

MEDFORD PUBLIC SCHOOLS
489 WINTHROP STREET
MEDFORD, MA 02155

Dear Physician,

Your patient _____ sustained a head injury on _____ during an athletic activity with the Medford Public Schools. In accordance with the new Massachusetts law 105CMR 201.000, we have developed a policy that every student with a possible or diagnosed concussion must be evaluated and cleared by their physician/primary provider before they return to their regular school and sports activities.

To facilitate the students' return to activities, please complete the attached academic re-entry form, stipulating the date that student may return to usual school activities, and what restrictions if any, should be placed upon their academic activities. If there are restrictions placed on their academic activities, please provide a date by which the student will be re-evaluated. This form including possible modifications was based on the Children's Hospital of Boston Sports Medicine Division protocol.

Once students are asymptomatic with their academic work, they will be allowed to gradually return to their athletic activities in accordance with the following protocol:

<u>Rehabilitation Stage</u>	<u>Functional Exercise at Each Stage of Rehabilitation</u>	<u>Objective of Each Stage</u>
No activity	Complete physical & cognitive rest	Recovery
Light aerobic exercise	Walking, stationary bike, or elliptical keeping intensity <70% of Max HR; no resistance training	Increase Heart Rate
Sport-specific exercise	Sport-specific drills within each sport ie. running & cutting drills for football & soccer, skating drills for ice hockey, stick work for lacrosse; no head impact activities	Add movement
Non-contact practice	Progression to more complex training drills ie. passing drills for football, soccer, & ice hockey; may start progressive resistance training	Exercise, coordination, & cognitive load
Full contact practice	Following medical clearance; participate in normal training activities such as tackling in football, heading in soccer, contact in ice hockey and lacrosse	Restore athlete's confidence and assess functional skills by coaching staff
Return to play	Normal game play	

*exercise stage begins once athlete is completely asymptomatic at rest

**all stages must be completed one day at a time & the athlete must remain asymptomatic during each stage

***adapted from the Consensus Statement on Concussion in Sport; Zurich, Switzerland, November 2008

Your signature on this letter indicates that you have examined the student and agree that once (s) he is asymptomatic during normal school work they may follow the athletic re-entry protocol under direct supervision of the certified athletic trainer. The athletic trainer will use a standardized instrument to assess the students for symptoms at each progressive stage of activity.

Emergence of symptoms will result in a return to the previous rehabilitation stage of activity after a 24 hour period of asymptomatic rest.

If you have questions about this protocol or policy, please contact Dr. Kristen Goodell, School Physician for the City of Medford at 781-306-0200.

I have evaluated _____ and agree with the student's return to activities in accordance with the Medford Public School's protocol.

I have evaluated _____ and would like to put the following restrictions into effect instead of following the Medford Public School's protocol: _____

Physician name

physician signature

date