



#### **NCHSAA Virtually Monitored Concussion Return to Play Protocol**

Circumstances may arise when there is no LHCP or first responder readily available to supervise a student-athlete's Concussion Return to Play (RTP) Protocol (in-person). In those instances, the NCHSAA Virtually Monitored Concussion RTP V-Monitored Concussion RTP Protocol offers a reasonable alternative to ensure safe progression of a student-athlete through the concussion RTP protocol.

- The NCHSAA Concussion Return to Play (RTP) Protocol (in-person) OR the NCHSAA Virtually Monitored Concussion RTP is **REQUIRED** to be completed in its entirety for any concussed student-athlete (SA) before they are released to resume participation in athletics. A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. Both the NCHSAA Concussion (RTP) Protocol and NCHSAA Virtually Monitored Concussion (RTP) Protocol have been designed using this step-by-step progression.
- The NCHSAA Virtually Monitored Concussion (RTP) Protocol can be monitored by any of the following LHCP: Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner or a Licensed Neuropsychologist.
- The LHCP may elect to use a combination of in-person monitoring and virtual monitoring to complete the required stages within the RTP progression. Both in-person and virtual stage monitoring outcomes can be documented on this form.
- After monitored completion of each stage <u>without provocation/recurrence of signs and/or symptoms</u>, a student- athlete is allowed to advance to the next stage of activity. The length of time for each stage is at least 24hours. A separate stage specific in-person/virtual consult checklist is to be completed for each RTP stage.
- An adult observer must be present with the SA during each stage to provide consent and assist with emergency care if needed.

Stage	Activity	Objective	!	Stage Specific Virtual Consul Checklist Completed/ In-Person Monitored		
1	20-30 min of cardio activity: walking, stationary bike	Perceived intensity/exertion: Light Activity		YES YES	DATE In-Person Monitored	
2	30 min of cardio activity: jogging at medium pace. Body weight resistance exercise (e.g. Push-ups, lunge walks) with minimum head rotation x25 each.	Perceived intensity/exertion: Moderate Activity		YES YES	DATE In-Person Monitored	
3	30 min of cardio activity: running at fast pace, incorporate intervals. Increase repetitions of body weight resistance exercise (e.g. Sit-ups, push-ups, lunge walks) x 50 each. Sport specific agility drills in three planes of movement.	Perceived intensity/exertion: Hard activity, changes of direction with increased head and eye movement		YES YES	DATE In-Person Monitored	
4	Participate in non-contact practice drills.  Warm-up and stretch x10 min. Intense, non-contact, sport specific agility drills x 30-60 minutes.	Perceived intensity/exertion: High/Maximum Effort Activity		YES YES	DATE In-Person Monitored	
5	Participate in full practice. If in a contact sport,	controlled contact practice allowed.		YES YES	DATE In-Person Monitored	
Final LHCP Virtual Visit	The LHCP overseeing the SA's care will review F 5). If any concussion signs or symptoms occur of return to the treating LHCP.  The Virtually Monitored RTP Packet and the RT supervising LHCP before the SA is allowed to re	during stage 5, the SA is required to  P Form MUST be signed by		YES YES	DATE In-Person Monitored	

The LHCP who monitored the student athlete's RTP Protocol MUST sign and date below when stage 5 is successfully completed.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol through stage 5.

Signature of Licensed Physician, Licensed Athletic trainer, Licensed Physician Assistant,
Licensed Nurse Practitioner, Licensed Neuropsychologist (please circle)

Please print name





STUDENT-ATHLETE'S NA	AME:				DOB: _			
ADULT OBSERVER:			DATE:			_ TIME:		
MONITORED BY:			(circle one) MD/D	O, LAT,	PA, NP I	icensed Neuropsycholo	gist	
_			ine source with double identifi age via interactive audio and vi				standing	and
☐ Review of athlete's o	verall fur	iction w	ith activities of daily living (cog	nitive an	d physic	al):% normal		
Comment:								
☐ Pre-Exercise Sympto	m Questi	onnaire	2					
· · · · · · · · · · · · · · · · · · ·	symptor	ns BEF0	eathlete is experiencing in the I DRE or DURING exercise, session Immended				consulta	tion
With Supervising	Yes	No	mineriaea.	Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
Nausea or vomiting			"Don't feel right"			Irritability		
Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Other:		
Sensitivity to light			Confusion			-		
20-30 minutes of cardi  Post- Exercise Sympt								
Review and repo	ort sympto s symptor	oms the	athlete is experiencing AFTER R exercise or 24 hours followin				ervising	
	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
Nausea or vomiting			"Don't feel right"			Irritability		
Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Comment:		
Sensitivity to light			Confusion					

□ Establish plan for next virtually supervised visit − DATE \_\_\_\_\_\_ TIME \_\_\_\_\_ CONFIRMED BY \_\_\_\_\_

☐ Education on monitoring for red flags





ADULT OBSERVER: DATE: TIME:  ADULT OBSERVER: DATE: TIME:  MONITORED BY: (circle one) MD/DO, LAT, PA, NP Licensed Neuropsychologist  Conducted through a video telemedicine source with double identification verified. Athlete & adult voice understandin consent to proceed with exertional stage via interactive audio and video telemedicine source.  Review of athlete's overall function with activities of daily living (cognitive and physical):	STUDENT-ATHLETE'S N	AME:				DOB: _			
MONITORED BY:	ADULT OBSERVER:			DATI	Ē:		TIME:		
Conducted through a video telemedicine source with double identification verified. Athlete & adult voice understanding consent to proceed with exertional stage via interactive audio and video telemedicine source.  Review of athlete's overall function with activities of daily living (cognitive and physical):% normal  Comment:	MONITORED BY:			(circle one) MD/	DO, LAT,	PA, NP I	Licensed Neuropsycholo	gist	
Pre-Exercise Symptom Questionnaire  Review and report symptoms the athlete is experiencing in the last 24 hours BEFORE starting RTP stage  If athlete reports symptoms BEFORE or DURING exercise, session should NOT continue. Notification of and consult with supervising physician is recommended.  Yes No Yes Headache  Feeling slowed down Trouble falling asleep  Neck Pain Feeling "like in a fog" More emotional  Nausea or vomiting "Don't feel right" Irritability  Dizziness Difficulty concentrating Sadness  Blurred vision Difficulty remembering Nervous or anxious  Balance problems Fatigue or low energy Other:  Sensitivity to light Confusion Other:  Monitored Observation of RTP Stage — Moderate Activity  Monitored Observation of RTP Stage — Moderate Activity  Post- Exercise Symptom Questionnaire  Review and report symptoms the athlete is experiencing AFTER completing RTP stage.  If athlete reports symptoms AFTER exercise or 24 hours following, notification of and consultation with supervising.	consent to proceed v	vith exert	ional st	tage via interactive audio and	video tele	medicine	e source.	standing	and
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"Pressure in head" Feeling slowed down Trouble falling asleep  Neck Pain Feeling "like in a fog" More emotional  Nausea or vomiting "Don't feel right" Irritability  Dizziness Difficulty concentrating Sadness  Blurred vision Difficulty remembering Nervous or anxious  Balance problems Fatigue or low energy Other:  Sensitivity to light Confusion  Monitored Observation of RTP Stage – Moderate Activity  30 min of cardio activity (jogging at medium pace):  Body weight resistance exercise with minimum head rotation (e.g. Push-ups, lunge walks):  Post- Exercise Symptom Questionnaire  Review and report symptoms the athlete is experiencing AFTER completing RTP stage.  If athlete reports symptoms AFTER exercise or 24 hours following, notification of and consultation with supervising		Yes	No		Yes	No		Yes	No
Neck Pain	Headache			Sensitivity to noise			Drowsiness		
Nausea or vomiting "Don't feel right" Irritability  Dizziness Difficulty concentrating Sadness  Blurred vision Difficulty remembering Nervous or anxious  Balance problems Fatigue or low energy  Sensitivity to light Confusion  Monitored Observation of RTP Stage – Moderate Activity  30 min of cardio activity (jogging at medium pace):  Body weight resistance exercise with minimum head rotation (e.g. Push-ups, lunge walks):  Post- Exercise Symptom Questionnaire  Review and report symptoms the athlete is experiencing AFTER completing RTP stage.  If athlete reports symptoms AFTER exercise or 24 hours following, notification of and consultation with supervising	"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Dizziness  Blurred vision  Difficulty remembering  Balance problems  Fatigue or low energy  Sensitivity to light  Confusion  Monitored Observation of RTP Stage – Moderate Activity  30 min of cardio activity (jogging at medium pace):  Body weight resistance exercise with minimum head rotation (e.g. Push-ups, lunge walks):  Post- Exercise Symptom Questionnaire  Review and report symptoms the athlete is experiencing AFTER completing RTP stage.  If athlete reports symptoms AFTER exercise or 24 hours following, notification of and consultation with supervising	Neck Pain			Feeling "like in a fog"			More emotional		
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Balance problems Sensitivity to light Confusion  Monitored Observation of RTP Stage – Moderate Activity  30 min of cardio activity (jogging at medium pace):  Body weight resistance exercise with minimum head rotation (e.g. Push-ups, lunge walks):  Post- Exercise Symptom Questionnaire  Review and report symptoms the athlete is experiencing AFTER completing RTP stage.  If athlete reports symptoms AFTER exercise or 24 hours following, notification of and consultation with supervising	Dizziness			Difficulty concentrating			Sadness		
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physician is recommended.	<ul> <li>Review and reports</li> <li>If athlete reports</li> <li>physician is reco</li> </ul>	ort sympto s symptor mmende	oms the ms AFTI d.	e athlete is experiencing AFTEI ER exercise or 24 hours follow	ing, notific	_	_	ervising	

	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
Nausea or vomiting			"Don't feel right"			Irritability		
Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Comment:	•	•
Sensitivity to light			Confusion					

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Sensitivity to light		Confusion			
Education on monitori	ing for red	d flags			
Establish plan for next	virtually s	supervised visit – DATE	TIME _	CONFIRMED BY _	





STUDENT-ATHLETE'S NA	۱ME:				DOB:			
ADULT OBSERVER:			DATE:			_ TIME:		
			(circle one) MD/D				gist	
consent to proceed w	ith exert	ional st	ine source with double identifi age via interactive audio and v ith activities of daily living (cog	ideo tele	medicine	e source.	standing	and
Comment:		iction w	Terr decrivings or daily living (cog	incive ai	ia priysici	21)70 1101111d1		
Comment.								
	rt sympto symptor	oms the	eathlete is experiencing in the l DRE or DURING exercise, sessio				consulta	tion
	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
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Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Other:		
Sensitivity to light			Confusion					
30 min of cardio activity	y: (runni	ng at fa	- Hard activity, changes of direst pace, incorporate intervals) sistance exercise (e.g. Sit-ups, pages of movement:			<u> </u>	ent	
	rt sympto	oms the	re athlete is experiencing AFTER R exercise or 24 hours followir	-	_	_	ervising	
physician is recon	nmende	d.		_		·	J	

	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
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Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Other:		_
Sensitivity to light			Confusion			1		

Blurred vision	Difficulty remembering		Nervous or anxious	
Balance problems	Fatigue or low energy		Other:	
Sensitivity to light	Confusion			
Education on monitoring	for red flags			
Establish plan for next vir	tually supervised visit – DATE	_ TIME _	CONFIRMED BY	





STUDENT-ATHLETE'S N	AME:				_ DOB: _			
ADULT OBSERVER:			D	ATE:		TIME:		
MONITORED BY:			(circle one) N	 /ID/DO, LA <sup>-</sup>	 Г, РА, NP	 Licensed Neuropsycholo	ogist	
Conducted through a consent to proceed w	a video tel with exert	lemedio		entification and video te	verified. <i>A</i> lemedicin	athlete & adult voice under e source.		and
Comment:						· <del>_</del>		
If athlete reports	ort symptons sympton	oms the	e athlete is experiencing in DRE or DURING exercise, s		· · · · · · · · · · · · · · · · · · ·	ORE starting RTP stage ntinue. Notification of and	consulta	tion
with supervising	Yes	No	mmended.	Yes	No		Yes	No
Headache	103	110	Sensitivity to noise	100	110	Drowsiness	103	110
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional	-	
Nausea or vomiting			"Don't feel right"			Irritability	-	
Dizziness			Difficulty concentrating			Sadness	+	
Blurred vision			•				_	
			Difficulty remembering			Nervous or anxious Other:		<u> </u>
Balance problems Sensitivity to light	+		Fatigue or low energy Confusion			Other.		
Warm-up and stretch  Participate in non-con  ost- Exercise Symptom  Review and repo	x10 min:  ntact pract  Questioni  prt sympto	tice dril naire oms the	ls. Intense, non-contact, se athlete is experiencing A	port specific	eting RTP		pervising	
physician is reco	mmended	d.				·		
	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
Nausea or vomiting			"Don't feel right"			Irritability		
Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Comment:		
Sensitivity to light			Confusion			7		

Establish plan for next virtually supervised visit – DATE \_\_\_\_\_\_ TIME \_\_\_\_\_ CONFIRMED BY \_\_\_\_\_

☐ Education on monitoring for red flags





JDENT-ATHLETE'S N <i>F</i>	۱ΜΕ:				DOB: _			
ULT OBSERVER:			DATE	:		_ TIME:		
			(circle one) MD/[				gist	
Conducted through a consent to proceed w	video te ith exert	lemedi ional s	cine source with double identif	fication ve video tele	erified. A medicine	thlete & adult voice under e source.		g and
Review of athlete's ov	erall fur	nction v	vith activities of daily living (co	gnitive an	d physic	al):% normal		
Comment:								
Pre-Exercise Symptor	n Questi	onnair	e					
			e athlete is experiencing in the	last 24 ho	ours BEF	ORE starting RTP stage		
			ORE or DURING exercise, session				consulta	ition
with supervising								
	Yes	No		Yes	No		Yes	No
leadache			Sensitivity to noise			Drowsiness		
Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
Nausea or vomiting			"Don't feel right"			Irritability		
Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Other:		
Sensitivity to light			Confusion					
A "Stage 5 equivalent	" worko	ut that	• 5 – Participate in full practice incorporates high intensity, hig uted when there is not an oppo	sh heart ra		-		isual,
Please describe in deta	il the pra	actice/	vorkout activities that the athle	ete partic	ipated ir	1.		
	611		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- /-  - 0. 00				

	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
Neck Pain			Feeling "like in a fog"			More emotional		
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Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Comment:		
Sensitivity to light			Confusion					

<sup>\*</sup>If athlete reports symptoms AFTER exercise or 24 hours following, notification of supervising physician is recommended.





# NCHSAA Virtually Monitored Concussion RTP Protocol – FINAL VIRTUAL CONSULT CHECKLIST (To be completed by supervising LHCP)

STUDENT-ATHLETE'S N	IAME:				DOB: _			
ADULT OBSERVER:			DATI	<u> </u>		TIME:		
MONITORED BY:			(circle one) MD/	DO, LAT,	PA, NP	Licensed Neuropsycholo	gist	
consent to proceed	with visit	via inte	cine source with double identi ractive audio and video teleme vith activities of daily living (co	edicine so	urce.		standing	and
Comment:								
☐ Symptom Question	nnaire		<del>,</del>			<u></u>		
	Yes	No		Yes	No		Yes	No
Headache			Sensitivity to noise			Drowsiness		
"Pressure in head"			Feeling slowed down			Trouble falling asleep		
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Dizziness			Difficulty concentrating			Sadness		
Blurred vision			Difficulty remembering			Nervous or anxious		
Balance problems			Fatigue or low energy			Other:		
Sensitivity to light			Confusion					
Comment:								
☐ Additional Commen	its:							
□ Athlete has successf	ully some	م اممعادا	II E stages of the DTD protected	with out re		o of concussion related sw	mntomo	
			II 5 stages of the RTP protocol			•	-	
	-		nction level and reports no cor ading, computer work).	icussion re	eiated Cl	inical signs and symptoms	at rest a	ia witr
=	•		nitored RTP Protocol Packet co	mnletad a	nd kont	on file		
		•	ssion Medical Clearance Relea	•	•		ticinatia	n in
· · · · · · · · · · · · · · · · · · ·			le with a copy provided to the				ticipatio	