

"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:

(Please Initial)		
_____ 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	Signature	
_____	_____	_____
Name of Practice	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 USU 306. 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"> ▪ Only basic activities of daily living ▪ When indicated complete cognitive rest followed by reintroduction of mental tasks 	<ul style="list-style-type: none"> ▪ Must be completely symptom free for at least 24 hours before beginning next step 	Rest, recovery and elimination of symptoms. Stage 1 Date Cleared: _____ Initials: _____
2a Light aerobic activity Date tested: _____	<ul style="list-style-type: none"> ▪ 10-15 minutes of walking. Light jogging or stationary biking ▪ NO weight lifting, jumping or hard running 	<ul style="list-style-type: none"> ▪ Non-impact activity at <50% estimated max heart rate (<100 beats per minute) ▪ Monitor for symptom return 	Increase heart rate, maintain condition, assess tolerance of activity.
2b Moderate aerobic activity Light resistance training Date tested: _____	<ul style="list-style-type: none"> ▪ 20-30 minutes of jogging or stationary biking ▪ Body weight exercises (planks, squats, push-ups) Max 1 set of 10 	<ul style="list-style-type: none"> ▪ Increase heart rate to 50-75% max exertion (100-150 bpm) ▪ Introduce more motion ▪ Monitor for symptom return 	Increase heart rate, maintain condition, assess tolerance of activity Stage 2a-b Date Cleared: _____ Initials: _____
2c. Strenuous aerobic activity Moderate resistance training Date tested: _____	<ul style="list-style-type: none"> ▪ 30-45 minutes of running or stationary biking ▪ Weightlifting at ≤50% of max effort 	<ul style="list-style-type: none"> ▪ Increase heart rate to >75% max exertion (>150 bpm) ▪ Monitor for symptom return 	Increase heart rate, maintain condition, assess tolerance of activity
3. Non-contact training Date tested: _____	<ul style="list-style-type: none"> ▪ Non-contact drills including no contact with people, padding or floor ▪ Sport-specific activities (running, cutting, jumping, etc.) ▪ No restrictions for weightlifting 	<ul style="list-style-type: none"> ▪ Perform non-contact drills at full speed & intensity ▪ Monitor for symptom return 	Begin assimilation into team dynamics, introduce more motion and non-impact jarring, ensure tolerance of all activities short of physical contact Stage 2c-3 Date Cleared: _____ Initials: _____
4. Full contact practice Date tested: _____	<ul style="list-style-type: none"> ▪ Return to normal training with contact 	<ul style="list-style-type: none"> ▪ Participate in all practice activities ▪ Monitor for symptom return 	Restore confidence, assess for readiness for return to competition Stage 4 Date Cleared: _____ Initials: _____