



## NCHSAA Concussion Return to Play Protocol

Name of Student- Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_ Male/Female

DOB: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Date Concussion Diagnosed: \_\_\_\_\_

**Licensed Athletic Trainers:** All 5 stages listed below must be completed under the observation of a Licensed Athletic Trainer. The Return to Play Form can then be signed by the Licensed Athletic Trainer, with approval of the Licensed Physician overseeing the student-athlete’s care, thereby releasing the student-athlete to full participation in athletics.

**First Responders:** If the return to play protocol is being monitored by a First Responder, the **Licensed Physician** overseeing the student-athlete’s care should be kept apprised of his/her progress. This progress may be reviewed electronically or by phone and does not require an additional office visit, unless otherwise indicated by the **Licensed Physician**. However, the Return to Play Form **MUST** be completed and signed by the **Licensed Physician** overseeing the student-athlete’s care before Stage 5 is begun.

STAGE	EXERCISE	GOAL	DATE SUCCESSFULLY COMPLETED	COMMENTS	MONITORED BY
1	20-30 min of cardio activity: walking, stationary bike.	Perceived intensity/exertion: Light Activity			
2	30 min of cardio activity: jogging at medium pace. Body weight resistance exercise (e.g. push-ups, lunge walks) with minimal head rotation x 25 each.	Perceived intensity/exertion: Moderate Activity			
3	30 minutes of cardio activity: running at fast pace, incorporate intervals. Increase repetitions of body weight resistance exercise (eg. sit-ups, push-ups, lunge walks) x 50 each. Sport-specific agility drills in three planes of movement.	Perceived intensity/exertion: Hard Activity, changes of direction with increased head and eye movement			
4	Participate in non-contact practice drills. Warm-up and stretch x 10 minutes. Intense, <u>non-contact</u> , sport-specific agility drills x 30-60 minutes.	Perceived intensity/exertion: High/Maximum Effort Activity			
<b>If First Responder is monitoring progress, The RETURN TO PLAY FORM <u>MUST</u> be signed by the Licensed Physician overseeing student-athlete’s care before stage 5 is begun.</b>					
5	Participate in full practice. If in a contact sport, controlled contact practice allowed.				
<b>If signs or symptoms occur after stage 5 the student-athlete <u>MUST</u> return to Licensed Physician overseeing student-athlete’s care.</b>					

Individual who monitored the student-athlete’s Return-to Play Protocol should sign and date below when stage 5 is successfully completed.

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

\_\_\_\_\_  
Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant,  
Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder (Please Circle)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name