



**1. NO ACTIVITY**  
(RECOVERY)  
*Complete Physical and Cognitive Rest until Medical Clearance*

*Symptom Free for 24 Hours?*  
**Yes:**  
Begin Step 2  
**No:**  
Continue Resting

Date Attained

**2. RETURN TO LEARN**  
(ACADEMICS)  
*Refer to Return to Academics Guidelines Provided by School Nurse*

*Attend to Full Academics Symptom Free?*  
**Yes:**  
Move to Step 3  
**No:**  
Academics with Modified Schedule

Date Attained

**3. LIGHT AEROBIC EXERCISE**  
(INCREASE HEART RATE)  
*Walking, Swimming, Stationary Cycling.*

*Symptom Free for Next 24 Hours?*  
**Yes:**  
Move to Step 4  
**No:**  
Return to Step 2 until Symptom Free

Date Attained

**4. SPORT SPECIFIC EXERCISE**  
(ADD MOVEMENT)  
*Skating Drills (Ice Hockey), Running Drills (Soccer, etc) NO Head Impact Activities*

*Symptom Free for Next 24 Hours?*  
**Yes:**  
Move to Step 5  
**No:**  
Return to Step 3 until Symptom Free

Date Attained

**5. NON CONTACT TRAINING DRILLS**  
(INCREASED EXERCISE, COORDINATION & ATTENTION)  
*Progress to Complex Training Drills (e.g., Passing Drills, etc) May Start Resistance Training*

*Symptom Free for Next 24 Hours?*  
**Yes:**  
Move to Step 6  
**No:**  
Return to Step 4 until Symptom Free

Date Attained

**6. FULL CONTACT PRACTICE**  
(RESTORE CONFIDENCE & ASSESS FUNCTIONAL SKILLS)  
*If Symptom Free, Return to Normal Training Activities*

*Symptom Free Next 24 Hours?*  
**Yes:**  
Return to Play  
**No:**  
Return to Step 5 until Symptom Free

Date Attained