



Post Concussion Return-To-Play Form

Athlete Name: _____ Parent Name: _____

Phone: _____ Grade: _____ Sport: _____

DETAILS OF INJURY

Injury Date: _____ Injured During(Choose one): Practice: ____ Game: ____ Other: _____

How Did Injury Occur: _____

TO BE COMPLETED BY PHYSICIAN

Diagnosis: _____ Date _____

All Ridgefield High School Student Athletes Must Complete The Protocol Below When Returning From A Concussion, No Exceptions.

Asymptomatic days before below protocol can begin (RHS requires 48 hrs) _____

Physician Signature _____ Date _____

TO BE COMPLETED BY RHS ATHLETIC TRAINER

Ridgefield High School Post Concussion Return To Play Protocol (Only one step/day)

_____ **Stage 1-Complete physical and cognitive rest until asymptomatic for 48 hours.**

_____ **Stage 2-Light Aerobic Stage:** Walk One Mile or Stationary bike 10 Minutes

_____ **Stage 3-Increased Intensity Aerobic Stage:** Jog 30-50yd 5 times (75% Max. Effort).

_____ **Stage 4-Sport Specific Training:** Sprint 30-50yd at Full Speed 5 times (Max. Effort)

_____ **Stage 5-Direction Change:** Shuttle Sprints added with non contact individual sport drills, but nothing where head is vulnerable to impact

_____ **Stage 6-Non Contact Drills:** Full practice but **NO** contact to body or head.

_____ **Stage 7-Full Contact Practice:** Full Contact Practice

_____ **Stage 8-Return To Play:** Full unrestricted return to game play

**Return To Scott Glucksman Athletic Trainer
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