**Concussion Return to Play Guideline**

Date Attained:

Date Attained:

Date Attained:

Date Attained:

Date Attained:

**5. FULL CONTACT PRACTICE**

(RESTORE CONFIDENCE & ASSESS FUNCTIONAL SKILLS)

*If Symptom Free, Return to Normal Training Activities*

**4. NON-CONTACT TRAINING DRILLS**

(INCREASED EXERCISE & COORDINATION & ATTENTION)

*Progress to Complex Training Drills (e.g. Passing Drills, etc)*

*May Start Resistance Training*

***Heart Rate <90% - 60 min***

**2. LIGHT AEROBIC EXERCISE**

(INCREASE HEART RATE)

*Walking, Swimming, Stationary Cycling*

***Heart Rate***

***<70% - 15 min***

**3. SPORT SPECIFIC EXERCISE**

(ADD MOVEMENT)

*Skating Drills (Ice Hockey), Running Drills (Soccer, etc.)*

*NO Head Impact Activities*

***Heart Rate***

***<80% - 45 min***

**1. NO ACTIVITY**

(Recovery)

*Complete Physical and Cognitive Rest until Medical Clearance*

*Symptom Free for 24 Hours?*

*Yes: Begin Step 2*

*No: Continue Resting*

*Symptom Free for 24 Hours?*

*Yes: Begin Step 2*

*No: Continue Resting*

*Symptom Free for 24 Hours?*

*Yes: Begin Step 2*

*No: Continue Resting*

*Symptom Free for 24 Hours?*

*Yes: Begin Step 2*

*No: Continue Resting*

*Symptom Free for 24 Hours?*

*Yes: Begin Step 2*

*No: Continue Resting*