



## Recommended Concussion Protocol for the School Healthcare Provider

### Return to Play Guidelines

Athlete Name: \_\_\_\_\_ School: \_\_\_\_\_

This student athlete is symptom free and may return to regular academic learning. They can now begin their recovery return to play protocol for athletic participation.

Rhode Island State Law requires the student athlete to be cleared by a licensed physician. Athletes who have symptoms anytime during this protocol, should not be permitted to advance to the next step. Increased symptoms should immediately be communicated to the supervising Physician.

Supervising Physician: \_\_\_\_\_

RTP Protocol Step	Initial on completion	Date
1. Symptom Free Recovery		
2. Light exercise (15 minutes light activity – Aerobic, ie. bike, jog, etc... – No Weightlifting)		
3. Moderate Exercise (20 to 30 minutes – Aerobic and Anaerobic)		
4. Practice with no contact		
5. Full contact practice		
6. Return to full participation/eligible to play in a contest		

\* One day between each step

Plan supervised and completed by (Print name): \_\_\_\_\_

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

Healthcare credentials: \_\_\_\_\_

**Important – Written Physician Clearance allowing athletes to begin the Return to Play protocol must be accompanied with this form.**

Date of Injury	Date – Symptom Free	Date to start RTP	Date – full participation