

Concussion Protocol – Return to Sport

Athlete Name: _____	Date of Birth: _____
Sport: _____	Date of Injury: _____
Year: 9 10 11 12	

Once an athlete is diagnosed with a concussion, both physical and cognitive rest is initiated to help resolve the symptoms. As these symptoms improve, a gradual return to normal social and academic activities precedes a return to sport. The athlete may begin the progressive, return-to-play program once they demonstrate **24 hours of no concussion-related symptoms, a normal physical examination, and neurocognitive scores (IMPACT) that have returned to baseline.**

Advancing through each progressive stage depends on successfully completing the related level of activity without a recurrence of symptoms. Each step should take 24 hours, so if no exacerbation of symptoms occurs, the athlete can proceed through the full rehabilitation protocol in one week. However, if symptoms recur at any point, the program is stopped, and the athlete will drop back to the previous level once they have been asymptomatic for 24 hours.

Protocol for a Graduated Return to Play

Step 1: Light Aerobic Activity - <70% of max HR Date: _____

- If symptom free may begin Step 2 of gradual return to play ATC: _____

Step 2: Sport-specific Activity – Head impact prohibited Date: _____

- If symptom free may begin Step 3 of gradual return to play ATC: _____

Step 3: Non-contact Training Drills Date: _____

- If symptom free may begin Step 4 of gradual return to play ATC: _____

Step 4: Full contact – May begin practicing with the team Date: _____

- If symptom free may begin Step 5 of gradual return to play ATC: _____

Step 5: Return to competition – Following Medical Clearance Date: _____



Concussion Protocol – Return to Sport

I _____ as the parent/guardian of _____ have had all of my questions answered in regards to his/her concussion injury. He/she has gone through the concussion protocol and has cleared all of the steps according to the protocol. I understand that there is a risk of recurrence with any sporting activity. If the signs and symptoms of the concussion should return both my child and I understand that the school/athletic trainer should be made aware immediately and all participation in sporting activities should be stopped. I believe, along with the physician and athletic trainer, it is safe for my son/daughter to return to full-participation and give my permission to do so. I am also aware that any further questions that I have can be directed to the Athletic Training Staff.

Parent Signature

Date

Athlete Signature

Date

Certified Athletic Trainer Signature

Date

Physician Signature

Date

