



Broome Tioga BOCES Concussion Management 5-Step Return to Play Progression Form

Baseline: No Symptoms

Date of Concussion: _____ Student's Name: _____

has been 100% symptom free for at least 24 hours:

Symptoms of a concussion may include:

- Amnesia
- Confusion or appearing dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulty or dizziness, clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting, and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy, groggy, or lightheadedness
- Concentration or focusing problems
- Slowed reaction times, drowsiness
- Fatigue and/or sleep issues (sleeping more or less than usual)

Students developing the following symptoms, or worsening of the above listed symptoms, must be evaluated immediately at the nearest hospital emergency room:

- Worsening headaches
- Seizures
- Looks drowsy or cannot be awakened
- Repeated vomiting
- Slurred speech
- Unable to recognize people or places
- Weakness or numbing in arms or legs, facial drooping
- Unsteady gait
- Dilated or pinpoint pupils, or change in pupil size of one eye
- Significant irritability
- Loss of consciousness
- Suspicion of skull fracture: blood draining from ear or clear fluid from nose

and is able to proceed to Step I of the Return to Play Progression.

Physician clearance received on _____ to begin Return to Play Progression.

Parent/Guardian Verbal Consent: _____ Date: _____

Nurse's Signature: _____ Witness' Signature: _____

____ Confirmation of Verbal consent mailed home

Step 1 - Light Aerobic Activity

Date: _____

Goal: Increase heart rate

Time: 5-10 minutes

Activities: Exercise bike, walking, or swimming. Absolutely no weight lifting, jumping or hard running.

Modified Activities: Walking, propelling wheelchair

Step 1	Heart Rate	Time	Activity	Symptoms	PE Signature
Start					
Finish					

To be completed by parent/guardian verbal consent:

- Symptom free for 24 hours and is able to proceed to Step 2
- Symptoms returned – return to baseline (provide new form)

Parent/Guardian Verbal Consent: _____ Date: _____
Name

Nurse's Signature: _____ Witness' Signature: _____
____ Confirmation of Verbal consent mailed home

Step 2 – Moderate Activity

Date: _____

Goal: Limited body and head movement

Time: 10-15 minutes

Activities: Moderate jogging, brief running, mod. intensity stationary bike, mod. intensity weight lifting

Modified Activities: Walking up and down stairs, propelling themselves in wheelchair

Step 1	Time	Activity	Symptoms	PE Signature
Start				
Finish				

To be completed by parent/guardian verbal consent:

- Symptom free for 24 hours and is able to proceed to Step 3
- Symptoms returned – return to Step 1 after symptom free for 24 hours

Parent/Guardian Verbal Consent: _____ Date: _____
Name

Nurse's Signature: _____ Witness' Signature: _____
____ Confirmation of Verbal consent mailed home

Step 3 – Heavy, Non-Contact Activity

Date: _____

Goal: More intense but non-contact. Increase exercise, coordination & attention

Time: 15-20 minutes

Activities: Running, high-intensity stationary bike, sit-ups, push-ups, lunge walks, and non-contact sport specific drills, i.e. passing drills.

Modified Activities: Step aerobics, propel wheelchair in and out of cones

Step 1	Time	Activity	Symptoms	PE Signature
Start				

Finish				
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To be completed by parent/guardian verbal consent:

- Symptom free for 24 hours and is able to proceed to Step 4
- Symptoms returned – return to Step 2 after symptom free for 24 hours

Parent/Guardian Verbal Consent: _____ Date: _____
Name

Nurse's Signature: _____ Witness' Signature: _____
 _____ Confirmation of Verbal consent mailed home

Step 4 – Participate in Non-Contact Practice Drills Date: _____

Goal: More intense but non-contact. Increase exercise, coordination & attention

Time: Warm-up 10 minutes, Intense, non-contact agility drills x 20-30 minutes

Activities: Agility drills

Modified Activities: Warm-up 10 minutes, agility drills 20-30 minutes, one-on-one hand-over-hand sport specific skills, run/jog

Step 1	Time	Activity	Symptoms	PE Signature
Start				
Finish				

To be completed by parent/guardian verbal consent:

- Symptom free for 24 hours and is able to proceed to Step 5
- Symptoms returned – return to Step 3 after symptom free for 24 hours

Parent/Guardian Verbal Consent: _____ Date: _____
Name

Nurse's Signature: _____ Witness' Signature: _____
 _____ Confirmation of Verbal consent mailed home

Step 5 – Resume normal activities Date: _____

Goal: Participate in routine PE classes

Time: Period

Activities: As scheduled for that PE Class

Step 1	Time	Activity	Symptoms	PE Signature
Start				
Finish				

To be completed by parent/guardian verbal consent:

- Symptom free for 24 hours and is able to proceed to **resume normal activities**
- Symptoms returned – return to Step 4 after symptom free for 24 hours

Parent/Guardian Verbal Consent: _____ Date: _____
Name

Nurse's Signature: _____ Witness' Signature: _____

____ Confirmation of Verbal consent mailed home