

SKANEATELES LAKERS



Skaneateles Central School District
45 East Elizabeth Street
Skaneateles, New York 13152

Physician Evaluation

Date of Evaluation: _____ **Student Name:** _____

Did the athlete sustain a concussion?
YES or NO or UNSURE (Please circle a response)

IF NO CONCUSSION OR UNSURE:

Recommendations: _____

Limitations: _____

IF A CONCUSSION IS DIAGNOSED: (Please check one)

- Referral for professional management by specialist or concussion clinic.
- Re-evaluate needed prior to release back to activities.
- May return to play following the RTP listed below. If no symptoms occur during RTP, then the athlete is cleared to return to full participation.

Return to Play Protocol

- Step 1:** No exertional activity until medically cleared and asymptomatic for 24 hours.
- Step 2:** Begin low-impact activity such as walking, stationary bike, etc.
- Step 3:** Initiate aerobic activity fundamental to specific sport such as skating, running, etc.
- Step 4:** Begin non-contact skill drills specific to sport such as dribbling, ground balls, batting, etc.
- Step 5:** Full contact in practice setting.

- **If the athlete remains without symptoms until the end of Day 5, he or she may return to play per physician guidance.**
- **If a symptom returns, the athlete must return to the previous level after a consultation with athletic trainer and/or school nurse and parent. If the symptom persists her or she must get another medical clearance before restarting the Return to Play protocol.**

I have examined the athlete and I have indicated, as noted above, the appropriate course of action.

MD Signature: _____ **Date:** _____

Print or Stamp Name: _____ **Phone:** _____

Please return this form to the Skaneateles health office.