wellbody_KC_

Name _____ Birthdate _____ Date of Injury _____

Sport/Team/School _____Primary Care Physician _____

Concussion Management Team Leader _____ Email:_____

An athlete's return to her sport will be 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.

 Physician Release to Start Return to activity Progression.
This patient has had an injury to the head. Step 1 may begin when the athlete feels ready. Step 2 of the "Return to Play" may begin 24 hours after Step 1 and only after symptom free and classroom participation has begun. Progression to the next step is permitted each 24 hours so long as no symptoms the step before. Symptoms of concussion may develop within days after a head injury. Patient should continue to be observed for any new symptoms.

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)*

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)*

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. **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
(Step 6: 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. This included full participation in practice. Symptoms of concussion may develop within days after a head injury. Patient should continue to be observed for any new symptoms.

_____   _____
  Doctor Signature   **Date of Full Clearance**