

Name _____ M F Birthdate _____ Date of Injury _____
 Sport/Team/School _____ Phone _____
 Primary Care Physician _____ Phone _____
 Concussion Management Team Leader _____ Phone _____



An athlete's return to his/her sport will be a step-by-step process. Once the athlete has no symptoms or signs of concussion and is doing well in school and daily activities, a physician (MD/DO) will sign this form allowing the athlete to start the progression back to play. This will be monitored by a coach, athletic trainer or designated school official.

Athlete should spend a minimum of 30 minutes on each step. Athlete must wait 24 hours before progressing to the next step and remain completely symptom-free. STOP IMMEDIATELY if there is any return of signs/symptoms and report this right away. Go back to rest for the day, refrain from activities including bike riding, skateboarding, playful wrestling, etc. The following day — only if symptom free— athlete may repeat step that was previously symptom-free and resume progression. If symptoms persist or worsen for more than a day, please notify the physician.

Physician Release to Start Warm-up to Play. Proceed to Step 1.

This patient has had an injury to the head. Patient may "Return to Play" after normal classroom full participation is achieved and successfully completing Steps 1 through 4 of the "Warm-up to Play" below. Symptoms of concussion may develop within days after a head injury. Patient should continue to be observed for any new symptoms.

Physician Signature _____ Date _____

Step 1. Light aerobic exercise, including walking or riding an exercise bike. No weightlifting. (*increase heart rate*)

Step 1 completed successfully.
 Athlete reports no return of symptoms after 24 hours. Coach/Athletic Trainer _____ Date _____
 Okay to proceed to Step 2. Notes: _____

Step 2. Running in a gym or on the field. No helmet or equipment should be used. (*add movement*)

Step 2 completed successfully.
 Athlete reports no return of symptoms after 24 hours. Coach/Athletic Trainer _____ Date _____
 Okay to proceed to Step 3. Notes: _____

Step 3. Non-contact training drills and full equipment. Start light resistance training or light weight training. (*add coordination and cognitive load*)

Step 3 completed successfully.
 Athlete reports no return of symptoms after 24 hours. Coach/Athletic Trainer _____ Date _____
 Okay to proceed to Step 4. Notes: _____

Step 4. Full contact training under the supervision of the coach/athletic trainer. (*restore confidence and assess functional skills*)

Step 4 completed successfully.
 Athlete reports no return of symptoms after 24 hours. Coach/Athletic Trainer _____ Date _____
 Okay to "Return to Play." Notes: _____

Return to Play

Student may fully Return to Play if all the above steps were successfully completed without return of any symptoms. This includes full participation in live competition or practice. Symptoms of concussion may develop within days after a head injury. Patient should continue to be observed for any new symptoms.