

# “RETURN-to-PLAY” CLEARANCE

For questions concerning this form please contact Fresno State Club Sports at (559) 278-5987. The following form must be submitted by the participant to the Club Sports Office in order to return to regular sport participation



\_\_\_\_\_ (name) suffered a suspected head injury  
on \_\_\_\_\_ (date) as a Fresno State Club Sport participant in \_\_\_\_\_ (sport).

## Physician’s Use Only:

<b>(Please Initial)</b>			
_____ Cleared to Return-to-Play without restriction.			
_____ Cleared to Return-to-Play with restrictions (please list) or attach.			
_____			
_____			
_____			
_____ Cleared to Return-to-Play without restriction on a specific date _____.			
_____ Return appointment with physician required by _____.			
_____ Referred to local physician or specialist for further care.			
_____ Cannot Return-to-Play at this time.			
_____ Physician Name and/or Stamp (Required)		_____ Signature	
_____ Name of Practice/Facility	_____ Address	_____ Phone #	_____ Date

## Club Sports Office Use Only:

Received By: _____	Date: _____
Club President / Coach Notified: _____ (date)	

Return completed forms to Student Involvement/Club Sports Program located in RSU 310. You may also email completed forms to Eddie Dominguez at eddominguez@csufresno.edu

Graduated Return To Play			
Stage	Exercise Example	Target	Objective
1 Physical and cognitive rest	<ul style="list-style-type: none"> <li>Only basic activities of daily living</li> <li>When indicated complete cognitive rest followed by reintroduction of mental tasks</li> </ul>	<ul style="list-style-type: none"> <li>Must be completely symptom free for at least 24 hours before beginning next step</li> </ul>	Rest, recovery and elimination of symptoms.  <b>Stage 1</b> <b>Date Cleared:</b> _____ <b>Initials:</b> _____
2a Light aerobic activity  Date tested: _____	<ul style="list-style-type: none"> <li>10-15 minutes of walking. Light jogging or stationary biking</li> <li>NO weight lifting, jumping or hard running</li> </ul>	<ul style="list-style-type: none"> <li>Non-impact activity at &lt;50% estimated max heart rate (&lt;100 beats per minute)</li> <li>Monitor for symptom return</li> </ul>	Increase heart rate, maintain condition, assess tolerance of activity.
2b Moderate aerobic activity Light resistance training  Date tested: _____	<ul style="list-style-type: none"> <li>20-30 minutes of jogging or stationary biking</li> <li>Body weight exercises (planks, squats, push-ups) Max 1 set of 10</li> </ul>	<ul style="list-style-type: none"> <li>Increase heart rate to 50-75% max exertion (100-150 bpm)</li> <li>Introduce more motion</li> <li>Monitor for symptom return</li> </ul>	Increase heart rate, maintain condition, assess tolerance of activity  <b>Stage 2a-b</b> <b>Date Cleared:</b> _____ <b>Initials:</b> _____
2c. Strenuous aerobic activity Moderate resistance training  Date tested: _____	<ul style="list-style-type: none"> <li>30-45 minutes of running or stationary biking</li> <li>Weightlifting at ≤50% of max effort</li> </ul>	<ul style="list-style-type: none"> <li>Increase heart rate to &gt;75% max exertion (&gt;150 bpm)</li> <li>Monitor for symptom return</li> </ul>	Increase heart rate, maintain condition, assess tolerance of activity
3. Non-contact training  Date tested: _____	<ul style="list-style-type: none"> <li>Non-contact drills including no contact with people, padding or floor</li> <li>Sport-specific activities (running, cutting, jumping, etc.)</li> <li>No restrictions for weightlifting</li> </ul>	<ul style="list-style-type: none"> <li>Perform non-contact drills at full speed &amp; intensity</li> <li>Monitor for symptom return</li> </ul>	Begin assimilation into team dynamics, introduce more motion and non-impact jarring, ensure tolerance of all activities short of physical contact  <b>Stage 2c-3</b> <b>Date Cleared:</b> _____ <b>Initials:</b> _____
4. Full contact practice  Date tested: _____	<ul style="list-style-type: none"> <li>Return to normal training with contact</li> </ul>	<ul style="list-style-type: none"> <li>Participate in all practice activities</li> <li>Monitor for symptom return</li> </ul>	Restore confidence, assess for readiness for return to competition  <b>Stage 4</b> <b>Date Cleared:</b> _____ <b>Initials:</b> _____