

Injury or Illness Return to Participation Form

OVERVIEW

Purpose for this form: To inform the treating medical professional that the patient (student athlete) is participating in Brandon School District Athletics, and must be cleared in writing by the defined medical professional. For the purpose of this form, the term "treating medical professional" or "medical professional" is limited to Medical Doctor (M.D.), Doctor of Osteopathy (D.O.), or a Physician Assistant (PA). Our goal is to increase safety and wellbeing of our Brandon School District student athletes.

This form is **not to be used for concussion or communicable disease** return to participation. See concussion or communicable disease return to participation overview and instructions.

INSTRUCTIONS

1. Take the adjointed form (page 2) to your medical professional when being evaluated and/or treated for injury, illness, and/or a medical procedure.
2. The treating medical professional (M.D., D.O., P.A.) must complete all appropriate sections; sign or stamp, date, and include a phone number in case further questions or information is needed.
3. If the evaluating and/or treating medical professional does not clear the student athlete and requires a follow-up visit or a referral, the patient (student athlete) must complete steps number 1, 2, and 4 with a new medical professional.
4. Return all completed forms to Brandon School District Athletic Trainer in person or via fax:
 - Via fax: *Attn: Brandon Baroni, AT, ATC – 248.627.6913 Fax*
5. Other accepted forms:
 - Medical Professional signed or stamped note on script pad stating that the student athlete is cleared/can return to participation
 - Medical Professional note on office/physician letterhead signed or stamped stating that the student athlete is cleared/can return to participation

Athletic Training Services Provided by:



6770 Dixie Hwy, Ste 104
Clarkston, MI 48346
(248) 625-5998

Injury or Illness Return to Participation Form

This form is not to be used for concussion or communicable disease return to participation.

COMPLETED BY PARENT/GUARDIAN:

Student Athlete's Name: _____	Date of Birth: ____/____/____	Grade: _____
Sport: <u>Varsity, JV, Freshman</u> _____	Date of Injury: ____/____/____	Injured Area: _____
Parent Name: _____	Phone Number: _____	

ATHLETIC TRAINERS IMPRESSION OR COMMENT:

COMPLETED BY MEDICAL PROFESSIONAL: Please return a copy with student athlete or send via fax: 248. 627.1829

Diagnosis: R, L, B _____			
<u>Please check and date all that apply</u>			
<input type="checkbox"/>	No activity (athletics/physical education) until further notice.	Surgery/procedure: _____	
<input type="checkbox"/>	No activity until evaluated and cleared by physical therapist (<i>note from PT is required</i>)		
<input type="checkbox"/>	Return to participation with limitations: _____	Date: _____	
<input type="checkbox"/>	Return to conditioning only, no other activity until further notice.	Date: _____	
<input type="checkbox"/>	Return to _____ no other activity until further notice.	Date: _____	
<input type="checkbox"/>	Return to participation with _____	Date: _____	
<input type="checkbox"/>	Return to participation as tolerated or when functional (<i>circle one</i>)		
<input type="checkbox"/>	Return to full unrestricted participation.	Date: _____	
Treatments: _____			
(cast, crutches, sling, brace, tape, modalities, therapeutic exercise, strengthening, medications, etc.)			
<input type="checkbox"/>	Physical therapy: (See attached treatment prescription) _____		
_____ Physician's Signature		_____ Date	_____ Print Physician's Last Name
			_____ Office Phone

TREATMENT PRESCRIPTION

Name _____

Diagnosis _____

Medical Precautions _____

1 2 3 4 5 Times/Week _____ Weeks _____ As Needed

☐ Social Work Services

☐ EVALUATE AND TREAT

TREATMENT PRESCRIPTION

- ☐ Exercise Program
- ☐ Gait Training
- ☐ Isokinetic Evaluation
- ☐ Home Program
- ☐ Aquatic Therapy
- ☐ Isokinetic Exercise Program
- ☐ Joint Mobilization
- ☐ Range of Motion
- ☐ Activities of Daily Living
- ☐ Orthopedic Appliance
- ☐ Prophylactic Strapping
- ☐ Posture, Positioning, Body Mechanics
- ☐ Back School

MODALITIES AND PROCEDURES

- ☐ Ultrasound
- ☐ Electrical Stimulation
- ☐ Moist Heat/Cold Packs
- ☐ Whirlpool
- ☐ Massage
- ☐ Cryotherapy
- ☐ TENS
- ☐ Contrast Bath

MODALITIES Continued

- ☐ Phonophoresis
- ☐ Iontophoresis
- ☐ Traction
- ☐ Intermittent Compression

HAND REHABILITATION

- ☐ Splint Fabrication
 - ☐ Dynamic
 - ☐ Static
- ☐ Flexor Tendon Program
- ☐ Extensor Tendon Program
- ☐ Sensory Evaluation
- ☐ Hand Injury Prevention Program
- ☐ Active Range of Motion
- ☐ Passive Range of Motion
- ☐ Strengthening

INDUSTRIAL REHABILITATION

- ☐ Functional Capacity Evaluation
- ☐ Work Capacity Evaluation
- ☐ Work Conditioning Program
- ☐ Work Hardening Program
- ☐ Job Analysis

Other _____

I hereby certify these services as medically necessary for the patient's plan of care.

Physician's Signature _____ Date _____

UPIN# _____

For locations, see reverse side.




NovaCare Outpatient Rehabilitation Locations

- | | |
|---|---|
| <p><input type="checkbox"/> 1 Auburn Hills
3069 University, Ste. 230
Auburn Hills, MI 48326
248-276-6700 • Fax: 248-276-6913</p> <p><input type="checkbox"/> 2 Clarkston 
6770 Dixie Highway, Ste. 104
Clarkston, MI 48346
248-625-5998 • Fax: 248-625-3975</p> <p><input type="checkbox"/> 3 Clinton Township 
15918 19 Mile Road
Suite 150
Clinton Township, MI 48038
586-228-0240 • Fax: 586-228-0182</p> <p><input type="checkbox"/> 4 Shelby Township 
53960 Van Dyke, Ste. 110A
Shelby Township, MI 48317
586-992-1463 • Fax: 586-992-1471</p> | <p><input type="checkbox"/> 5 Taylor
20332 Eureka Road
Taylor, MI 48180
734-285-6767 • Fax: 734-285-0161</p> <p><input type="checkbox"/> 6 Taylor 
23179 Eureka Road
Taylor, MI 48180
734-287-1889 • Fax: 734-287-1893</p> <p><input type="checkbox"/> 7 Warren 
30655 Hoover Road
Warren, MI 48093
586-574-1200 • Fax: 586-574-9425</p> <p><input type="checkbox"/> 8 Westland 
1969 North Wayne Road
Westland, MI 48185
734-727-9094 • Fax: 734-727-9096</p> |
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SPECIALTY SERVICES KEY

 Pool

 Functional Capacity Evaluations

Quality Care Close to Home

Visit our web site at www.novacare.com/michigan.htm
For the hearing impaired, call (800) 688-4889 (TTY) or (800) 947-8642 (Voice)
and request to be connected to the appropriate center.