



Return-to-Practice and Competition for Athletes with a Suspected Concussion

YOUTH ATHLETE'S NAME: _____ DOB: _____

SCHOOL/ORGANIZATION: _____

INJURY DATE: _____ SPORT/ACTIVITY: _____

This youth athlete has been seen by a Licensed Healthcare Provider with concussion assessment and management experience (MD, DO, ARNP, PA-C, PhD/PsyD) and was determined not to have sustained a concussion:

YES NO

Required Steps for Return-to-Practice and Competition if a Concussion is sustained (check all that apply):

- Returned to baseline at rest for any concussion signs or symptoms
- Returned to all school and social activities (return to learn)
- Completed a multi-day, medically supervised, graduated return-to-play protocol

Was pre-season baseline neuropsychological testing completed? YES NO

If "Yes", who performed the baseline testing?: _____

If "Yes", when was the baseline testing performed?: _____

If "Yes", was post-injury neuropsychological testing completed? YES NO

If "Yes", who performed the post-injury testing?: _____

When was the post-injury testing performed?: _____

Did the post-injury testing return to pre-season baseline?: YES NO

Meeting all of the above required and necessary steps for releasing a youth athlete for unrestricted return to practice and competition does not encompass all aspects of medical decision making for this injury. The healthcare provider must additionally consider many modifiers and situations unique to the youth athlete in making the clearance decision.

THIS YOUTH ATHLETE IS CLEARED TO RETURN TO FULL PRACTICE AND PLAY AS OF TODAY.

Name of Licensed Healthcare Provider (MD, DO, ARNP, PA-C, LAT) (Print): _____

Signature of Licensed Healthcare Provider: _____ Date: _____

Date of Youth Athlete's Last Visit: _____ Licensed Healthcare Provider's Phone Number: _____

I have reviewed the process and statements documented above for this youth athlete to verify the required and necessary steps for unrestricted return to practice and competition have been completed.

Name of Athletic Director (Print): _____

Signature of Athletic Director: _____ Date: _____

CONCUSSION RESOURCES:

- [Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport—Amsterdam, October 2022 \(2/26/2025\)](#)
- [Sport Concussion Assessment Tool 6 \(SCAT6\) \(2/26/2025\)](#)
- [Sport Concussion Office Assessment Tool 6 \(SCOAT6\) | British Journal of Sports Medicine \(2/26/2025\)](#)
- [Returning to School After a Concussion | HEADS UP | CDC \(2/26/2025\)](#)

Return-to-Learn (RTL) Strategy

Facilitating RTL is a vital part of the recovery process for student-athletes. HCPs should work with stakeholders on education and school policies to facilitate academic support, including accommodations/learning adjustments for students with SRC when needed. Academic support should address risk factors for greater RTL duration (e.g., social determinants of health, higher symptom burden) by adjusting environmental, physical, curricular, and testing factors as needed. **Not all athletes will need a RTL strategy or academic support.** If symptom exacerbation occurs during cognitive activity or screen time, or difficulties with reading, concentration, or memory or other aspects of learning are reported, clinicians should consider implementation of a RTL strategy at the time of diagnosis and during the recovery process. When the RTL strategy is implemented, it can begin following an initial period of relative rest (Step 1: 24-48 hrs), with an incremental increase in cognitive load (Steps 2 to 4). Progression through the strategy is symptom limited (i.e., no more than a mild exacerbation of current symptoms related to the current concussion) and its course may vary across individuals based on tolerance and symptom resolution. Further, while the RTL and RTS strategies can occur in parallel, student-athletes should complete full RTL before unrestricted RTS.

Step	Mental Activity	Activity at Each Step	Goal
1	Daily activities that do not result in more than a mild exacerbation* of symptoms related to the current concussion.	Typical activities during the day (e.g., reading) while minimizing screen time. Start with 5–15 min at a time and increase gradually.	Gradual return to typical activities.
2	School activities.	Homework, reading, or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3	Return to school part time.	Gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day.	Increase academic activities.
4	Return to school full time.	Gradually progress school activities until a full day can be tolerated without more than mild* symptom exacerbation.	Return to full academic activities and catch up on missed work.

NOTE: Following an initial period of relative rest (24-48 hours following injury at Step 1), athletes can begin a gradual and incremental increase in their cognitive load. Progression through the strategy for students should be slowed when there is more than a mild and brief symptom exacerbation.

*Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0-10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the baseline value reported prior to cognitive activity.

For use by Health Care Professionals only



Return-to-Sport (RTS) Strategy

Return to sport participation after an SRC follows a graduated stepwise strategy, an example of which is outlined in Table 2. RTS occurs in conjunction with return to learn (see RTL strategy) and under the supervision of a qualified HCP. Following an initial period of relative rest (Step 1; approximately 24-48 hours), clinicians can implement Step 2 [i.e., light (Step 2A) and then moderate (Step 2B) aerobic activity] of the RTS strategy as a treatment of acute concussion. The athlete may then advance to steps 3-6 on a time course dictated by symptoms, cognitive function, clinical findings, and clinical judgement. Differentiating early activity (step 1), aerobic exercise (Step 2), and individual sport-specific exercise (Step 3) as part of the treatment of SRC from the remainder of the RTS progression (Steps 4-6) can be useful for the athlete and their support network (e.g., parents, coaches, administrators, agents). Athletes may be moved into the later stages that involve risk of head impact (Steps 4-6 and Step 3 if there is any risk of head impact with sport-specific activity) of the RTS strategy following authorization by the HCP and after resolution of any new symptoms, abnormalities in cognitive function, and clinical findings related to the current concussion. Each step typically takes at least 24 hours. Clinicians and athletes can expect a minimum of 1 week to complete the full rehabilitation strategy, but typical unrestricted RTS can take up to one month post-SRC. The time frame for RTS may vary based on individual characteristics, necessitating an individualized approach to clinical management. Athletes having difficulty progressing through the RTS strategy or with symptoms and signs that are not progressively recovering beyond the first 2-4 weeks may benefit from rehabilitation and/or involvement of a multidisciplinary team of HCP experienced in managing SRC. Medical determination of readiness, including psychological readiness, to return to at-risk activities should occur prior to returning to any activities at risk of contact, collision or fall (e.g. multiplayer training drills), which may be required prior to any of steps 3-6, depending on the nature of the sport or activity that the athlete is returning to and in keeping with local laws/requirements.

Step	Exercise Strategy	Activity at Each Step	Goal
1	Symptom-limited activity.	Daily activities that do not exacerbate symptoms (e.g., walking).	Gradual reintroduction of work/school.
2	Aerobic exercise 2A – Light (up to approx. 55% max HR) then 2B – Moderate (up to approximately 70% max HR)	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.	Increase heart rate.
3	Individual sport-specific exercise NOTE: if sport-specific exercise involves any risk of head impact, medical determination of readiness should occur prior to step 3.	Sport-specific training away from the team environment (e.g., running, change of direction and/or individual training drills away from the team environment). No activities at risk of head impact.	Add movement, change of direction.
Steps 4-5 should begin after resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including with and after physical exertion.			
4	Non-contact training drills.	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training). Can integrate into team environment.	Resume usual intensity of exercise, coordination, and increased thinking.
5	Full contact practice.	Participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport.	Normal game play.	

maxHR = predicted maximal Heart Rate according to age (i.e., $220 - \text{age}$)

Age Predicted Maximal HR= $220 - \text{age}$	Mild Aerobic Exercise	Moderate Aerobic Exercise
55%	$220 - \text{age} \times 0.55 = \text{training target HR}$	
70%		$220 - \text{age} \times 0.70 = \text{training target HR}$

NOTE: *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 with the baseline value reported prior to physical activity). Athletes may begin Step 1 (i.e., symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0-10 scale) occurs during Steps 1 -3, the athlete should stop and attempt to exercise the next day. If an athlete experiences concussion-related symptoms during Steps 4-6, they should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of readiness to RTS should be provided by an HCP before unrestricted RTS as directed by local laws and/or sporting regulations.