

Graduated “Return to Play” Protocol

Date: _____

Sport: _____

_____ has been diagnosed with a concussion and is under the care of (clinician’s name) _____ . He/she has been **asymptomatic at rest and during academic activities** and may advance to the following supervised “Return to Play” (RTP) protocol.

INSTRUCTIONS:

- **See attached specific exertion form** for detailed exercises that should be completed with each phase/day.
- Parent, Coach, or Athletic Trainer (ATC) must write the ‘Date of Phase Completion’ in the space provided below
- Once all phases are completed, **bring this completed “Return to Play” protocol form back to HeadZone** for re-evaluation before participating in any competitive game play (in accordance with CT law*)
- If headache, dizziness, or any other symptoms occur during any Phase, STOP exercising, wait 24 hours, and then resume activity at the previous symptom-free Phase/Day.
 - Example: If a headache is provoked at Phase 3, stop exercising. Wait 24 hours and ‘drop back’ to the previous symptom-free phase (Phase 2) and try to progress again.
- Progress to the next phase every 24 hours (unless otherwise specified) as long as symptoms do not return

**Expanded guidelines based on the Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016

“Return to Play” Protocol**			
Phase/Day	Exercise	Goal	Date Completed:
1	LIGHT AEROBIC EXERCISE 15-20 minutes	Increase heart rate	
2	MODERATE AEROBIC EXERCISE 20-30 minutes	Increase intensity and duration of exercise; break a sweat!	
3	SPORT-SPECIFIC EXERCISE 30-40 minutes	Incorporate head movement and change of direction; add impact (jumping) exercises	
4	SPORTS-SPECIFIC PRACTICE DRILLS 40-60 minutes	Incorporate change of plane and controlled contact	
5	FULL CONTACT PRACTICE >60 minutes (No competitive games)	Ensure readiness for competitive game play	
<p>PHYSICIAN RE-EVALUATION: Individual must return to our office for a post-exercise physical exam and ImPACT test to determine readiness for competitive game play.</p>			

Signature and Printed Name of RTP Supervisor: _____

***CT State law prohibits competitive game play until re-evaluation and clearance by a licensed health care professional.**