Return to activity and play is a medical decision. The athlete must meet all of the following criteria to progress to activity:

- Asymptomatic at rest and with exertion (including mental exertion in school).
- Written clearance from a licensed healthcare provider.

Once the above criteria are met, the athlete may progress back to full activity following the stepwise process detailed below with careful supervision from a Certified Athletic Trainer or the athlete’s physician.

Progression must be determined on a case-by-case basis. Factors that can affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport should be progressed more slowly. If post-concussion symptoms occur at any step, the athlete must stop the activity, and the treating physician must be contacted.

### Step 1. Complete Cognitive Rest
- This might include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention can worsen symptoms and delay recovery.

### Step 2. Return to School Full Time
- Learning accommodations might be required.

### Step 3. Light Exercise
- This step cannot begin until the athlete is no longer having concussion symptoms and is cleared by a physician for further activity. At this point, the athlete may begin walking or riding an exercise bike. No weight lifting.

### Step 4. Running in the gym or on the field.
- No helmet or other equipment.

### Step 5. Non-contact training drills in full equipment.
- Weight training may begin.

### Step 6. Full contact practice or training.
- Must be cleared by MD before returning to play.

### Step 7. Play in game.

The athlete should spend 1 to 2 days at each step before advancing to the next. If post-concussion symptoms occur at any step, the athlete must stop the activity and the treating physician must be contacted. The athlete will probably be told to rest for 24 hours and then resume activity at a level one step below where he or she was when the symptoms occurred, though longer rest or further treatment might be required depending on the specific type and severity of the symptoms.