

Post-Concussion Graduated Return to Play Protocol: Medical Release Form

Name _____ Date of Birth _____ Age _____ Date of Injury _____

Injury Details _____

Instruction: Student is cleared to initiate and proceed through the protocol as detailed below after a full day of normal activity with **no symptoms of concussion**. Follow the gradual and progressive steps of the training sequence below. There should be at least 24 hours between each step. If *any* symptoms return at any time during these activities, stop the workout. Rest until symptom free for 24 hours then return to the previous asymptomatic step. If symptoms return or worsen, seek medical attention.

I, _____ (Please print: Licensed Health Care Provider Name, Medical Specialty), release this athlete to begin the Post-Concussion Graduated Return to Play Protocol described below on _____ (Date). Signature: _____

This protocol will be administered by _____ (Name and Title). I will follow up upon successful completion of this protocol before full medical clearance to return to play.

Graduated Return to Play Protocol – Supervised by Licensed Healthcare Provider

STEP	DATE COMPLETED	ACTIVITY	COMMENTS
1. Light general conditioning exercises (Goal: Increase heart rate).		*Begin with sport specific warmup. Do 15-20 minute workout: stationary bicycle, fast paced walking or light jogging, rowing or freestyle swimming *Attend full day of school if in session.	
2. Moderate general conditioning and sport specific skill work; individually (Goal: add movement, individual skill work).		*Sport-specific warm-up. Slowly increase intensity and duration of workout 20-30minutes. Begin sport specific skill work within the workout. No spins, dives or jumps. *Attend full day of school if in session.	
3. Heavy general conditioning, skill work; individually & with teammate. NO CONTACT. (Goal: Add movement, teammate skill work).		*Continue with general conditioning up to 60 minutes. Increase intensity and duration. Begin interval training. -Continue individual skill work. -Begin skill work with partner-no contact. -Continue with individual skill work as in Step 2. *Attend full day of school if in session.	
4. <u>Heavy</u> general conditioning, skill work and team drills. No live scrimmages. VERY LIGHT CONTACT (Goal: Team skill work, light static contact).		*Resume regular conditioning and duration of practice. -Increase interval training and skill work as required -Gradually increase skill level of spins, dives, jumps -Review team plays with no contact. -Very light contact and low intensity on dummies *Attend full day of school if in session.	
5. Full team practice with body contact		*Participate in a full practice. If a full practice is completed, discuss with the coach about getting back in next game. *Attend full day of school if in session.	

I verify Graduated Return to Play Protocol has been successfully completed.

Licensed Health Care Provider Signature: _____

Date: _____