**FLAGSTAFF HILL FOOTBALL CLUB**

**SCAT3/Child SCAT3 Return to Play Concussion Rehabilitation Program**

**Player name:**  ...................................................................

**D.O.B.:** ...................................

**Medical Clearance return to activity date: ......../........./.......... (certificate attached)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Stage** | **Rehabilitation Stage** | **Functional exercise at each stage of rehabilitation** | **Asymptomatic:**  **Yes/No** | **Trainers’**  **Signature** |
| **1st Training** | Light aerobic exercise | Walking & stationary cycling keeping intensity low at low resistance. No resistance training.  Activity time to be no longer than 20 minutes |  |  |
| **2nd Training** | Sport-specific exercise | Light running drills. No head impact activities.  Activity time to be no longer than 30 minutes |  |  |
| **3rd Training** | Non-contact training drills | Progression to more complex training drills, e.g. passing drills using football. May start progressive resistance training.  Activity time to be usual training session time. |  |  |
| **4th Training** | Full contact practice | Participate in normal training activities. Full contact drills, use of tackle bags etc.  Activity time to be usual training session time. |  |  |
|  | Return to play | Normal game play |  |  |

* There should be at least 24 hours (or longer) for each stage
* If symptoms recur, the athlete should rest until they resolve once again and then resume the program at the previous asymptomatic stage.
* Resistance training should only be added in the latter stages.
* If the athlete is symptomatic for more than 10 days, then consultation by a medical practitioner who is expert in the management of concussion, is recommended.
* **Player must report to the sports medical staff at the completion of each stage for assessment.**

Prescribing trainer: ...........................................................

Date: ........./........../............