

RETURN RESPONSIBILITY CHART

After a medical evaluation confirms student can begin Gradual Return to Activity Plan

AT/Coach	Parent	Concussion Management Team (CMT)
AT works with other healthcare providers and CMT to develop Return to Play Plan	Monitor and track symptoms at home	Work with medical team, AT, students and parents to develop Gradual Return to Activity Plan
Communicate regularly with CMT Coordinator	Communicate regularly with CMT Coordinator	CMT Coordinator distributes information to teachers and coordinates modifications and accommodations
AT meets daily with student	Follow-up with AT or other healthcare provider	Ensure full compliance with Gradual Return to Activity Plan (Academics and Play)
Follow Gradual Return to Play Plan	Make any necessary accommodations at home	Meet regularly until student has completely recovered (medical clearance) OR initiate 504 Plan process

After student is medically cleared for full activity

AT/Coach	Parent	Concussion Management Team (CMT)
Continue to watch for and report symptoms for remainder of sport's season	Deliver medical clearance to CMT	CMT Coordinator informs counselors, teachers, and other staff of clearance
	Continue to watch for and report symptoms for remainder of sport's season	Continue to watch for and report symptoms for remainder of sport's season

RETURN TO PLAY PROGRESSION

Return to activity is a medical decision. The CMT will be familiar with state concussion laws and understand which healthcare providers may clear a student. To begin the Return to Activity Plan, the student must be free of all symptoms (see Clipboard Sheet), have no academic accommodations in place, and be cleared by a healthcare provider. The student may spend 1 to 2 days at each step before advancing to the next. **If post-concussion symptoms occur at any step, stop activity and have the CMT reassess.**

Steps	Progression	EXERCISE
1	No physical activity as long as there are symptoms (this step could take days or weeks)	<ul style="list-style-type: none"> Complete physical rest

Progress to Step 2 when CLEARED BY THE MEDICAL PROVIDER and 100% symptom-free for 24 hours.

2	Light aerobic activity Increase heart rate (light to moderate workout not requiring cognitive attention or high degree of concentration)	10–15 minutes of exercise, no resistance training <ul style="list-style-type: none"> Walking Swimming Riding an exercise bike
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Progress to Step 3 when symptom-free for 24 hours after Step 2 activities. If symptoms return, go back to Step 2.

3	Sport-specific exercise Add movement (increased attention to coordination required)	20–30 minutes supervised play, low risk activities <ul style="list-style-type: none"> Running in gym, on the field or on treadmill NO weightlifting NO head impact activities NO helmet or other equipment
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Progress to Step 4 when symptom-free for 24 hours after Step 3 activities. If symptoms return, go back to Step 3.

4	Non-contact training drills Exercise, coordination (athlete's sport without risk of head injury)	<ul style="list-style-type: none"> Progression to more complex training drills May start progressive resistance training May run/jump as tolerated Non-contact training drills in full equipment
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Progress to Step 5 when symptom-free for 24 hours after Step 4 activities. If symptoms return, go back to Step 4.

5	Full-contact practice Minimal accommodations following <i>medical clearance</i>	<ul style="list-style-type: none"> Normal training activities, under adult supervision Full contact practice or training
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Progress to Step 6 when CLEARED BY A MEDICAL PROVIDER. If symptoms return, go back to Step 5.

6	Return to play Normal game play	No restrictions
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Recommendations from 2008 Zurich Consensus Statement on Concussion—Journal of Clinical Neuroscience 16 (2009) 755–763