Gonzaga College High School’s Gradual Return to Play Program Post-Concussion

Athlete Name: ___________________________  Completed By: ___________________________

Previous Hx. ________________________________

This return to play protocol is only to be initiated when the athlete is symptom free. Wait at least 24 hours between each step below. If there are no symptoms reported over the 24 hour rest period, proceed to the next step; however, if the athlete reports symptoms stop all workouts until the athlete is symptom-free for 24 hours, in which the return to play protocol can be started at the last completed step. All steps must be completed under ATC supervision. If the athlete skips a day between steps without an approved reason, then the ATC can have them start all steps over.

Step 1: Light General Conditioning Exercises  Date: ___________________________

Symptoms? Yes  No  (circle one)

● NO CONTACT
● 15-20 minute workout: stationary bike, fast paced walking or light jog, rowing or freestyle swimming.
● Vertical head movement while walking

Step 2: General Conditioning/Sport-Specific Work  Date: ___________________________

Symptoms? Yes  No  (circle one)

● NO CONTACT
● Sport-specific warm-up
● Gradually increase intensity and duration of workout (~20-30 minutes max time)
● Begin skill and position-specific drills; may have a coach, teammate or ATC help.
● Vestibular training (ball toss drills)
● Level change exercises (burpees, jumping jacks, etc.)

Step 3: General Conditioning, Skill work, and Team Drills  Date: ___________________________

Symptoms? Yes  No  (circle one)

● NO CONTACT, NO LIVE PLAY.
● High intensity activity/drills with level change during activity.
● Participate in individual team drills: skill drills, walk-through, review specific technique.
● Ball toss drills (same as step 2)
● **Pre-game warm up can be used for this step, with the exception of football. Football return to play will continue on the next appropriate practice day.

Step 4: Full Team Practice One  Date: ___________________________

Symptoms? Yes  No (circle one)
● Participate in a full team practice with live play.

**Step 5: Full Team Practice Two**

Date: ___________________

Symptoms? Yes No (circle one)

● Participate in a full team practice with live play.

**Step 6: Full Go/Game**

Date: ___________________

Symptoms? Yes No (circle one)

● Participate in a game or full practice.

**IF THE LAST FULL PRACTICE IS COMPLETED WITH NO SYMPTOMS, THE ATHLETE IS READY TO RETURN TO COMPETITION.**

DATE: ___________________

ATC SIGNATURE: _____________________________________________