



Vernon Township High School Athletic Training

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PHYSICIAN CONCUSSION EVALUATION FORM

Date: _____

Dear Physician:

We suspect _____ sustained a concussion while participating in _____ at Vernon Township High School on _____ and has been referred to you for evaluation. The following information provides some background on how we handle head injuries at Vernon, including computerized neurocognitive testing and return to school & play guidelines.

At the direction of our school physician, Dr. John Fisher, Vernon Township High School follows the concussion guidelines set forth by the Berlin Concussion Consensus Statement¹ and the NJSIAA² as follows:

Return to School Guidelines

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the child symptoms	Typical activities of the child during the day as long as they do not increase symptoms (eg, reading, texting, screen time). Start with 5–15 min at a time and gradually build up	Gradual return to typical activities
2	School activities	Homework, reading or other cognitive activities outside of the classroom	Increase tolerance to cognitive work
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day	Increase academic activities
4	Return to school full time	Gradually progress school activities until a full day can be tolerated	Return to full academic activities and catch up on missed work

First time concussed athletes with no loss of consciousness and signs/symptoms lasting less than 7 days may return to play when he/she meets the following criteria:

1. Asymptomatic (with no use of medications to mask headache or other symptoms).
2. Has returned to school full time.
3. ImPACT scores return to within normal limits of baseline (if applicable).
4. Has received medical clearance and completes the Return to Play Guidelines once asymptomatic for 24 hours

Any loss of consciousness, signs/symptoms lasting 7 days or longer, or repeat concussions will require a minimum 7 day asymptomatic period and medical clearance before beginning the Return to Play Progression and will be managed on an individualized basis as approved by the school physician. The

asymptomatic period for any concussion may be extended at the discretion of the Vernon physicians and athletic trainer(s).

Physician clearance notes inconsistent with the concussion policy may not be accepted and such matters will be referred to our school physician.

Return to Play Guidelines

Stage	Aim	Activity	Goal of each step
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate
3	Sport-specific exercise	Running or skating drills. No head impact activities	Add movement
4	Non-contact training drills	Harder training drills, eg, passing drills. May start progressive resistance training	Exercise, coordination and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	

Each step is separated by 24 hours. If any symptoms occur, the athlete will drop back to the previous level and try to progress again after 24 hours of rest has passed.

ImPACT Testing

This student has participated in pre-season baseline and post-concussion neurocognitive testing using the ImPACT® (Immediate Post Concussion Assessment and Cognitive Testing) software program to assist in the management of head injuries. We conduct a post-concussive test when the athlete is asymptomatic and continue to test the athlete until their scores return to normal. Please note that this program is used only as a tool in making return to play decisions. Additional information about ImPACT® can be found at www.impacttest.com.

Thank you for your assistance. If you have any questions, please feel free to contact us.

Sincerely,
Joanne Ploch ATC / Matt Bergh ATC
Certified Athletic Trainers



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For the Physician: Please indicate your diagnosis and treatment plan below. Please note that return to sports clearance that is inconsistent with our concussion policy may not be accepted and these matters will be referred to our school physician. Thank you.

NAME: _____

Date: _____ Physician's Diagnosis: _____

Return to Activity

Please check one:

I agree the athlete is cleared for unrestricted sports once he/she meets the criteria outlined in this policy. This includes:

- 1. Asymptomatic (with no use of medications to mask headache or other symptoms).
2. Can complete full school days with no incidence of symptoms.
3. ImPACT scores return to within normal limits of baseline.
4. Completion of Berlin Return to Play Guidelines. This may begin once the athlete is asymptomatic for 24 hours.

I have different recommendations beyond the above recommendations (please specify):

The athlete is to see me again on _____ before beginning any physical activity.

Additional comments:

Physician's name (please print): _____

Address: _____

Phone: _____

Physician's Signature: _____

References:

McCrorry P, Meeuwisse W, Dvorak J, et al Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016. Br J Sports Med 2017;51:838-847.
2 New Jersey State Interscholastic Athletic Association Medical Advisory Board. NJSIAA Policy Statement, April 2010.