



## Return to Play Progression Secondary

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

Date/Nature of Injury: \_\_\_\_\_

A concussion is a brain injury caused by a bump, blow, or jolt to the head or body that causes the brain to move back and forth quickly in the skull. Students will not return to play the same day of injury, regardless of whether they have a medical release. Signs and symptoms of a concussion may last for days, weeks or longer.

The school RN and/or high school athletic trainer coordinate the return to play process. A student who has sustained a concussion will follow a gradual return to play progression while remaining symptom free. There must be at least 24 hours between each level of activity. **If symptoms recur (reported and/or observed) the student must rest a minimum of 24 hours and be symptom-free before resuming the return to play progression.** Students should be encouraged to tell an adult if symptoms are experienced. Concerns should be communicated to the school RN or athletic trainer (if injury sustained in 9-12 athletics). To ensure a safe return to play a sequence of steps will be followed.

✓	<u>Date(s)</u>	<u>Step</u>
<input type="checkbox"/>	_____	Baseline: Student must be symptom-free at least 24 hours. Athletes require written medical release.
<input type="checkbox"/>	_____	Step 1: Light aerobic exercise. 5-10 minutes. Activities may include exercise bike, walking or light jogging. No weight lifting, jumping or hard running. Symptoms _____
<input type="checkbox"/>	_____	Step 2: Moderate exercise with limited movement. Time of activity reduced from typical routine. Activities may include moderate jogging, brief running, moderate intensity stationary bike, and moderate intensity weightlifting. Symptoms _____
<input type="checkbox"/>	_____	Step 3: More intense exercise but non-contact. Length of time close to typical routine. Activities may include running, high intensity stationary bike, regular weightlifting routine, and non-contact sport-specific drills. Cognitive component to practice/PE class may be added. Symptoms _____
<input type="checkbox"/>	_____	Step 4: Practice. Re-integrate to full contact activity/practice. Symptoms _____
<input type="checkbox"/>	_____	Step 5: Progression completed. Full return to play/competition.

PE Teacher/Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_