

# DIAA ACUTE CONCUSSION EVALUATION (ACE) & RETURN TO PLAY FORM



**Athlete Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Sport:** \_\_\_\_\_

**Date of Injury:** \_\_\_\_\_

**Qualified HealthCare Provider (QHP) at school**

Name of QHP initially examining athlete on site: (please print) \_\_\_\_\_ Date initially examined: \_\_\_\_\_

Today the following symptoms are present (please circle in table below): Check if no reported symptoms:

	Physical	Cognitive	Emotional	Sleep
Headache	Light sensitivity	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Noise sensitivity	Problems concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Vomiting	Visual problems	Feeling slowed down	Nervousness	Trouble falling asleep
Dizziness	Balance problems			

**Gradual Return to Play (RTP) Plan**

RTP Plan must occur in gradual steps under the supervision of a QHP (see 14 Del. Admin. C. § 1034 for definition of QHP). After completion of a stage without any recurrence of symptoms, athlete may progress to the next level of activity on the next day. Continued or worsening signs or symptoms should be reported to a physician immediately. **Before an athlete may initiate Stage 5 'full contact', they must be cleared by a QHP who is not employed by the member school.**

Stage 1: Symptom-limited activity. Daily activities that do not exacerbate symptoms. Gradual reintroduction of work/school.

Stage 2: Low levels of activity (i.e., symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary bike, light weightlifting (low weight, higher reps).

Stage 3: Moderate levels of activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduce time and/or weight from typical routine).

Stage 4: Heavy non-contact activity. This includes sprinting/running, high intensity stationary bike, regular weightlifting routine, non-contact sport specific drills (three planes of movement).

**Stage 5: \*\*\* Must have clearance from a QHP who is not employed by the member school before beginning this stage\*\*\***  
Full contact in controlled practice. Athlete may return to full gym class activities at this stage.

Stage 6: Full contact in game play.

- ❖ ATHLETES MAY NOT RETURN TO ANY CONTACT ACTIVITY ON THE SAME DAY THAT A HEAD INJURY OCCURRED
- ❖ ATHLETES MUST SUCCESSFULLY PROGRESS THROUGH THE RTP PLAN, WITH QHP CLEARANCE, BEFORE CONTACT ACTIVITIES

**QUALIFIED HEALTHCARE PROVIDER SPORTS RECOMMENDATIONS**

I declare that I am a qualified healthcare provider who, in accordance with DIAA regulations as well as standards of medical care in concussion management, recommend the following (may check more than one box, if appropriate):

- Requires school accommodations (see page 2).
- No school accommodations needed.
- May begin gradual progression of the RTP Plan – Steps 1 – 4 only, with the following exceptions/modifications:  
\_\_\_\_\_
- Other: \_\_\_\_\_
- Referral: \_\_\_\_\_
- Full Clearance: May progress, per protocol, through Stage 5, and if symptom free, may advance to Stage 6.**

This RTP Plan was based upon today's evaluation:

Follow up in office:  Date: \_\_\_\_\_  As needed

QHP's Name: \_\_\_\_\_ (please print) QHP's Office Phone: \_\_\_\_\_

QHP's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated 03\_2024. This form is adopted from the Acute Concussion Evaluation care plan developed by the CDC ([www.cdc.gov/heads-up/hcp/providers/](http://www.cdc.gov/heads-up/hcp/providers/)) All medical providers are strongly encouraged to use this form for concussed athletes participating in DIAA sports. While other forms may be used, **all medical providers must abide by DIAA protocol** ([https://education.delaware.gov/diaa/health\\_and\\_safety/](https://education.delaware.gov/diaa/health_and_safety/)) including the RTP plan noted above, before an athlete may return to athletics.

## QHP SCHOOL CLEARANCE

Appropriate sleep, symptom-limited physical and cognitive activity, and proper nutrition including good hydration, are essential during concussion recovery. Cognitive and emotional dysfunction may require your child to receive extra help in school. Therefore, inform your school's nurse and athletic trainer if your child has sustained a concussion. Restrictions for return to school as recommended by your QHP are as follows:

**Until you (or your child) have fully recovered, the following supports are recommended:** *(check all that apply)*

- No return to school. Return on (date) \_\_\_\_\_
- Return to school with following supports. Review on (date) \_\_\_\_\_
- Shortened day. Recommend \_\_\_\_\_ hours per day until (date) \_\_\_\_\_
- Shortened classes (i.e., rest breaks during classes). Maximum class length: \_\_\_\_\_ minutes.
- Allow extra time to complete coursework/assignments and tests.
- Lessen homework load by \_\_\_\_\_%. Maximum length of nightly homework: \_\_\_\_\_ minutes.
- No significant classroom or standardized testing at this time.
- Check for the return of symptoms (use symptom table on front page of this form) when doing activities that require a lot of attention or concentration.
- Take rest breaks during the day as needed.
- Request meeting of 504 or School Management Team to discuss this plan and needed supports.
- No school restrictions needed.**

## INSTRUCTIONS FOR ACE SPORTS RETURN FORM

1. If an athlete exhibits signs or symptoms consistent with a concussion, they shall be removed from play immediately. A qualified health care professional (QHP) must then determine whether or not an apparent concussion has occurred. If a qualified healthcare professional is not present, the injury must be treated as a concussion and the student is not allowed to return to practice/game until determined otherwise by a qualified healthcare professional. If the qualified healthcare professional is unable to rule out a concussion, the athlete must be treated as though the athlete has sustained a concussion. Note: in all situations where an athlete is determined to have a possible concussion, the athlete's parent or guardian should be contacted as soon as possible, and explained progressive warning signs as well as the RTP plan. If the symptoms become progressive, they should seek out physician services immediately.
2. The school's QHP may progress the athlete through the RTP plan through stage four, so long as symptoms are not exacerbated. The athlete should not stay after school to exercise until they tolerate a full school day without symptoms. Each stage of the RTP plan should be no less than one day long. If symptoms continue to recur, the athlete should be referred to a physician for further evaluation.
3. **Before progressing to stage 5 or beginning PE class, the school must obtain written clearance from a qualified healthcare provider who is not employed by the member school.** This clearance can be found at the bottom of page one (grey section) of the ACE form. Any athlete that progresses into stage 5 and beyond without written clearance shall be considered ineligible, and all games subsequent to such entry shall be a forfeit for the school.

**A qualified healthcare provider (QHP)** is defined as a Doctor of Medicine (MD), a Doctor of Osteopathic Medicine (DO), a Physician Assistant, an Advanced Practice Registered Nurse, athletic trainer, or sports physical therapist who is trained and experienced in the evaluation, management, and care of concussions or a licensed psychologist with training in neuropsychology and in the evaluation and management of concussions. Qualified Healthcare Providers shall be licensed by their state and in good standing with the State of Delaware.

**FOR MORE INFORMATION VISIT DIAA AND CDC WEBSITES NOTED BELOW**