

Concussion Return to Play

Prior to beginning this chart please contact our office via MyChart to let us know you are ready to begin progression. Please fill out this form and return it at your follow up visit. You will need to follow up BEFORE participating in contact practice.

- STOP exercising immediately if **ANY** symptoms develop while completing these steps
- Return to the previous step once symptom free without the use of medication for 24 hours

After completion of steps 1-3 with no return of symptoms, please return to clinic for re-evaluation and to be cleared for contact activities.

<p>Step 1</p> <p>Date:</p>	<p>Light aerobic exercise for 20 minutes NO CONTACT, INDEPENDENT</p> <p>All Sports – stationary bike, walking, elliptical</p>	<p>Activity Completed:</p> <p>Duration:</p> <p>Supervised by:</p>
<p>Step 2</p> <p>Date:</p>	<p>Sport specific exercise for 30 minutes NO CONTACT, INDEPENDENT</p> <p>Football – running routes, throwing football Basketball/Soccer – foot skills, shooting, dribbling Volleyball – footwork, serving, passing independently, setting independently Cheer/Dance – marking routines, choreography independently (no jumps)</p>	<p>Activity Completed:</p> <p>Duration:</p> <p>Supervised by:</p>
<p>Step 3</p> <p>Date:</p>	<p>Sport specific non-contact practice for 30-45 minutes AND progressive resistance training for at least 15 minutes NO CONTACT, NO SCRIMMAGE</p> <p>Football – running routes, catching ball, playing catch Basketball/Soccer – shooting, dribbling, passing drills Volleyball – serving, passing with teammates, footwork Cheer/Dance – routine run through without stunts or tumbling passes, standing tumbling only</p> <p>Resistance Training – body weight lower/upper extremity strengthening (push-ups, squats, lunges, burpees, etc.)</p>	<p>Activity Completed:</p> <p>Duration:</p> <p>Supervised by:</p>