



Head Injury/Concussion Management: Step-by-Step Progression for Physical Education

Student Name:	Physical Education Teacher Name/Contact Info:
School:	
Evaluation Date:	
Date to begin Progression:	

- Instructions**
- This student has been evaluated and deemed safe to begin a functional progression back to sport by: _____
 - If the athletic trainer is available, he/she should oversee progression.
 - The student may begin stage 1 on the date outlined and progress 1 stage per day. The student should remain at a level of activity as listed for the given time, provided no symptoms return.
 - If symptoms return, discontinue activity immediately. The stage causing the symptoms must be repeated after 24 consecutive hours of no symptoms. If problems or questions arise RTP please contact either the Athletic Trainer or the school nurse.

Other Notes:

LEVEL OF ACTIVITY	DATE COMPLETED/INITIALS
<p align="center"><u>Stage 1: Light Activity</u></p> <p><i>30-40% Exertion</i> Examples: 10-15min Stationary Bike, Stretching, Single leg balance Other:</p>	
<p align="center"><u>Stage 2: Moderate Cardiovascular Activity</u></p> <p><i>40-60% Exertion</i> Examples: 20-25min Stationary Bike/Running, Light weight training, stretching, single leg balance, core exercises Other:</p>	
<p align="center"><u>Stage 3: Moderate Aggressive Activity</u></p> <p><i>60-80% Exertion</i> Examples: 25-30 min Stationary Bike/Running, Weight Training, Dynamic Warm-up, Push- ups, Sit ups, Burpees, Sprints (forward/backward/carioca), Heavy ropes Other:</p>	

CRITERIA TO RETURN TO PARTICIPATION IN Physical Education

If under care of the athletic trainer, the athlete should seek clearance from him/her prior to full return to play.

Once the student has completed the above stages fully without return of symptoms, he/she is considered cleared to return to full participation in Physical Education.

This protocol is not to be used as clearance for RTP for IHSA/IESA sports.

The above protocol was reviewed with the student and/or the student's guardian and is cleared to begin the progression as outlined above.

Signed: _____ **Date:** _____