

Gradual Return to Sports Participation Program Following a Concussion

After a student-athlete has sustained a concussion they will be started on a supervised Gradual Return to Sports Participation Program only after they have received written medical clearance from the licensed health care provider (see Form #2). Ideally the program will be supervised by the school certified athletic trainer (ATC).

Rehabilitation Stage	Functional Exercise	Objective of Stage
	Complete physical and	Recovery
1. No activity	cognitive rest	
	Walking, swimming,	Increase heart rate
	stationary cycling keeping	
	intensity <70% maximum	
	heart rate; no resistance	
2. Light aerobic activity	exercises	
	Specific sport-related drills	Add movement
3. Sport-specific exercise	but no head impact	
	More complex training drills;	Exercise, coordination,
	may start light resistance	cognitive load
4. Noncontact training drills	training	_
	After medical clearance,	Restore confidence and assess
5. Full-contact practice	participate in normal training	functional skills by coaches
6. Return to play	Normal game play	

(Adapted from 2010 AAP Sport-Related Concussion in Children and Adolescents; 2008 Zurich Concussion in Sport Group Consensus)

Each stage in concussion rehabilitation should last no less than 24 hours with a minimum of 5 days required after activity is started to consider a full return to competition. If symptoms recur during the rehabilitation program, the student-athlete should stop immediately. Once asymptomatic after at least another 24 hours, the student-athlete should resume at the previous asymptomatic level and try to progress again. Student-athletes must contact their licensed health care provider if symptoms recur. Any student-athlete with multiple concussions or prolonged symptoms may require a longer concussion-rehabilitation program, which is ideally created by a physician who is experienced in concussion management.

Prior to any contact practice the student-athlete will be given a post-injury ImPACT test that will be interpreted by a physician knowledgeable in concussion management. The ImPACT results will be used in conjunction with the entire history and assessment to help determine "return to play" status.

As each sports concussion is unique, the concussion management plan will be individualized for each student-athlete. The ultimate goal of the concussion program is to allow a safe return to play and minimizing any long-term health problems from a concussion.

Revised: 8/23/2012 Gradual Return to Sports Participation 8/23/12

\mathbf{F}	∩ 1	rm	#2	2



Revised: 8/23/2012

Patient Na	me:	Date of Evaluation:
		cussion and may not return to ANY contact sport leared by this clinic. Please see below for permitted
N	o physical exertion until next clinic visit	
N	o physical exertion until	
1		e date he/she can begin low levels of physical exertion. d light stationary biking (heart rate <70% max)
•	If symptoms return with low level activit attempt low level activity.	y, stop all physical activity for 24 hours then re-
•	If symptom free, continue with low level	s of physical exertion until
ti	oderate jogging/brief running, moderate-intens	moderate levels of physical exertion. This includes sity stationary biking, light weightlifting (reduced ne), sport-specific exercise (e.g., running drills in
•	If symptoms return with moderate level a return to low level activities.	ctivity, then stop all physical activity for 24 hours and
•	If symptom free, continue with moderate	levels of physical exertion until
		ng, and regular weightlifting routine, non-contact
•	If symptoms return with high level active return to moderate level activities.	rity, then stop all physical activity for 24 hours and
•	If symptom free, continue with high leve	els of physical exertion until
4	If student-athlete is symptom free, begin full c	ontact training.
	• If symptoms return with full contact tra return to high level activities.	ining then stop all physical activity for 24 hours and
:	i) If student-athlete is symptom free for 24-48	hours he/she can return to full sports participation
Additiona	Recommendations and Special Instructions:	
Signature	and printed name and title of licensed health care pr	ovider Date Time