

SCARSDALE SCHOOL DISTRICT

CONCUSSION RETURN TO PLAY PROGRESSION

Student's Name: _____

Grade: _____

Sport/P.E. Unit: _____

Once notified by the health office to begin the return to play, follow the steps below. To go to the next level, the student must be **symptom free**. The student may advance **one level every 24 hours**. If the student experiences symptoms (headache, fatigue, nausea, vomiting, dizziness, blurred vision or irritability) **progression is stopped**. At the next practice/class the student should **drop back to the previous asymptomatic level**. Each student will progress at their own rate. * Please note: In non-contact activities, a student may complete the Return to Play Progression prior to Level 5.

					Date completed
<u>Level 1</u>	Light aerobic activity (speed walking)	NO CONTACT ↑ heart rate	Incomplete symptomatic <input type="checkbox"/>	Completed <input type="checkbox"/>	
<u>Level 2</u>	Sport specific activity (running drills, jump rope)	NO CONTACT ↑ movement	Incomplete symptomatic <input type="checkbox"/>	Completed <input type="checkbox"/>	
<u>Level 3</u>	Non-contact training in a practice setting	CONTACT ↑ cognitive & psychomotor activity	Incomplete symptomatic <input type="checkbox"/>	Completed <input type="checkbox"/>	
<u>Level 4</u>	Full contact training in a practice setting (Full phys. ed. participation)	CONTACT ↑ cognitive & psychomotor activity	Incomplete symptomatic <input type="checkbox"/>	Completed <input type="checkbox"/>	
<u>Level 5</u>	Return to competition (game play)		Incomplete symptomatic <input type="checkbox"/>	Completed <input type="checkbox"/>	

Notes: _____

Coach / P.E. Teacher: _____ (signature) Date: _____

UPON COMPLETION RETURN TO HEALTH OFFICE.

Date received: