

Concussion Management Return to Play Protocol

Athlete _____ DOB _____ Phone _____ Grade _____
PCP _____

Coach _____ School _____ Sport Mod/JV/V _____

MOI _____

Functional exercise at each Stage of Rehabilitation

Date of Concussion Injury: _____

Date Athlete became asymptomatic: _____

Check box when each phase is completed and if no return of symptoms

No activity (Complete physical and cognitive rest (Recovery) # of days _____

Date: _____

Day 1: Light aerobic exercise for 20 minutes (Walking, swimming, or stationary cycling, keeping intensity to < 70% of maximum predicted heart rate; no resistance training) (Increase heart rate) **Date started:** _____ (**Activity done:** _____)

Day 2: Sport specific exercise for 30 minutes (Skating drills in ice hockey, running drills in soccer, no head impact activities (Add movement) **Date:** _____ (**Activity done:** _____)

Day 3: Non-contact training drills for 40 minutes (Progression to more complex training drills, i.e. passing drills in football and ice hockey; may start progressive resistance training) (Exercise, coordination, and cognitive load) **Date:** _____ (**Activity done:** _____)

Day 4: Full contact practice for full length of practice (Following medical clearance, participate in normal training activities) (Restore athlete's confidence; coaching staff assesses functional skills)

Date: _____

(Activity done: _____)

Day 5: Return to play (Normal game play) **Date Ended:** _____

Comments: _____

ATC : _____ Print Name:

_____ Date: _____

School Physician: _____ Print Name:

_____ Date: _____