Name:

Concussion Return to Play – Contact/ Collision

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Date/Time/Location					
Specific Activities Performed by Athlete					
Clinical Exam	Y N Headache				
Questions and Findings: Headache or	Y N Dizziness				
pressure in head, Dizziness,	Y N Confusion				
Confusion, Sensitivity to	Y N Sensitivity				
light/Noise, Imbalance	Light Noise				
	Y N Imbalance				

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											_
Day 1: Light Aerobic Activity: Light aerobic activity without resistance training. 20 min. bike							Pł	nysician C	Clearance Comm	unication	:
Day 2: Moderate Aerobic Activity: 25 min. run with sport specific movements without head impact.			ImPACT Testing: Y N		_						
Day 3: Intense Cardio Activity: Non-contact sports drills & allowed weight training.			Dates:								
Day 4: Full Practice: Full Gear – Contact					_						
Day 5: Full Participation: Competition											
	Date/Time/Location										

Name:

Concussion Return to Play – Contact/ Collision

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Specific Activities Performed by Athlete					
Clinical Exam Questions and	Y N Heada	iche Y N Heada	che Y N Headach	e Y N Headach	e Y N Headache
Findings: Headache or	Y N Dizzii	ness Y N Dizzin	ness Y N Dizzines	s Y N Dizzines	s Y N Dizziness
pressure in head, Dizziness,	Y N Confu	sion Y N Confu	sion Y N Confusio	on Y N Confusio	on Y N Confusion
Confusion, Sensitivity to	Y N Sensit	ivity Y N Sensiti	ivity Y N Sensitivi	ty Y N Sensitivi	ty Y N Sensitivity
light/Noise, Balance Problems, Imbalance	Light Nois	se Light Nois	e Light Noise	Light Noise	Light Noise
1100icins, inivarance	Y N Imbal	ance Y N Imbala	ance Y N Imbaland	ce Y N Imbalanc	ee Y N Imbalance

Clinical Notes:			