



Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Date of Injury \_\_\_\_\_ Team \_\_\_\_\_

Concussion Management Team Leader \_\_\_\_\_ Email: \_\_\_\_\_

An athlete's return to sport is a step-by-step process. This will be monitored by a coach, athletic trainer, or designated school official. **Step 1 may begin when the athlete feels he/she is able. Step 2 may begin only once symptom free. The athlete must wait 24 hours before progressing to the next step and remain completely symptom-free through steps 2-5.**

**STOP IMMEDIATELY if there is any return of signs/symptoms and report this right away.**

If symptoms during step: 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. Patient should continue to be observed for any new symptoms.

**Physician Release to Start Return to activity Progression.**

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN TO ACTIVITY**

**→ Step 1.** Light aerobic exercise, including a brisk walk, a light jog, or riding a stationary exercise bike. Should be returning to normal academic expectations. **Time: 15-20 minutes.** No weight lifting/ resistance training or conditioning. **GOAL: (increase heart rate without symptoms of concussion worsening)**

Can start Step 1 now

Coach/Athletic Trainer/ Parent \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

**\*One step per 24 hours, do not progress to next step unless SYMPTOM FREE (no headache, dizziness, light sensitivity, nausea, balance difficulty, neck pain, etc.)**

**→ Step 2.** Step 1 plus: Running, light conditioning. No weight lifting/ resistance training. **Total Time: 30 minutes.** **GOAL:(add movement)**

Can start when NO symptoms for at least 24 hours

Coach/Athletic Trainer \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

**Step 3.** Step 2 plus: Resistance training (no risk of head impact), non-contact drills. **Total Time: 60 minutes** **GOAL: (add coordination, resistance, and cognitive load)**

Coach/Athletic Trainer \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

**Step 4.** Full practice no contact. **Total Time: up to 3 hours** **GOAL: (restore confidence and coach to assess functional skills)**

Coach/Athletic Trainer \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

- School Accommodations were given to student athlete and they should be back to full school prior to sport clearance
- Student athlete was referred to PT / Vestibular therapy and should be cleared from PT prior to sport clearance.
- Student athlete can complete progression to sport –return to clinic if symptoms return, can't complete 4 step within 2 weeks, or there is a new injury. Return this form to wellbodyKC after step 4 for clearance to proceed to step 5.
- Student athlete must return to wellbodyKC for clinic visit prior to step 5.**
- Student athlete to repeat orthostatic blood pressure/pulse SWAY Sport Gait and be evaluated before clearance.**

**Step 5: Full Contact Practice GOAL: (prepare to reenter competition)**

Coach/Athletic Trainer \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

**Step 6: Release for Return to Play (needs doctor's signature before competition)**

Physician has reviewed examination, symptom check list, balance testing, and computer testing (when applicable). Athlete may fully Return to Play if all the above steps were successfully completed without return of any symptoms. Symptoms of concussion may develop within days after a head injury. Patient should continue to be observed for any new symptoms and reported to physician.

\_\_\_\_\_  
Doctor Signature

\_\_\_\_\_  
Date of Full Clearance