

Name _____ M F Birthdate _____ Date of Injury _____
 Sport/Team/School _____ Phone _____
 Primary Care Physician _____ Phone _____
 Concussion Management Team Leader _____ Phone _____



An athlete's return to his/her sport will be a step-by-step process under the guidance of a health care provider. Before beginning the Warm-up to Play progression, **an initial 24-48 hour period of both relative physical rest and cognitive rest is recommended if symptoms persist the next day following a concussion.** Resuming normal, noncontact activities as soon as safely tolerated can be beneficial for athlete's recovery.

Step 1. Symptom-limited activity – normal daily activities that do not provoke symptoms. (*gradually reintroduce work/school activities*)

Physician Release to Start Warm-up to Play. Proceed to Step 2.

This patient has had an injury to the head. Patient may "Return to Play" after normal classroom full participation is achieved and successfully completing Steps 2 through 5 of the "Warm-up to Play" below. Symptoms of concussion may develop within days after a head injury. Patient should continue to be observed for any new symptoms.

Physician Signature _____ MD/DO Date _____ Earliest Release Date _____

For steps 2-5, **Athlete must wait 24 hours before progressing to the next step and remain completely symptom-free. STOP IMMEDIATELY if there is any return of signs/symptoms and report this right away.** Go back to rest for the day, refrain from activities including bike riding, skateboarding, playful wrestling, etc. Only if symptom free may athlete repeat that step the following day and continue progression. This will be monitored by a coach, athletic trainer or designated school official. If symptoms persist or worsen for more than a day, please notify the physician.

Step 2. Light aerobic exercise – walking or riding an exercise bike, no weightlifting. (*increase heart rate — 15-20 min. suggested max.*)

Step 2 completed successfully. Athlete reports no return of symptoms after 24 hours. Okay to proceed to Step 3.
 Coach/Athletic Trainer _____ Date _____
 Notes: _____

Step 3. Sport specific exercise – running in gym or on the field, no helmet or equipment. (*add movement — 30 min. suggested max.*)

Step 3 completed successfully. Athlete reports no return of symptoms after 24 hours. Okay to proceed to Step 4.
 Coach/Athletic Trainer _____ Date _____
 Notes: _____

Step 4. Non-contact training drills – using full equipment, light resistance training or light weight training. (*add coordination and cognitive load*)

Step 4 completed successfully. Athlete reports no return of symptoms after 24 hours. Okay to proceed to Step 5.
 Coach/Athletic Trainer _____ Date _____
 Notes: _____

Step 5. Full contact practice – under the supervision of the coach/athletic trainer. (*restore confidence and assess functional skills*)

Step 5 completed successfully. Athlete reports no return of symptoms after 24 hours. Okay to "Return to Sport."
 Coach/Athletic Trainer _____ Date _____
 Notes: _____

Step 6. Return to Sport – student may fully return to play if all the above steps were successfully completed without return of any symptoms. This includes full participation in live competition or practice.

Concussion symptoms may develop within days after a head injury. The patient should continue to be observed for any new symptoms.

OPTIONAL Physician Return to Sport — if school/ district requires physician signature after successful completion of Warm-up to Play.

Physician Signature _____ MD/DO Date _____