

RETURN TO SPORT FOLLOWING CONCUSSION



Yes' must be answered to each question before moving onto the next phase and to all questions before returning to competition.

Rider: _____

Date of concussion: _____

License No: _____

Date of diagnosis: _____

Number of Previous Concussions: _____

Step	Phase	Activity	Please circle
0	Rest	Has the rider had physical and cognitive rest in the first 24-48 hours?	YES
1	Symptom limited activity	The rider's symptoms have recovered COMPLETELY at rest and with activities of daily living (such as reading, walking, watching TV, etc.) and they have successfully returned to full work and/or school, without restrictions or the need for medication.	YES
2	Aerobic Exercise	Has the rider completed a session of light/moderate aerobic exercise? e.g. walking, jogging, stationary cycling at slow to medium pace	YES
		Did the rider remain free of concussion related symptoms during the completion of a light/moderate aerobic exercise session?	YES
		Has the rider had a recovery day after completing the light/moderate aerobic session?	YES
3	Individual Sport Specific Exercise	Has the rider completed a session of sport specific exercise with higher intensity and higher duration? e.g. running at an increased heart rate, light resistance training, gaming/simulators.	YES
		Has the rider had a recovery day after completing the sport specific session?	YES
4	High intensity training drills	Has the rider completed a session of sport specific exercise with high intensity and more challenging drills? e.g. gaming/simulators after high aerobic exercise, low-speed motorcycling training (individual circuit laps, dirt track low-moderate speed laps, no jumps, low-risk trial components).	YES
		Did the rider remain free of concussion related symptoms during the completion of high intensity training?	YES
		Does the rider feel confident to return to full training?	YES
		Has the rider had a recovery day after completing the high intensity training session?	YES
5	Full Practice	Has the rider completed a session of full training? e.g. high-speed motorcycling, jumps, trials.	YES
		Did the rider remain free of concussion related symptoms during the completion of full training?	YES
		Does the rider feel confident to return to participate in competition?	YES
		Has the rider had a recovery day after completing the full training session?	YES
		Have at least 10 days passed since the day the concussion was suffered?	YES
		Is the rider's neurological examination normal?	YES

RECOVERY & RETURN TO SPORT AFTER CONCUSSION



The earliest that a rider may return to compete (once they have successfully completed a graded loading program and they have obtained medical clearance) is **10 days after the day of concussion** (18 years and older), or **20 days after the day of concussion** (17 years and younger).

A more conservative approach is required if there is a lack of active medical practitioner oversight of each stage of the graded return to sport. FIM guidelines also outline the importance of a more conservative approach in certain situations including for children and adolescents, riders with a history of concussion and where there is a recurrence of symptoms at any stage during the return to ride program.

Declaration by Medical Practitioner:

I, _____ (Medical Practitioner), declare that I assessed
_____ (rider's name) on _____ (date) and as
indicated by the guidelines above found them -

Fit to Return to competition after concussion.

It is recommended the rider is reassessed for symptoms and clinical signs of concussion after their initial practice and racing sessions following their return. If any clinical signs or symptoms recur they should be removed again from further competition for a further period of graduated recovery.

NOT Fit to return to riding.

Further specialist care or referral may be required.

Medical Practitioner's Signature _____

Provider Number _____

Medical Office Information (Please Print/Stamp)

Office Address _____

Phone Number _____