EASTERN CHRISTIAN SPORTS MEDICINE
Graduated Return to Practice and Competition Protocol

Name: _______________________________ Date of Injury: ___________________

Sport: ___________________ Coach: ___________________ MD: ___________________

After the student-athlete physician’s acceptance of the written medical release/clearance stating the student-athlete is asymptomatic at rest, the student-athlete may begin graduated return to competition and practice protocol. Protocol shall be supervised by a licensed athletic trainer, school physician, and/or designated school nurse trained in the evaluation and management of sports-related concussions.

**Step 1**
- Completion of a full day of normal cognitive activities (attendance at school, studying for tests, watching practice, interacting with peers, etc.) without re-emergence of any signs or symptoms.
  - If there is no return signs or symptoms of a concussion, the student-athlete may advance to Step 2 on the next day.
  - If re-emergence of any signs or symptoms of a concussion occur, the student-athlete shall be required to have a re-evaluation by the student-athlete’s physician or licensed healthcare provider.

☐ Check here if ready to move to Step 2. Signature:_________________________ Date:__________
(School signature)

**Step 2**
- Light aerobic exercise, which includes walking, swimming, or stationary cycling, keeping the intensity < 70% maximum percentage heart rate. There shall be no resistance training.
  - The objective of this step is increased heart rate.
  - If there is no return signs or symptoms of a concussion, the student-athlete may advance to Step 3 on the next day.
  - If a re-emergence of any signs or symptoms of a concussion occur, the student-athlete shall return to Step 1.

☐ Check here if ready to move to Step 3. Signature:_________________________ Date:__________
(School signature)

**Step 3**
- Sport-specific exercise including skating, and/or running with no head impact activities.
  - The objective of this Step is to add movement and continue to increase the student-athlete’s heart rate.
  - If there is no return signs or symptoms of a concussion, the student-athlete may advance to Step 4 on the next day.
  - If a re-emergence of any signs or symptoms of a concussion occur, the student-athlete shall return to Step 2.

☐ Check here if ready to move to Step 4. Signature:_________________________ Date:__________
(School signature)
**Step 4**
- Non-contact training drills such as passing drills, agility drills, throwing, catching, etc.
- The student-athlete may initiate progressive resistance training.
- If there is no return signs or symptoms of a concussion, the student-athlete may advance to Step 5 on the next day.
- If a re-emergence of any signs or symptoms of a concussion occur, the student-athlete shall return to Step 3.

☐ Check here if ready to move to Step 5.  
Signature:__________________________ Date:____________ 
(School signature)

**Step 5**
- The student-athlete’s medical condition shall be evaluated for medical clearance based upon consultation between the school’s licensed trainer, school/team physician, designated school nurse and the student-athlete’s physician.
- After this consultation and upon obtaining written medical clearance approved by the school/team physician or designated school nurse, the student-athlete may participate in normal training activities.
- If there is no return of any signs or symptoms of a concussion, the student-athlete may advance to Step 6 on the next day.
- If a re-emergence of any signs or symptoms of a concussion occur or if the student-athlete does not obtain medical release/clearance, the school physician or designated school nurse, in consultation with the student-athlete’s physician, shall determine the student-athlete’s return to competition and practice protocol.

☐ Check here if ready to move to Step 6.  
Signature:__________________________ Date:____________ 
(School signature)

**Step 6**
- Return to play involving normal exertion or game activity.
- If re-emergence of any signs or symptoms of a concussion occur, the student-athlete shall return to Step 5.

☐ Check here if medically cleared to return to competition or practice. 
Signature:__________________________ Date:____________ 
(School signature)