**APW Concussion Return to Play Protocol**

* The Concussion Return to Play (RTP) Protocol is REQUIRED to be completed in its entirety for any concussed student/athlete before they are released to resume full participation in athletic activities.
* This step-by-step progression of physical and cognitive exertion is completed to ensure a concussion has resolved, and that a student/athlete can return to athletic activities safely.
* The Return to Play (RTP) may begin when student/athlete has had at least 24 hours physical and cognitive rest from initial injury AND is cleared by the School Medical Director. Any return of symptoms during the RTP, the student will return to previous day’s activities until symptom free.
* After monitored completion of each stage without provocation/recurrence of signs and/or symptoms, a student/athlete is allowed to advance to the next step of activity. A minimum of 24 hours is required between each step.

Name of Student/Athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Concussion Diagnosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Step** | **Exercise** | **Date Completed** | **Comments** | **Initials** |
| 1 | Low impact, non-strenuous, light aerobic activity |  |  |  |
| 2 | Higher impact, higher exertion, moderate aerobic activity. No resistance training. |  |  |  |
| 3 | Sport specific non-contact activity. Low resistance weight training with a spotter. |  |  |  |
| 4 | Sport specific activity, non-contact drills. Higher resistance weight training with a spotter. |  |  |  |
| 5 | Full contact training drills and intense aerobic activity. |  |  |  |
| 6 | Return to full activities with clearance from School Medical Director |  |  |  |

The individual who monitored the student/athlete’s RTP Protocol MUST sign and date below when successfully completed.

**By signing below, I attest that I have monitored the above-named student/athlete’s return to play protocol.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please Print Name

**RETURN TO PLAY FORM**

CONCUSSION MEDICAL CLEARANCE RELEASING THE STUDENT/ATHLETE TO

RETURN TO FULL ATHLETIC PARTICIPATION

Name of Student/Athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Concussion Diagnosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that the above-named student/athlete has been evaluated and treated for a concussion. I attest that the above-named student/athlete is now reporting to be completely free of all clinical signs and reports he/she is entirely symptom free at rest and with both full cognitive and full exertional/physical stress.

**By signing below, I attest that the above-named student/athlete has successfully completed the Return to Play Protocol. The student/athlete is released and if remains symptom free, may resume full participation in athletic activities.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of School Medical Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Name

**By signing below, I hereby give consent for my child to return to full participation in athletic activities.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Name