



## RETURN TO SPORT 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:					
Back to Baseline:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

### RETURN TO ACADEMICS

Full Return to Academics	The student-athlete has returned to full participation in academic activities. Student-athletes must have returned fully to academics before participating in contact activities (Stage 5).	Date	AT Initial

### GRADUAL RETURN TO SPORT STRATEGY – to be initiated after 24-48 hours of relative physical and cognitive rest

Athletic Trainer Supervised				
Stage	Description	Sym. Free (Y/N)	Date	AT and/or Coach Initial
1	Symptom-limited activity – Daily activities that do not provoke symptoms. <b>(Student-athlete will remain on this stage until symptom-free for at least 24 hours)</b>			
2	Light aerobic exercise – e.g. walking or stationary bike at slow to medium pace. No resistance training.			
3	Sport-specific exercise – e.g. running or skating drills. No head impact activities.			
Athletic Trainer/Coach Supervised				
4	Non-contact training drills – Harder training drills - e.g. passing drills. May start progressive resistance training. Instructions/Restrictions: _____			
5	Full contact practice – following medical clearance, participate in normal training activities. Instructions/Restrictions: _____			
6	Return to sport – normal game play. Instructions/Restrictions: _____			

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

**CLEARED FOR FULL PARTICIPATION/GAME PLAY**

**BY:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_\_\_