

8230 Walnut Hill Lane, Professional Building 3, Suite 514, Dallas, TX 75231 P: 214.345.2929 F: 214.345.2905

**RETURN TO PLAY PROTOCOL**

This Return to Play Protocol must be completed under the supervision of an athletic trainer or other appropriate personnel. If symptoms develop during any day of the protocol, activity should be stopped and the Ben Hogan Sports Concussion Center - Dallas should be notified. Symptoms include, but are not limited to, headache, dizziness, feeling mentally foggy, sensitivity to light or noise, and nausea.

**DAY 1**

Very Light Aerobic Conditioning: **10-15 Minutes of Cardio Exercise, Walking or Stationary Bike, Low Stimulus Environment**

No Impact/Contact Activities, Balance & Vestibular Training, Limit Head Movement/Position Change, Limit Concentration Activities.

Any Recurrence of Symptoms?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

**DAY 2**

Moderate Aerobic Conditioning: **20-30 Minutes of Cardio Exercise, Jogging, Stationary Bike or Elliptical**

Exercise in Gym Areas, Use various Exercise Equipment, Allow Some Positional Changes and Head Movement, Low Level Concentration Activities, Low-Level Balance Training.

Any Recurrence of Symptoms?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

**DAY 3**

Moderately Aggressive Aerobic Conditioning: **20-30 Minute of Cardio Exercise, Running and Agility Drills, Sport Specific Training, Plyometrics**

Any Environment is OK for Exercise (indoor/outdoor), Integrate Strength, Conditioning, and Challenging, Balance/Proprioception Exercises, Incorporate Concentration Challenges.

Any Recurrence of Symptoms?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

**DAY 4 NON-CONTACT PRACTICE**

**Sport-specific Training Activities, Resume Aggressive Aerobic Training in all Environments.**

Any Recurrence of Symptoms?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Upon completion of Day 4 of this protocol, thoroughly complete this form and send it to the Ben Hogan Sports Concussion Center – Dallas, for final release to full sports participation and physical activity. **Fax: 214.345.2905 Email: md@neuro1.org** (**email only for releases on weekends or holidays**)

I Was Able to Complete the Return to Play Protocol Symptom Free:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature of Patient Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Name of Person Supervising Return to Play Title/Position at School Signature Date

**DAY 5 RETURN TO FULL PRACTICE**

**Resume Full Exertional Training with Contact as Appropriate to Sport Activity**