

Physician Return to Play Clearance Form

Atlanta Independent School District

Athlete's Full Name _____ Date of Birth _____

Please check:

___ No Sports/No Play until _____

___ May advance activity to Follow the Return to Play Protocol

Physician's Signature _____ Date _____

Physician's Printed Name _____ Phone number _____

-----Return to Play Concussion Management Protocol-----

After the return to play form has been completed by the parent or guardian, and the physician clearance is received, supervised progression of activities will be as follows:

High School athletes MUST be symptom free for 24 hours prior to initiating return to play progression.

Middle school athletes MUST be symptom free for 120 hours prior to initiating return to play progression.

Step progression continues at 24-hour intervals as long as athlete is symptom free at each level. Middle school athletes continue at 48-hour intervals. If any symptoms return during the progression, activity is discontinued and the progression will begin a Phase I.

Phase I: No exertional physical activity until the high school athlete is symptom free for 24-hours (120 for middle school athlete), receives written clearance from a physician and has submitted the Return to Play Form to Head Coach/Athletic Director.

Phase II: Step I: Begin light aerobic exercise, 5-10 minutes of exercise on bike, or like jog; no weight lifting, resistance training, or any other exercise.

Step II: Moderate aerobic exercise 15-20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment

Step III: Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises

Step IV: Full contact practice and training

Step V: Full game play