



**San Gabriel Valley Jr. All-American  
Football & Cheer  
Parent Concussion Information**

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Dear Parent,

The San Gabriel Valley Jr. All-American Conference has been a partner of USA Football for more than 5 years with the simple goal of making the game safer for our youth. We require each of our coaches to take courses at the beginning of every season to help them learn, safer, modern, and better ways to teach football to our athletes. However, even with the proactive efforts we make there always remains the risk of injury to any athlete during practices or games.

Effective January 1, 2017 California State Law requires we inform parents and guardians, about the risk of potential concussions for cheerleaders or football players. Therefore, we have prepared the enclosed information to better inform you about the following:

- California Law AB-2007
- What is a concussion?
- Signs and symptoms of a concussion?
- Steps to take regarding a possible Concussion
- Risks if a child returns too soon from a possible concussion
- How return to play is determined?
  - Four Stages
- Who is a licensed health care provider?

As step in this process we are asking all athletes to perform a baseline test prior to the start of the season, "Graded Concussion Symptom Checklist". (A copy of the Checklist is attached on pgs. 12-13.) This simple form asks athletes several questions about their head and how they feel at that given time. This is then performed again after a suspected head injury to share with the health care provider.

As a parent, you must be notified of any suspected head injury. Therefore, should any head injury occur, you will receive the "Letter to Parent". (A copy is attached on pg. 14.) If your player has a suspected head injury they will need to be evaluated by a licensed health care provider. If the player is confirmed to have sustained a head injury they will need to follow the mandated "Return to Play Protocol" and be medically cleared before returning. (A copy of the Protocol is attached at pgs. 15-16.)

You will be required to review the information we have required and sign and return the acknowledgement on page 11.

Again, these efforts are being made to protect the long-term health and safety of your participant.

San Gabriel Valley Jr All- American

\*\*Adapted from resources developed by the California Interscholastic Federation available here:

[http://www.cifstate.org/sports-medicine/concussions/CIF\\_Concussion\\_Info\\_Sheet.pdf](http://www.cifstate.org/sports-medicine/concussions/CIF_Concussion_Info_Sheet.pdf).

## San Gabriel Valley Jr. All-American Concussion Information Sheet

### ***Why am I getting this information sheet?***

You are receiving this information sheet about concussions because of California state law AB 2007, (effective January 1, 2017), now Cal. Health & Safety Code § 124235.

The law requires:

1. An athlete who is suspected to have sustained a concussion or other head injury during a practice or game must be (1) removed from the activity for the remainder of the day; and (2) evaluated by and receive written clearance from a licensed health care provider before returning to the activity;
2. If a licensed health care provider determines an athlete has sustained a concussion or other head injury, that athlete must complete a graduated return-to-play protocol of no less than 7 days under the supervision of a licensed health care provider;
3. If the athlete who sustained a concussion or other head injury is under 18 years old, the youth sports organization must notify the athlete's parent or guardian of (1) the time and date of the injury; (2) the symptoms observed; and (3) any treatment provided for the injury;
4. Each year, before being allowed to participate in practice or competition, each minor athlete and that athlete's parent or guardian, must sign and return a concussion and head injury information sheet;
5. Annually, each league must offer and, before being allowed to supervise an athlete in an activity of the organization, each coach

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and administrator must successfully complete, a concussion and head injury education course; and

6. The youth sports organization must maintain procedures to ensure compliance with the (1) requirements for providing the concussion and head injury education and information sheet; and (2) athlete removal provisions and return-to-play protocols.

### ***What is a concussion?***

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even a “ding” or a bump on the head can be serious.

Most concussions get better with rest and over 90% of athletes fully recover, but, all concussions are serious and may result in serious problems including brain damage and even death, if not recognized and managed the right way.

### ***What are the signs and symptoms?***

Most concussions occur without being knocked out. Signs and symptoms of concussion (see below) may appear immediately after the injury or can take hours to appear. If your child reports any symptoms of concussion, or if you notice some symptoms and signs, seek medical evaluation from an athletic trainer (if one is present in your league) and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions, *he or she should be immediately taken to the emergency department of your local hospital.*

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Accompanying this form is a “San Gabriel Valley Jr. All-American Graded Concussion Symptom Checklist.” If you and your child fill this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows progress. We ask that you have your child fill out the checklist at the *start* of the season so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a “baseline” so that we know what symptoms are normal and common. Keep a copy for your records, and turn in the original. If a concussion occurs, you and your child should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

<b>Signs observed by teammates, parents and coaches include:</b>	
<ul style="list-style-type: none"> <li>• Looks dizzy</li> <li>• Looks spaced out</li> <li>• Confused about plays</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves Clumsily or awkwardly</li> <li>• Answers Questions slowly</li> </ul>	<ul style="list-style-type: none"> <li>• Slurred speech</li> <li>• Shows a change in personality or way of acting</li> <li>• Can’t recall events before or after the injury</li> <li>• Seizures or has a fit</li> <li>• Any change in typical behavior or personality</li> <li>• Passes out</li> </ul>

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**Symptoms may include one or more of the following:**

- Headaches
- "Pressure in head"
- Nausea or throws up
- Neck pain
- Has trouble standing or walking
- Blurred, double, or fuzzy vision
- Bothered by light or noise
- Feelings sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Loss of memory
- "Don't feel right"
- Tired or low energy
- Sadness
- Nervousness or feeling on edge
- Irritability
- More emotional
- Confused
- Concentration or memory problems
- Repeating the same question/comment

***What should I do if I think an athlete has a possible concussion?***

As a coach, if you think an athlete may have a concussion, you should:

- **Remove the athlete from play.** When in doubt, sit them out!
- **Keep an athlete with a possible concussion out of play on the same day of the injury until cleared by a health care provider.** Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion. After you remove an athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following information can help a health care provider in assessing the athlete after the injury:

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- Cause of the injury and force of the hit or blow to the head or body.
  - Any loss of consciousness (passed out/knocked out) and if so, for how long.
  - Any memory loss right after the injury.
  - Any seizures right after the injury.
  - Number of previous concussions (if any).
- **Inform the athlete's parent(s) about the possible concussion.** Let them know about the possible concussion and give them a completed San Gabriel Valley Jr. All-American Letter to Parent and the Center for Disease Control and Prevention (the "CDC") HEADS UP fact sheet for parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.
  - **Ask for written instructions from the athlete's health care provider on return to play.** These instructions should include information about when they can return to play and what steps you should take to help them safely return to play.

***What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?***

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human studies show that a second blow before the brain

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has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

### ***How is Return to Play (RTP) determined?***

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a licensed health care provider. Concussion symptoms should be completely gone before returning to competition. A Return to Play progression involves a gradual, step- wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance and supervision of a licensed health care provider. The athlete's step-wise progression program should also be monitored by an athletic trainer, coach, or other identified league administrator.

Below is the 4 stage return to play protocol that your athlete, along with a licensed health care provider, must follow to return the athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over no less than 7 days, and could possibly occur over the course of weeks or months.

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Stage	Activity	Exercise Example	Objective of the Stage
<b>I</b>	No physical activity for at least 2 full symptom-free days	<ul style="list-style-type: none"> <li>No activities requiring exertion (weight lifting, jogging, P.E. classes)</li> </ul>	<ul style="list-style-type: none"> <li>Recovery and elimination of symptoms</li> </ul>
<b>II-A</b>	Light aerobic activity	<ul style="list-style-type: none"> <li>10-15 minutes (min) of walking or stationary biking</li> <li>Must be performed under direct supervision by designated individual</li> </ul>	<ul style="list-style-type: none"> <li>Increase heart rate to no more than 50% of perceived maximum (max) exertion (e.g., &lt; 100 beats per min)</li> <li>Monitor for symptom return</li> </ul>
<b>II-B</b>	Moderate aerobic activity (Light resistance training)	<ul style="list-style-type: none"> <li>20-30 min jogging or stationary biking</li> <li>Body weight exercises (squats, planks, pushups), max 1 set of 10, no more than 10 min total</li> </ul>	<ul style="list-style-type: none"> <li>Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm)</li> <li>Monitor for symptom return</li> </ul>
<b>II-C</b>	Strenuous aerobic activity (Moderate resistance training)	<ul style="list-style-type: none"> <li>30-45 min running or stationary biking</li> <li>Weight lifting ≤ 50% of max weight</li> </ul>	<ul style="list-style-type: none"> <li>Increase heart rate to &gt; 75% max exertion</li> <li>Monitor for symptom return</li> </ul>
<b>II-D</b>	Non-contact training with sport-specific drills (No restrictions for weightlifting)	<ul style="list-style-type: none"> <li>Non-contact drills, sport-specific activities (cutting, jumping, sprinting)</li> <li>No contact with people, padding or the floor/mat</li> </ul>	<ul style="list-style-type: none"> <li>Add total body movement</li> <li>Monitor for symptom return</li> </ul>
<b>III</b>	Limited contact practice	<ul style="list-style-type: none"> <li>Controlled contact drills allowed (no scrimmaging)</li> </ul>	<ul style="list-style-type: none"> <li>Increase acceleration, deceleration and rotational forces</li> </ul>
	Full contact practice Full unrestricted practice	<ul style="list-style-type: none"> <li>Return to normal training, with contact</li> <li>Return to normal unrestricted training</li> </ul>	<ul style="list-style-type: none"> <li>Restore confidence, assess readiness for return to play</li> <li>Monitor for symptom return</li> </ul>
<b>IV</b>	Return to play (competition)	<ul style="list-style-type: none"> <li>Normal game play (competitive event)</li> </ul>	<ul style="list-style-type: none"> <li>Return to full sports activity without restrictions</li> </ul>

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**Remember:** It is important for you and the athlete's coach(es) to watch for concussion symptoms after each day's return to play progression activity. If an athlete's concussion symptoms come back, or he or she gets new symptoms when becoming more active at any stage, this is a sign that the athlete is pushing him- or herself too hard. The athlete should stop these activities, and the athlete's licensed health care provider should be contacted. After the okay from the athlete's licensed health care provider, the athlete can begin at the previous step.

***What is a "licensed health care provider"?***

A licensed health care provider is defined as "a licensed health care provider who is trained in the evaluation and management of concussions and is acting with the scope of his or her practice."

**Final Thoughts for Parents and Guardians:**

*It is well known that athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has suffered a concussion. You should also feel comfortable talking to the coaches or other identified league administrators about possible concussion signs and symptoms.*

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## San Gabriel Valley Jr. All-American Concussion Information Sheet

### Please Return this Page

You are receiving this information sheet about concussions because of California state law AB 2007, (effective January 1, 2017), now Cal. Health & Safety Code § 124235. The law requires:

1. An athlete who is suspected to have sustained a concussion or other head injury during a practice or game must be (1) removed from the activity for the remainder of the day; and (2) evaluated by and receive written clearance from a licensed health care provider before returning to the activity;
2. If a licensed health care provider determines an athlete has sustained a concussion or other head injury, that athlete must complete a graduated return-to-play protocol of no less than 7 days under the supervision of a licensed health care provider;
3. If the athlete who sustained a concussion or other head injury is under 18 years old, the youth sports organization must notify the athlete's parent or guardian of (1) the time and date of the injury; (2) the symptoms observed; and (3) any treatment provided for the injury;
4. Each year, before being allowed to participate in practice or competition, each minor athlete and that athlete's parent or guardian, must sign and return a concussion and head injury information sheet;
5. Annually, each league must offer and, before being allowed to supervise an athlete in an activity of the organization, each coach and administrator must successfully complete, a concussion and head injury education course; and
6. The youth sports organization must maintain procedures to ensure compliance with the (1) requirements for providing the concussion and head injury education and information sheet; and (2) athlete removal provisions and return-to-play protocols.

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For current and up-to-date information on concussion you can visit:

<https://www.cdc.gov/headsup/youthsports/index.html>

**Acknowledgements**

1. I hereby acknowledge that I have received the San Gabriel Valley Jr. All-American Concussion Information Sheet.

**Note: misplaced information can be located on our website: [www.sgvjaafc.org](http://www.sgvjaafc.org)**

2. I have read and understand its contents.

3. I also acknowledge that if I have any questions regarding these signs, symptoms and the "Return to Play" protocols I will consult with a licensed health care provider.

_____	_____	_____
<b>Athlete's Name</b>	<b>Athlete's Signature</b>	<b>Date</b>
_____	_____	_____
<b>Parent's Name</b>	<b>Parent's Signature</b>	<b>Date</b>

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## San Gabriel Valley Jr. All-American Graded Concussion Symptom Checklist

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Hours of Sleep:** \_\_\_\_\_ **Date of Diagnosis:** \_\_\_\_\_

- **Grade the 22 symptoms with a score of 0 through 6.**
  - *Note that these symptoms may not all be related to a concussion.*
- **You can fill this out at the beginning of the season as a baseline** *(after a good night's sleep).*
- **If you suffer a suspected concussion, use this checklist to record your symptoms daily.**
  - *Be consistent and try to grade either at the beginning or end of each day.*
- **There is no scale to compare your total score to; this checklist helps you follow your symptoms on a day-to-day basis.**
  - *If your total scores are not decreasing, see your physician right away.*
- **Show your baseline (if available) and daily checklists to your physician.**

**Baseline Score**

**Post Concussion Score**

	None	Mild	Moderate		Severe		
Headache	0	1	2	3	4	5	6
"Pressure in Head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6

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Blurred Vision	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
More emotional than usual	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
<b>Total Sum of Each Column</b>	0						
<b>Total Symptom Score (Sum of all column totals)</b>							

Name: \_\_\_\_\_

League: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Sport: Football/Cheer

Physician: \_\_\_\_\_

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## San Gabriel Valley Jr. All-American Letter to Parent

Dear Parent:

This letter is to notify you that your child was removed from athletic activity today due to a suspected concussion. Additional details are provided below:

<b>Athlete Removal from Play Report</b>	
Athlete Name	
Date of Injury	
Time of Injury	
Description of Incident	
Symptoms Observed	
Treatment Provided	

Please take your athlete to be evaluated by a licensed health care provider. He or she will not be allowed to return to athletic activity until written clearance to return to athletic activity is received from a licensed health care provider. If it is determined that your athlete sustained a concussion or other head injury, he or she must complete the San Gabriel Valley Jr. All-American Return to Play Protocol under the supervision of a licensed health care provider before he or she is allowed to return to full activity.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

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## San Gabriel Valley Jr. All-American Return to Play Protocol

**CA STATE LAW AB 2007 STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A LICENSED HEALTH CARE PROVIDER WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.**

Instructions:

- This is an example of a graduated return to play protocol that **MUST** be completed before you can return to FULL COMPETITION.
  - A licensed health care provider must initial each stage after you successfully pass it.
  - An athlete should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- After Stage I, an athlete cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, your athlete should IMMEDIATELY STOP any physical activity and follow up with your licensed health care provider. In general, if your athlete is symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if your athlete cannot pass a stage after 3 attempts due to concussion symptoms, or if your athlete feels uncomfortable at any time during the progression.

<b>You must have written licensed health care provider clearance to begin and progress through the following Stages as outlined below, or as otherwise directed by your physician. Minimum of 6 days to pass Stages I and II.</b>				
<b>Date &amp; Initials</b>	<b>Stage</b>	<b>Activity</b>	<b>Exercise Example</b>	<b>Objective of the Stage</b>
	<b>I</b>	No physical activity for at least 2 full symptom-free days	<ul style="list-style-type: none"> <li>• No activities requiring exertion (weight lifting, jogging, P.E. classes)</li> </ul>	<ul style="list-style-type: none"> <li>• Recovery and elimination of symptoms</li> </ul>
	<b>II-A</b>	Light aerobic activity	<ul style="list-style-type: none"> <li>• 10-15 minutes (min) of walking or stationary biking</li> <li>• Must be performed under direct supervision by designated individual</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to no more than 50% of perceived maximum (max) exertion (e.g., &lt; 100 beats per min)</li> <li>• Monitor for symptom return</li> </ul>

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	<b>II-B</b>	Moderate aerobic activity (Light resistance training)	<ul style="list-style-type: none"> <li>• 20-30 min jogging or stationary biking</li> <li>• Body weight exercises (squats, planks, pushups), max 1 set of 10, no more than 10 min total</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm)</li> <li>• Monitor for symptom return</li> </ul>
	<b>II-C</b>	Strenuous aerobic activity (Moderate resistance training)	<ul style="list-style-type: none"> <li>• 30-45 min running or stationary biking</li> <li>• Weight lifting <math>\leq</math> 50% of max weight</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to <math>&gt;</math> 75% max exertion</li> <li>• Monitor for symptom return</li> </ul>
	<b>II-D</b>	Non-contact training with sport-specific drills (No restrictions for weightlifting)	<ul style="list-style-type: none"> <li>• Non-contact drills, sport-specific activities (cutting, jumping, sprinting)</li> <li>• No contact with people, padding or the floor/mat</li> </ul>	<ul style="list-style-type: none"> <li>• Add total body movement</li> <li>• Monitor for symptom return</li> </ul>
<p><b>Prior to beginning Stage III, please make sure that written licensed health care provider clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor.</b></p>				
	<b>III</b>	Limited contact practice	<ul style="list-style-type: none"> <li>• Controlled contact drills allowed (no scrimmaging)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase acceleration, deceleration and rotational forces</li> </ul>
		Full contact practice Full unrestricted practice	<ul style="list-style-type: none"> <li>• Return to normal training, with contact</li> <li>• Return to normal unrestricted training</li> </ul>	<ul style="list-style-type: none"> <li>• Restore confidence, assess readiness for return to play</li> <li>• Monitor for symptom return</li> </ul>
<p><b>MANDATORY: You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice</b></p> <p><i>(If contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above)</i></p>				
	<b>IV</b>	Return to play (competition)	<ul style="list-style-type: none"> <li>• Normal game play (competitive event)</li> </ul>	<ul style="list-style-type: none"> <li>• Return to full sports activity without restrictions</li> </ul>

**Athlete's Name:** \_\_\_\_\_

**Date of Concussion Diagnosis:** \_\_\_\_\_

\*\*Adapted from resources developed by the California Interscholastic Federation available here:

[http://www.cifstate.org/sports-medicine/concussions/CIF\\_Concussion\\_Info\\_Sheet.pdf](http://www.cifstate.org/sports-medicine/concussions/CIF_Concussion_Info_Sheet.pdf)