## **RETURN TO SPORT COMMUNICATION TOOL**

Based on Consensus Statement on Concussion in Sport – 5<sup>th</sup> international conference, Berlin 2016

\*Step 1 is to starting following an initial rest period of 24-48 hours Date of Concussion:\_\_\_\_\_ STEP 1 "Recovery": Symptom-limiting physical and cognitive activities (conserve energy) Symptom-free for 24 hours? YES: Begin Step 2 NO: Continue participating in symptom-limiting activity Time Completed: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Parent Initials: \_\_\_\_\_ Step 2 "Increase Heart Rate": Light aerobic exercise off-field (walking, stationary cycling); <70% HR Symptom-free for 24 hours? YES: Move to Step 3 NO: Return to Step 1 Time Completed: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Parent Initials: \_\_\_\_\_ Step 3 "Add Movement": Sport-specific exercise off-field (running); NO CONTACT, no head impact activities Symptom-free for 24 hours? YES: Move to Step 4 NO: Return to Step 2 Time Completed: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Parent Initials: \_\_\_\_\_ Step 4 "Exercise, Coordination, Cognitive Load": Non-contact drills; "on-field" practice such as ball drills, passing, shooting drills, other activities with NO CONTACT (no heading, no tackling, etc.); may start resistance training Symptom-free for 24 hours? YES: Move to Step 5 NO: Return to Step 3 Time Completed: \_\_\_\_\_ Date Completed: \_\_\_\_ Parent Initials: \_\_\_\_\_



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## MEDICAL CLEARANCE REQUIRED BEFORE MOVING TO STEP 5

Step 5 "Restore Confidence, Assess Functional Skills": Following medical clearance; full-contact "on-field" practice

Symptom-free for 24 hours? YES: Move to Step 6 NO: Return to Step 4

Time Completed: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Parent Initials: \_\_\_\_\_\_

Step 6 "Normal Game Play": Return to play

**Note: Each step must take a <u>minimum</u> of 24 hours;** if any symptoms come back at any step, **STOP** the activity immediately, rest for at least 24 hours, resume activity at the previous step.

DO NOT return to sport until cleared by a <u>medical doctor and/or nurse practitioner</u>. Documentation from any other source will not be accepted.

