

RETURN TO PLAY POST-CONCUSSION

ATHLETE NAME: _____ **DOB:** _____ **PHONE#:** _____
SCHOOL: _____ **SPORT:** _____ **INJURY DATE:** _____ **MD REFERRAL (MD: _____)**

	Post-Test 1	Post-Test 2	Post-Test 3	Post-Test 4	Post-Test 5
Date:					
Normal:	<input type="checkbox"/> Y <input type="checkbox"/> N				

GRADUAL RETURN TO PLAY

Athletic Trainer Supervised				
Stage		Sym. Free (Y/N)	Date	AT Initial
1	Light aerobic, nonimpact, exercise – e.g., walking, stationary bike, and incorporate beginner balance training.			
2	Light aerobic exercise – e.g., jogging on field, track or treadmill, and incorporate intermediate balance training			
3	Sport-specific training – progress aerobic activities depending on the athlete’s sport and position, and incorporate advanced balance training.			
4	Sport specific training – progress aerobic activities, progress balance rehab.			
Athletic Trainer/Coach Supervised				
5	Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, and non-contact sport-specific drills. Instructions/Restrictions: _____			
6	Full contact controlled practice. Instructions/Restrictions: _____			

COMMENTS: _____

CLEARED FOR FULL PARTICIPATION/GAME PLAY

BY: _____ **DATE:** ____/____/____