wellbodyKC

DISCUSS WITH YOUR MEDICAL PROVIDER BEFORE STARTING

Concussion Management Team Leader _____**Email:** _____

An athlete's return to sport is a step-by-step process, 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 to the health care provider right away. If symptoms during step:stop activity–on 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 symptoms.

Physician Release to Start Return to activity Progression: **Signature** _____Date _____

RETURN TO ACTIVITY

STEP 1 CAN START NOW, even with mild symptoms

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)***

Coach/Athletic Trainer/ Parent _____ Date _____
Notes: _____

STEP 2 CAN NOT START UNTIL SYMPTOM FREE FOR AT LEAST 24 HOURS

***One step per 24 hours, do not progress to next step unless remains 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)*

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: _____

Step 5: Full Contact Practice **GOAL: *(prepare to renter 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 or a new injury can occur during return to sport. Patient should continue to be observed for any new symptoms and reported to physician.

Physician Signature and Date allowing Return to Play:

_____ _____