**Omaha Public Schools**

**Concussion graduated return to sport protocol**

Student name: Sport:

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| Date | Step | Exercise Strategy | Activity at Each Step | Goal |
|  | 1 | Symptom limited activity (fist 24-48 hrs) | Daily activities that do not exacerbate symptoms (e.g. walking) | Gradual reintroduction of work/school |
|  | 2 | Aerobic Exercise  2a) Light (approx. 55% maxHR)  2b) Moderate (approx. 70% max HR) | Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than a mild and brief exacerbation \* of symptoms | Increase heart rate |
|  | 3 | Individual sport specific exercise | Sport specific training away from team environment (e.g. running, change of direction and/or individual training drills). No activities at risk for head impact | Add movements and change of direction |
|  | 4 | Non-contact training drills | Exercise to high intensity including more challenging training drills (e.g. passing drills, multiplayer training) can integrate into a team environment. | Resume usual intensity of exercise, coordination, and increased thinking |
|  | 5 | Full contact practice | Participate in normal training activities | Restore confidenceand assess functional skills by coaching staff. |
|  | 6 | Return to sport | Normal game play |  |

\* Mild and brief exacerbation of symptoms (i.e. an increase of no more than 2 points on a 0-10 point scale for less than an hour when compared to baseline value reported prior to physical activity). Athletes may begin Step 1 within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than a mild exacerbation of symptoms occurs during steps 1-3 the athlete should stop and attempt to exercise the next day. Athletes experiencing symptoms during steps 4-6 should return to step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities.