
Exercise Progression Instructions

The following protocol is used to *gradually* return you to activity.

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

0	1	2	3	4	5	6	7	8	9	10
	Easy		Mild		Moderate			Hard		Intense

- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.
- A 24 hour rest period should be taken before progressing to the next stage.
- **Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.**
- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.

Name of Athlete: _____

Stage	Activity	Objective	Completed
1	<ul style="list-style-type: none"> Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes. Planks: 2 x 30 seconds ¼ Wall Sit: 2 x 1 minute 	Perceived Exertion: Easy Minimal head movement	Date: Initials: Comment:
2	<ul style="list-style-type: none"> Jogging at a medium pace with normal eye movement x20-30 minutes Planks: 3 x 30 seconds Body weight squats: 3 x 10 Lunge Walks: 3 x 20 	Perceived Exertion: Mild Normal head movement	Date: Initials: Comment:
3	<ul style="list-style-type: none"> Running at moderate to fast pace 15-20 minutes. Individual drills/stationary cheers (15 minutes). 1 & 2 legged jumps on ground No flying, stunting, tumbling, or spotting 	Perceived Exertion: Moderate Increased head/body motion and rotation No other teammates in the vicinity	Date: Initials: Comment:
4	<ul style="list-style-type: none"> Warm-up with team Stationary cheers Light tumbling may include cartwheel, round off, back & front walkover Burpees w/jump x 10 No flying, stunting, or spotting 	Perceived Exertion: Hard/Intense High level multitasking in non-contact drills. Non-Contact	Date: Initials: Comment:
CALL/RETURN TO CLINIC FOR FINAL CLEARANCE			
5	Full participation in controlled contact practice Progress tumbling to standing back hand springs, multiple back hand springs, jumps to tumbles. May resume stunting	Full participation in a controlled practice setting Perceived Exertion: Hard/Intense	Date: Initials: Comment:
6	Full participation in competition/game	Return to full participation	Date: Initials: Comment:

In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

Signature of Licensed Physician, Licensed Athletic trainer, Licensed Physician Assistant,
Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder

Date

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

Signature of Parent/Legal Custodian or Designee

Date

Please print name

3700 NW Cary Pkwy, Ste. 110
Cary, NC 27513

8300 Health Park, Ste. 107
Raleigh, NC 27615

www.carolinasportsconcussionclinic.com

919-238-2017

190 Rosewood Center Drive, Ste. 100
Holly Springs, NC 27540