



Alamo Heights ISD Athletics

Return To Participation from Concussion

High School Progression of Activities

Athlete's Name: _____ Date of Injury: _____ Grade: _____

Sport: _____ SWAY Baseline? YES NO SWAY Date(s) - _____

- * The student-athlete must submit the following forms, before beginning the Return To Participation:
- Medical Provider Statement and/or a Physician's Office Note
 - UIL Concussion Management Protocol - Return to Play Form: Parent Signature section.

Notes: _____

Date: _____ Student Signature: _____ Athletic Staff: _____

Return To Learn*

The student-athlete is allowed to participate in Return To Learn while symptomatic, unless stated otherwise by a physician. They may begin light aerobic exercise such as 15-20 minutes on an exercise bike, light jog and light weight lifting. NO resistance training, or any other exercise.

Simon Says* 1st Attempt: 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20 - >20
 2nd Attempt: 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20 - >20

Blaze Pods* Hits/Reaction Time: Round 1: _____/_____ Round 2: _____/_____ Avg: _____/_____
 Hits/Reaction Time: Round 1: _____/_____ Round 2: _____/_____ Avg: _____/_____
 Hits/Reaction Time: Round 1: _____/_____ Round 2: _____/_____ Avg: _____/_____
 Hits/Reaction Time: Round 1: _____/_____ Round 2: _____/_____ Avg: _____/_____
 Hits/Reaction Time: Round 1: _____/_____ Round 2: _____/_____ Avg: _____/_____

Beat Saber* Song: _____ Difficulty Level: Easy/Normal/Hard/Expert
 E N H E - 1st Attempt Score/Grade: _____/_____ 2nd Attempt Score/Grade: _____/_____
 E N H E - 1st Attempt Score/Grade: _____/_____ 2nd Attempt Score/Grade: _____/_____
 E N H E - 1st Attempt Score/Grade: _____/_____ 2nd Attempt Score/Grade: _____/_____
 E N H E - 1st Attempt Score/Grade: _____/_____ 2nd Attempt Score/Grade: _____/_____
 E N H E - 1st Attempt Score/Grade: _____/_____ 2nd Attempt Score/Grade: _____/_____

Puzzle* - 12/24/36/48 : _____/_____ _____/_____ _____/_____ _____/_____ _____/_____
Five Minute Sudoku* - Easy/Medium/Hard: EMH _____ EMH _____ EMH _____ EMH _____ EMH _____
Five Minute Word Search*: _____

Additional Days/Sig _____

After the activity in this phase, have these symptoms arisen or gotten worse?
 Headache? Y or N Dizzy? Y or N Double Vision? Y or N Nauseous? Y or N

Date: _____ Student Signature: _____ Athletic Staff: _____

* - Not required for completion

Progress continues at twenty-four (24) hour intervals for each day

Day 1 - Begin when Physician has cleared student-athlete for Return to Participation

The student-athlete is allowed to participate in Day 1 while symptomatic, unless stated otherwise by a physician. They may begin moderate aerobic exercise such as 15-20 minutes of running at a moderate intensity in the gym, field, or venue without equipment in addition to lifting moderate weights.

Blaze Pods* Hits/Reaction Time: Round 1: _____/_____ Round 2: _____/_____ Avg: _____/_____
Hits/Reaction Time: Round 1: _____/_____ Round 2: _____/_____ Avg: _____/_____
Hits/Reaction Time: Round 1: _____/_____ Round 2: _____/_____ Avg: _____/_____
Hits/Reaction Time: Round 1: _____/_____ Round 2: _____/_____ Avg: _____/_____
Hits/Reaction Time: Round 1: _____/_____ Round 2: _____/_____ Avg: _____/_____

Beat Saber* Song: _____ Difficulty Level: Easy/Normal/Hard/Expert
E N H E - 1st Attempt Score/Grade: _____/_____ 2nd Attempt Score/Grade: _____/_____
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E N H E - 1st Attempt Score/Grade: _____/_____ 2nd Attempt Score/Grade: _____/_____
E N H E - 1st Attempt Score/Grade: _____/_____ 2nd Attempt Score/Grade: _____/_____z

Puzzle* - 12/24/36/48 : _____/_____ _____/_____ _____/_____ _____/_____ _____/_____
Five Minute Sudoku* - Easy/Medium/Hard: EMH _____ EMH _____ EMH _____ EMH _____ EMH _____
Five Minute Word Search*: _____

After the activity in this phase, have these symptoms arisen or gotten worse?
Headache? Y or N Dizzy? Y or N Double Vision? Y or N Nauseous? Y or N

Additional Days/Sig _____

Date: _____ **Student Signature:** _____ **Athletic Staff:** _____
* - Not required for completion

The student-athlete may begin Day 2 once asymptomatic and has successfully completed one full day of academics, following UIL Academic Eligibility Rules, without modification not already established in an IEP. If the student-athlete is not able to complete a day or experience any post-concussion symptoms during/after Day 2, activity is discontinued. After 24-hours of rest, the student-athlete will repeat the asymptomatic day. If symptoms continue during the second, or additional day/progression, then activity is discontinued and the treating physician must be contacted for further written instructions.

Day 2 - Non-Contact: With minimum of 30 minutes intense activity in a helmet only

The student-athlete may begin weight lifting, resistance training & non-contact drills in a helmet only.

Simon Says* 1st Attempt: 1 - 2 -3 - 4 -5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20 - >20
2nd Attempt: 1 - 2 -3 - 4 -5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20 - >20

Blaze Pods* Hits: Round 1: _____ Round 2: _____ Round 3: _____ Avg: _____
Reaction Time: Round 1: _____ Round 2: _____ Round 3: _____ Avg: _____

Beat Saber* Difficulty Level: _____ 1st Attempt Score/Grade: _____
Song: _____ 2nd Attempt Score/Grade: _____

After the activity in this phase, does the athlete:
Have a headache? Y or N Feel dizzy? Y or N Have double vision? Y or N Nauseous? Y or N

Date: _____ **Student Signature:** _____ **Athletic Staff:** _____
* - Not required for completion

Day 3 - Non-Contact: Full Practice

The student-athlete may begin weight lifting, resistance training & non-contact drills in full uniform.

Simon Says* 1st Attempt: 1 - 2 -3 - 4 -5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20 - >20
2nd Attempt: 1 - 2 -3 - 4 -5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20 - >20

Blaze Pods* Hits: Round 1: _____ Round 2: _____ Round 3: _____ Avg: _____
Reaction Time: Round 1: _____ Round 2: _____ Round 3: _____ Avg: _____

Beat Saber* Difficulty Level: _____ 1st Attempt Score/Grade: _____
Song: _____ 2nd Attempt Score/Grade: _____

After the activity in this phase, does the athlete:
Have a headache? Y or N Feel dizzy? Y or N Have double vision? Y or N Nauseous? Y or N

Date: _____ **Student Signature:** _____ **Athletic Staff:** _____
** - Not required for completion*

Day 4 - May participate in full contact practice or training but not in competitions.

After the activity in this phase, does the athlete:
Have a headache? Y or N Feel dizzy? Y or N Have double vision? Y or N Nauseous? Y or N

Date: _____ **Student Signature:** _____ **Athletic Staff:** _____

Day 5 - May participate fully in competitions.

Date: _____ **Student Signature:** _____ **Athletic Staff:** _____

Subsequent Concussion: Any subsequent concussion will require the student to repeat the ‘AHISD Return To Participation from Concussion - Progression of Activity’ before any participation in practices, games or matches. Due to the cumulative effects of subsequent concussions, the student-athlete’s ability to recover may be longer.