

## Appendix D – Return to Play

Return completed form to Peter Zapalo: [pzapalo@usfigureskating.org](mailto:pzapalo@usfigureskating.org) or fax to (719) 635-9548

### RETURN-TO-PLAY PLAN & STATUS REPORT

*To be completed by healthcare provider.*

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

ProviderName/Email/Signature: \_\_\_\_\_

1. **DIAGNOSIS:** original Dx, plus update with current status.
2. **IMPLICATIONS:** how does the diagnosis impact short- and long-term sport and skill performance.
3. **TREATMENT/REHAB:** a brief description, including people and modalities prescribed to treat the injury, plus general time commitment and schedule expectations; include referrals if applicable.
4. **Return to Play GUIDELINES:** best practices applicable to this situation, general limitations, suggestions; include referrals if applicable.
5. **Sport-Specific RESTRICTIONS:** any on- and/or off-field skills or activities that the athlete should limit (and to what extent) and/or avoid altogether; include appropriate alternatives if applicable.
6. **Potential OBSTACLES/COMPLICATIONS:** things that could come up and interfere with this plan and/or cause additional injury/illness to the athlete; include course of action in the event of such complication(s).
7. **Anticipated RETURN-TO-FULL DATE** if plan is followed