician Response (please check one)

___ **Agree with treatment plan stated above.** ___ **Begin the above return-to-play protocol on: ___/___/___**

Comments: _____

Physician Name (Print): _____ **MD / DO (please circle)** **Phone Number:** _____

Physician Signature: _____ **Date:** _____