

JEFFERSON CENTRAL SCHOOL

Student Name:	Date of Injury:	Start Date RTP:
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Medical Director sign off to start RTP Protocol:

Rate symptoms from 0 to 6 0=none 1=mild 3=moderate 6=severe

SYMPTOM	DATE:	Level:	DATE:	DATE:	DATE:	DATE:	Level:
HEADACHE							
"PRESSURE IN HEAD"							
NECK PAIN							
NAUSEA/VOMITING							
DIZZINESS							
BLURRED VISION							
BALANCE PROBLEM							
SENSITIVITY TO LIGHT							
SENSITIVITY TO NOISE							
FEELING SLOWED DOWN							
FEELING "IN A FOG"							
"DON'T FEEL RIGHT"							
DIFFICULTY CONCENTRATING							
DIFFICULTY REMEMBERING							
FATIGUE OR LOW ENERGY							
CONFUSION							
TROUBLE FALLING ASLEEP							
MORE EMOTIONAL							
IRRATBILITY							
SADNESS							
NERVOUS OR ANXIOUS							
Person supervising activity sign off here							

LEVELS

Athletes should not RTP unless medically cleared.

Gradual RTP Plan (AT LEAST 24 HOURS BETWEEN EACH STEP-GRADUATION TO NEXT STEP ONLY IF SYMPTOM FREE):

1. No physical activity
2. Low levels of physical activity. Ie: walking, light jogging, light stationary bike, light weight lifting (lower weight, higher reps, NO bench, NO squats).
3. Moderate levels of physical activity. This includes moderate jogging, brief running, moderate-intenity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight form typical routine.
4. Heavy non-contact physical activity. This includes sprinting/running, high-intensity staionary biking, regular weight-lifting routine, non-contact sport-specific drills (in 3 planes of movement).
5. Full contact in controlled practice.
6. Full contact in game play.