



## **RETURN TO PLAY CHECKLIST**

This form is to be completed after a diagnosed concussion. All steps need to be taken one day apart to ensure a safe return to play. Trainers keep this on file.

### **Step 1**

No Activity, complete rest. Once back to normal and cleared by MD proceed to step 2.

Date completed: \_\_\_\_\_

### **Step 2**

Light aerobic exercise such as walking or stationary cycling for 10-15 minutes.

Date completed: \_\_\_\_\_

### **Step 3**

Sport specific aerobic activity/skating for 20-30 minutes. NO CONTACT.

Date completed: \_\_\_\_\_

### **Step 4**

On ice practice with pucks; shooting drills, passing drills. NO CONTACT

Date completed: \_\_\_\_\_

### **Step 5**

On ice practice with contact

Date completed: \_\_\_\_\_

### **Step 6**

Return to game play.

Date of return: \_\_\_\_\_