



# Prospect High School Sports Medicine

801 W. Kensington Rd. | Mt. Prospect, IL 60056  
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**\*\*\*This form must be completed by a Doctor of Medicine or Doctor of Osteopathic Medicine who is licensed to practice medicine in all of its branches in the state of Illinois\*\*\***

Dear Physician,

\_\_\_\_\_ is a student-athlete at Prospect High School. He/she recently sustained a head injury on  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 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 no longer reports concussion-related symptoms, has a normal clinical examination, and performs at or above pre-injury levels of functioning on all objective concussion assessments.

- **Each stage in the following plan should be separated by a minimum of 24 hours**
- **An athlete may not move on to the next step of the sequence if symptoms return, and will be retested no sooner than 24 hours**
- **No Activity. Complete physical rest from time of injury until asymptomatic following injury**

**Stage 1:** Light Aerobic exercise to increase heart rate and blood pressure in the brain. Heart rate to remain below 70% of age-predicted maximum.

**Stage 2:** Perform moderate to heavy aerobic

**Stage 3:** Perform moderate to heavy sport specific drills without the threat of contact from others and/or strenuous weight lifting and resistance training.

**Stage 4:** Noncontact training/practice involving others

**Stage 5:** Unrestricted training/practice

**Stage 6:** Return to play

- **If the athlete presents symptoms during any of the above steps the process returns to the current step with a minimum of 24 hours of rest before resuming the protocol.**

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

Sincerely,

Katie Cottin, MAT, ATC  
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**Physician Response (please check one):**

Agree with treatment plan stated above.       May begin RTP protocol when asymptomatic

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

**Physician Name (Print):** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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