



UNIVERSITY PHYSICIANS GRANTS FERRY CLINIC
1010 LAKELAND PLACE
FLOWOOD, MISSISSIPPI 39232
OFFICE (601) 815-0600

GRADUATED RETURN TO PLAY PROTOCOL FOR CONCUSSION
MANAGEMENT

NAME _____ DATE _____

DATE OF BIRTH _____ SCHOOL _____

PARENTS NAME _____ CONTACT NUMBER _____

DATE OF CONCUSSION _____

REHABILITATION STAGE	DATE COMPLETED	PROVIDER INITIALS
1. NO ACTIVITY/SYMPTOM FREE		
2. LIGHT AEROBIC EXERCISE		
3. SPORT-SPECIFIC EXERCISE		
4. NON-CONTACT TRAINING DRILLS		
5. FULL CONTACT PRACTICE		
6. RETURN TO PLAY		

Cleared to RTP with no restrictions
 Hold at level _____ in RTP protocol until symptoms resolve
 Recommend follow up with _____ prior to RTP consideration

M.D. _____ ATC _____