

### EISD Concussion Return to Play Checklist

Name of Student: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Current School: \_\_\_\_\_ CMT Official: \_\_\_\_\_

Protocol Start Date: \_\_\_\_\_ Protocol End Date: \_\_\_\_\_

Parent Phone #: \_\_\_\_\_ Parent Email: \_\_\_\_\_

*The concussion return to play process will take place in two phases: "Therapeutic" and "Return to Play".*

*Following a 24-48 hour rest period the student will progress in 24 hour intervals for each stage.*

*During the "Therapeutic" and "Return to Play" stages, student's symptoms may become mildly aggravated.*

#### **EISD Therapeutic Phase**

Therapeutic Stage 1

Symptom Limited Activity : Activities of Daily Living : Non-Symptom Provocative

Student CMT Date  
\_\_\_\_ \_

Therapeutic Stage 2

Light Aerobic Activity : Less than 70% of Maximum Heart Rate

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#### **EISD Return to Play Phase**

RTP Stage 3

Sport Specific Exercise : Body Weight Training & Non-Contact Drills

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RTP Stage 4

Non-Contact Training : Weight Room Activities : Non-Contact / Full Uniform Drills

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RTP Stage 5

Full Contact Practice without Restrictions

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RTP Stage 6

Return to Full Athletic Participation

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**The student has successfully completed the EISD Return to Play Protocol without report of symptoms above baseline**

Student Signature: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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

CMT Signature: \_\_\_\_\_

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