

Concussion Protocol

and

Return to Play Procedures

protoco compe next s	ol. This protocol is in p tition. There will be a stage. If at any time d	place to ensure the safety and hig minimum of 24 hours after the la uring the stepwise protocol, the a	by a medical doctor) team therapists will initiate the concussion he performance of all players, and must be followed before return to st sign or symptom before beginning protocol or progressing to the other experiences a return of signs (seen by others) or symptoms for 24 hours, then return to and repeat the last completed stage.
	This form	is to remain in the binder; copies	can be provided to athletes / parents at request.
1)	On date of injury, or reported symptoms, athlete will be removed completely from any activity (football or otherwise), parents given information sheet & referral to book appointment with a sports medicine doctor. Post injury assessment should be completed, and details of assessment findings can be documented on the back of the information sheet. Athe is to be instructed to follow step one of the SCAT5 guidelines.		
	Date:	Therapist:	
2)			
	Date:	Therapist:	
3)	30 Minutes of Sport Specific aerobic activity: running at a fast pace, sit-ups, push-ups, lunge walks, and sport and position specific drills in multiple planes of movement. This must be done either at practice supervised by team therapist or supervised by a Certified Athletic Therapist outside of practice, unless otherwise indicated by team therapist.		
	Date:	Therapist:	
	Clearance by a Sports	s Medicine Physician must be obta ufficient for clearance, unless the	nined prior to progression to stage 4 of the Return to Play Protocol. A team therapist specifies otherwise. Document here when written
	Date:	Therapist:	(attach letter)
4)	Participate in non-co non-contact sport sp	articipate in non-contact practice drills. Full warmup of 10 or more minutes followed by at least 50 minutes of intense on-contact sport specific, and position specific drills with a goal of 80-100% of maximum heart rate. This must be ompleted with the same age group under the supervision of team therapist, and in full equipment.	
	Date:	Therapist:	
5)			ist be completed with the same age group, under the supervision of
	Date:	Therapist:	
6)	Full participation in competition.		
	Date:	Therapist:	
		pioti	

Player Name: _____