

**Apponequet Regional High School
Department of Athletics
GRADUATED RETURN TO PLAY PROTOCOL**

Athlete's Name _____ Age _____

Date of Injury _____ Sport _____

Physical Post Concussion Tests

The athlete will be given five physical post concussion tests administered by a certified athletic trainer. Only one test will be given per day. The next test will be administered only when the previous test is passed with no symptoms. These tests will take a **minimum** of five days. None of these tests will be started until the athlete has returned to full academic participation and is symptom free at rest.

Test 1: (to increase heart rate): Low levels of physical activity. This includes walking, light jogging, light stationary biking and light weight lifting (low weight, moderate reps, no bench, no squats)

Test 2: (to increase heart rate with movement): Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weight lifting (reduce time and or reduces weight for the athlete's typical routine).

Test 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular weight lifting routine, non-contact sport specific drills (agility with 3 planes of movement).

Test 4: Sports specific practice

Test 5: Full contact in a controlled drill or practice.

Parent/Guardian Signature:

I have read the Graduated Return to Play Protocol above and I understand the seriousness of a concussion, its symptoms and the Graduated Return to Play Protocol. Questions? Call high school nurse at 508-947-2660 ex 1157, the Athletic Trainer at ex. 1143, or the Athletic Director at ex. 1161

Parent/Guardian Signature Date

Test Completion Dates with Asymptomatic Results:

Test 1 Test 2 Test 3 Test 4 Test 5

I verify that _____ has completed the five physical post-
Athlete's Name
Concussion tests and said athlete was asymptomatic for all tests.

Certified Athletic Trainer Signature Date

Athlete Signature

I have read and understand the Graduated Return to Play Protocol, concussion symptoms, and the seriousness of a second concussion injury.

Athlete Signature Date