



## **Concussion: Return to Play Protocol**

Date: \_\_\_\_\_

Dear Physician,

I am writing to inform you that Thomas MacLaren School student-athlete \_\_\_\_\_ has suffered a head injury and to make you aware of the protocols we adhere to regarding return to participation in athletics. In order to ensure that all student-athletes return to their sports safely, Thomas MacLaren School adheres to the following graduated return to athletics participation protocols consistent with the recommendations of the National Athletic Trainers Association and the National Federation of State High School Associations.

Step 1: No physical activity or mental activity (exercise, school, video games, etc.)

Step 2: Once the athlete is asymptomatic and provides a physician's written statement supporting return to athletics participation, the athlete may begin low level/light aerobic activities such as stationary bike (no more than 30 minutes).

Step 3: Moderate exertion, sport-specific training without pads (running, skating, jump shots, shots on goal, etc.). No head impact activities. Resume weight lifting (reduce weight lifted by 50%)

Step 4: Heavy exertion, non-contact drills specific to sport. May return to regular weight lifting.

Step 5: Full contact in practice setting, scrimmage.

Step 6: Full athletics participation to include game-level activity and competition.

\*Please note that an athlete must remain asymptomatic to progress to the next level. If symptoms recur, the athlete must return to the previous level in the Return to Play protocol. Each step generally requires one day, but it could take longer.

Please feel free to contact with me with any questions or concerns you may have regarding this situation. Sincerely,

Chrissy Steigerwald, Athletic Director

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### **Physician's Return to Athletic Participation Statement**

Please check the appropriate statement(s) for student-athlete \_\_\_\_\_

regarding his/her return to athletics participation.

- ┆ This student-athlete must be seen again by a physician in order to be cleared for competition.
- ┆ This student-athlete may return to competition when he/she has completed the progressive return to athletics participation protocols and has remained symptom free through each step.
- ┆ Other – please explain

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_