Return to Sport Documentation Form

Date Of Injury _____ Athlete's Name _____

Step	Activity	Description	Goal of each step	Duration	Date Completed
1	Activities of daily living and relative rest	Typical activities at home (preparing meals, social interactions, light walking). Minimize screen time.	Gradual reintroduction of typical activities.	First 24 to 48 hours	
2	2A: Light effort aerobic exercise 2B: Moderate effort aerobic exercise	Walking or stationary cycling at slow to medium pace. May begin light resistance training. Gradually increase intensity of aerobic activities, such as stationary cycling and walking at a brisk pace.	Increase heart rate.	At least 24 hours	
3	Individual sport-specific activities, without risk of inadvertent head impact	Add sport-specific activities (running, changing direction, individual drills). Perform activities individually and under supervision.	Increase the intensity of aerobic activities and introduce low-risk sport- specific movements.	At least 24 hours	Medical Clearance Letter received:
Medical Clearance Letter Required to Progress to Step 4					
4	Non-contact training drills and activities	Exercises with no body contact at high intensity. More challenging drills and activities (passing drills, multi-athlete training and practices).	Resume usual intensity of exercise, co-ordination and activity-related cognitive skills.	At least 24 hours	
5	Return to non-competitive activities, full-contact practice and physical education activities	Progress to higher-risk activities including typical training activities, full-contact sport practices and physical education class activities. Do not participate in competitive gameplay.	Return to activities that have a risk of falling or body contact, restore confidence and assess functional skills by coaching staff.	At least 24 Hours	Medical Clearance Letter received:
6	Return to sport	Unrestricted sport and physical activity			

Tables adapted from: Patricios, Schneider et al., 2023; Reed, Zemek et al., 2023

Designated Person Name (Print) _____

Designated Person Signature _____