



6-Stage Return-to-Play Framework · Based on the CISG Consensus Statement on Concussion in Sport.

SECTION 1 · ATHLETE IDENTIFICATION

Athlete Full Legal Name	_____	Date of Birth	_____	Age	_____
School / Organization	_____	Sport / Team	_____	Grade	_____
Date of Injury	_____	Protocol Initiated	_____	Protocol #	_____
Parent / Guardian	_____	Phone	_____	Email	_____
Treating Physician	_____	Phone	_____	License #	_____
Athletic Trainer	_____	AT Cert #	_____	Date Assigned	_____

OA GUARDIANS CONCUSSION MANAGEMENT RULES

- ★ **NO athlete may return to play** on the same day as any head injury — regardless of how they feel.
- ★ Each stage requires a minimum of **24 hours of symptom-free completion** before advancing.
- ★ If **any symptoms return** at any stage — stop immediately, rest 24 hours, restart from previous stage.
- ★ Final clearance to return to full competition **must come from a licensed physician or qualified provider.**
- ★ For athletes **under age 18** — apply the strictest standard. *When in doubt, keep them out.*



SECTION 2 - DAILY SYMPTOM SEVERITY CHECKLIST

Score each symptom daily. 0 = none · 1–3 mild · 4–6 moderate · 7–10 severe. Athlete must be at 0 at rest *and* during exertion before advancing.

SYMPTOM	D1	D2	D3	D4	D5	D6	D7	NOTES
Headache								
Pressure in head								
Neck pain								
Nausea / Vomiting								
Dizziness								
Blurred vision								
Double vision								
Balance problems								
Sensitivity to light								
Sensitivity to noise								
Ringing in ears								
Feeling slowed down								
Feeling in a fog								
Difficulty concentrating								
Difficulty remembering								
Fatigue / Low energy								
Confusion								
Drowsiness								
More emotional								
Irritability								
Sadness / Anxiety								
Numbness / Tingling								
Sleep disturbance								
Feeling 'not right'								

Exertion check symptoms worse with physical or cognitive activity?

D1: <input type="checkbox"/> OK <input type="checkbox"/> Worse	D2: <input type="checkbox"/> OK <input type="checkbox"/> Worse	D3: <input type="checkbox"/> OK <input type="checkbox"/> Worse	D4: <input type="checkbox"/> OK <input type="checkbox"/> Worse	D5: <input type="checkbox"/> OK <input type="checkbox"/> Worse	D6: <input type="checkbox"/> OK <input type="checkbox"/> Worse	D7: <input type="checkbox"/> OK <input type="checkbox"/> Worse
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Cognitive rest / academic accommodations in place

- No school / reduced day
- Reduced homework
- No reading / studying
- No screens (phone / TV / tablet)
- Quiet environment
- No competitive gaming
- No driving
- 504 plan activated
- Rest breaks during class
- Extended test time
- Excused absences
- No PE class



SECTION 3 · SIX-STAGE RETURN-TO-PLAY PROGRESSION

Minimum 24 hours per stage. Any symptom recurrence = stop, rest 24 hours, restart from prior stage. **Stage 6 requires written physician clearance.**

STAGE	ACTIVITY / DESCRIPTION	STAGE GOAL	STAR TED	PASS ED	CLEARED BY
Stage 1 Rest	Complete physical AND cognitive rest. No school, screens, or reading while symptomatic. Resume activity only when symptom-free.	Full symptom-free recovery			
Stage 2 Light Aerobic	Low-intensity aerobic only — walking, stationary cycling, light swimming. No resistance. No head impact. Max 10–15 min.	Raise heart rate safely			
Stage 3 Sport-Specific	Sport-specific movement drills — running routes, ball skills, court movement. No contact. No resistance training.	Add sport movement			
Stage 4 Non-Contact Drills	Complex non-contact drills and passing. Resistance training may resume. Absolutely no head contact of any kind.	Add non-contact drills			
Stage 5 Full Practice	Full-contact team practice. May include controlled scrimmage. Requires physician confirmation before proceeding.	Restore contact skills			
Stage 6 Full Return	Normal full-contact game competition. Written physician clearance REQUIRED before this stage begins.	Resume competition			

Setback Log describe any symptom recurrences, stage restarts, or complications

SECTION 4 · COGNITIVE & ACADEMIC RETURN-TO-LEARN PLAN

Coordinate with school administration before the athlete returns to class. All accommodations must be confirmed in writing.

- No school / stay home
- Partial day attendance
- Reduced homework load
- Extended time on tests
- No high-stakes testing
- Limit computer work — 15 min sessions
- Quiet testing environment
- Rest breaks between classes
- Excused from PE class
- Postpone major exams
- 504 / IEP plan updated
- Printed materials vs. screens
- No standardized testing
- Reduced reading workload

Accommodations communicated to school on _____

Contact at school _____

Current Return-to-Learn stage ■ Complete Rest ■ Gradual Return ■ Part-Time School ■ Full Return



SECTION 5 · PHYSICIAN RETURN-TO-PLAY CLEARANCE

Required before Stage 5 and Stage 6.

PHYSICIAN CLEARANCE CHECKLIST I certify the following are true:

- Athlete is asymptomatic at complete rest — total symptom score = 0
- Athlete is asymptomatic with full physical exertion
- Athlete is asymptomatic with cognitive / school exertion
- All 6 return-to-play stages completed successfully
- Clinical neurological examination completed satisfactorily
- Baseline cognitive testing reviewed (if available)
- No red-flag symptoms present at time of clearance examination
- Athlete and family have been counseled on re-injury risk

Physician / Provider Printed Name _____ License Number _____

Clinic / Practice _____ Phone _____

Physician Signature _____ Date _____

Stage 5 — Cleared for Full-Contact Practice: Yes No Date: _____ Initials: _____

Stage 6 — Cleared for Full Game Competition: Yes No Date: _____ Initials: _____

RECORD RETENTION: Retain this protocol in the athlete medical file for a minimum of seven (7) years from date of injury.
 OA Guardians Football · Faith. Character. Competition.