



**CALIFORNIA AMATEUR HOCKEY ASSOCIATION
CONCUSSION EVALUATION AND
RETURN TO PARTICIPATION PROTOCOL**



*This form is a resource. A healthcare provider is not required to use it;
an official medical release with the necessary information is acceptable.*

This form is adapted from the following sources:

USA Hockey Concussion Management Program (June 2017):

http://assets.ngin.com/attachments/document/0042/6418/USA_Hockey_Concussion_Management_Program_2017.doc; as

well as the Acute Concussion Evaluation (ACE) care plan on the CDC website

(<https://www.cdc.gov/headsup/index.html>). This protocol is also in compliance with the State of California Health and

Safety Code Section 124235 (January 2017):

(http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=124235.&lawCode=HSC).

California legislation states the following:

- An athlete must be evaluated, diagnosed and returned to participation by a “licensed health care provider who is trained in the evaluation and management of concussions and is acting within the scope of his or her practice.”
- An athlete removed from participation due to a suspected concussion, even if not diagnosed, may not return to participation on the same day.
- An athlete with a diagnosed concussion may not be cleared to return to participation in a time frame less than seven (7) days.

Athlete’s Name: _____

Athlete’s Date of Birth: _____ Date of Suspected Injury: _____ Date of Evaluation: _____

Cause/Location of Suspected Injury: _____

This athlete: _____ HAS _____ HAS NOT received a diagnosis of concussion.

- If a concussion is confirmed, the athlete must remain under the care of a licensed health care provider as established in California Health and Safety Code 124235 through a graduated return to participation protocol of no less than seven (7) days, and clearance must also be provided by a licensed health care provider as defined by California law.
- If a concussion is not diagnosed, the athlete must be cleared by a licensed health care provider to return to participation at any time after the date the incident occurred. Athletes may not return to participation on the same day the suspected injury occurred.

Accepted evaluators are medical professionals trained in the evaluation and management of concussions, acting within the scope of his or her practice. There are NO EXCEPTIONS to this requirement.

An official medical release form is an acceptable alternate to the use of this form to return an athlete to participation.

Evaluator’s Name: _____

Evaluator’s Licensed Medical Designation: _____ Signature: _____

Evaluator’s Address: _____

Office Phone: _____ Email: _____



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Graduated Return-to-Sport Strategy

http://assets.ngin.com/attachments/document/0042/6418/USA_Hockey_Concussion_Management_Program_2017.doc

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	

- After a brief period of rest (24–48 hours after injury), patients can be encouraged to become gradually and progressively more active as long as these activities do not bring on or worsen their symptoms.
- There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the athlete should go back to the previous step.
- Resistance training should be added only in the later stages (stage 3 or 4 at the earliest).