



**Buffalo Grove High School Sports Medicine**  
**1100 W. Dundee Rd. Buffalo Grove, IL 60089**  
**Phone: (847)718-4167 Fax: (847)718-4122**

\*\*\*This form must be completed by a Doctor of Medicine or Doctor of Osteopathic Medicine  
licensed to practice medicine in all of its branches in the state of Illinois\*\*\*

Dear Physician,

\_\_\_\_\_ is a student-athlete at Buffalo Grove High School. He/she recently sustained a head injury and presented the following:

**Assessment:** This student-athlete is presenting signs and symptoms consistent with a concussion.

**Plan:** Township High School District 214 has developed the following return to participation policy in regards to concussion/head injury management:

**IMPACT Post-Injury:** After an athlete is diagnosed with a concussion, the RTP progression should not start until he or she reports minimal concussion-related symptoms, has a normal clinical examination, and performs at or above pre-injury levels of functioning on all objective concussion assessments.

Stage	Aim	Activity	Goal
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	Increased heart rate
3	Sports/activity-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 contract practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coach staff
6	Return to sport/activity	Normal game play/activity participation	

*Each stage will be separated by a minimum of twenty-four hours. If any concussion-related symptoms occur during the stepwise approach, the student should drop back to the previous asymptomatic level and attempt to progress again after being free of concussion-related symptoms for a further twenty-four hour period at the lower level.*

**Vestibular Rehabilitation:** Vestibular rehabilitation may be needed for student-athletes with ongoing symptoms, including balance deficits, for athletes who have persistent/prolonged concussion symptoms. We have defined student-athletes that exhibit symptoms of greater than seven days of being possible candidates for vestibular rehabilitation. If you would like more information on vestibular rehabilitation concussion management service line, please do not hesitate to give us a call.

**Academic Accommodations:** If you feel that academic accommodations are necessary, please fill out an ACE Care Plan or provide written prescription of what academic accommodations are necessary at this time.

Thank you for your cooperation and help to safely return this student-athlete to participation in athletics at Buffalo Grove High School.

Sincerely,

Kelly Stone, ATC  
Tom Sullivan, ATC  
Buffalo Grove Athletic Trainers  
(847) 718-4167

Physician Response (please check one)

\_\_\_\_ Agree with treatment plan stated above.

\_\_\_\_ Begin the above return-to-play protocol on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

Physician Name (Print): \_\_\_\_\_ MD / DO (please circle) Phone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_