



Alamo Heights ISD Athletics
Return To Participation from Concussion
JUNIOR SCHOOL Progression of Activities

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

PHASE 1:

* The student-athlete may not participate in any type of physical activity for forty-eight (48) hours from initial impact date.

* The student-athlete may not advance to Phase 4 until successfully completing at least one full day of academics, following UIL Academic Eligibility Rules, without modification not already established in an IEP.

* The student-athlete is to submit: a written statement from a physician indicating that participation may be resumed using the AHISD Return To Participation from Concussion - Medical Provider Statement and/or a physician's office note, and the UIL Concussion Management Protocol Return To Play Form.

Progress continues at forty-eight (48) hour intervals for each Phase.

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

PHASE 1.5: The student-athlete and parent/guardian are required to meet with their High School Athletic Trainer for discussion of the AHISD RTP Protocol and procedures.

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

If the student-athlete is not able to complete a phase or experiences any post-concussion symptoms during the activity progression, activity is discontinued. After forty-eight (48) hours of rest, the student-athlete will drop back to the previous asymptomatic level and try the phase again. If symptoms continue during the second, or additional, progression(s), then activity is discontinued, and the treating physician must be contacted for further written instructions.

PHASE 2:

The student-athlete is allowed to participate in Phase 2 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.

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:** _____

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:** _____

PHASE 3: The student-athlete is allowed to participate in Phase 3 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.

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:** _____

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:** _____

The student-athlete may begin Phase 4 once asymptomatic.

PHASE 4: The student-athlete may begin weight lifting, resistance training, and non-contact training drills in full uniform.

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 Know the day of the week? Y or N

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

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 Know the day of the week? Y or N

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

PHASE 5: The student-athlete may participate in full contact practice or training but not games.

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 Know the day of the week? Y or N

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

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 Know the day of the week? Y or N

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

PHASE 5.5: The student-athlete and parent/guardian are required to meet with their High School Athletic Trainer to review the AHISD RTP Protocol progress and future actions.

Date: _____ **Student Signature:** _____ **Athletic Trainer:** _____

PHASE 6: The student-athlete may participate fully.

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 Know the day of the week? Y or N

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

Subsequent concussion: Any subsequent concussion will require the student to repeat the “AHISD Return to Participation from Concussion-Junior School 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.

For School Use Only:
Sport Sustained - _____ RTP Protocol Completed - _____ Inputted by - _____