



Center Moriches Concussion Return to Play Protocol



This form must be completed and signed by physician before returning to gym/sports.

Name: _____

MD: _____

DOI: _____

Rehabilitation Stage	# of days	Exercises
1. Light Activity		Very light aerobic activity (30-40% max effort) 10-15 mins. of cardio exercise in a low stimulus environment. Limited head movement and concentration activities. Ex. - Stationary bike, walking on treadmill
2. Moderate aerobic activity		Moderate aerobic activity (40-60% max effort) 20-30 mins. of cardio exercise and balance training. Allow some positional changes and head movement. Ex. - bicycle, elliptical, single leg stance - floor, light weight training
3. Light sport specific activity		Moderately aggressive aerobic activities (60-80% max effort) Non-contact conditioning light plyometric and balance training. Ex. - Elliptical, jogging, sprints, side shuffles, carioca's, sit-ups, push-ups, jumping jacks, single leg balance
4. Sport specific non-contact training drills		Sports performance training (80-90%max effort) Aggressive training in sport specific exercises, no contact. Unrestricted weight training. Ex. - Increase time and speed of running drills, Increase intensity of plyometric exercise, power-skips <i>Non - Contact Team Practice:_____</i>
5. Full contact practice		Full unrestricted Sports performance training in practice setting (100% max effort) Ex. - Increase time, speed and intensity of all drills. <i>Full contact Practice:_____</i>
6. Return To Play		Final Check - Cleared to return to PE and sports w/o restrictions.

Comments: _____

Student must remain asymptomatic through all stages. If symptoms occur, the student must cease activity and rest. If symptoms resolve they may return to previous stage. If symptoms worsen, they should contact their medical doctor.

MD Signature: _____

Date: _____