



Orthopedic One Concussion Follow-Up

Daily Symptom Tracking: Each symptom graded on a scale from 0 (None) – 6 (Severe). Try to perform daily symptom tracking at approximately the same time each day.

Symptom (SCAT3)	Day of Injury	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
Headache										
“Pressure in Head”										
Neck Pain										
Nausea or Vomiting										
Dizziness										
Blurred Vision										
Balance Problems										
Sensitivity to Light										
Sensitivity to Noise										
Feeling Slowed Down										
Feeling like “in a fog”										
“Don’t feel right”										
Difficulty Concentrating										
Difficulty Remembering										
Fatigue or Low Energy										
Confusion										
Drowsiness										
Trouble Falling Asleep										
More Emotional										
Irritability										
Sadness										
Nervous or Anxious										
Total										
Examiner Initials										

Return to School: Following a concussion, the most important aspect of healing and returning to activity is the idea of “*brain rest.*” Just as you would rest an injured muscle, you must give your brain time to rest and recuperate following an injury.

*Return to school only once asymptomatic for 24 full hours

*Limit the following activities until symptoms resolve:

- Prolonged periods of concentration
- School, Studying, Homework, etc
- Television, Computer, Reading
- Social Media and Texting

Physician Offices
614-827-8700

4605 Sawmill Road – Upper Arlington, OH 43220
614-459-1717 (Fax)
www.orthopedicone.com

Therapy Services
614.827.1050



Return to Sport: Once the athlete has been symptom free for 24 hours **and** has been able to return to school with no recurrence of symptoms, they can begin the return to sport protocol.

*Return to Sport Guidelines:

- If symptoms recur during or after any stage of the protocol, the athlete is to immediately stop their activity and will begin again at Stage 1 once they are symptom free for another 24 hours.
- Must wait 24 hours between each stage before progressing to the next
- In order to advance, the athletic trainer, parent or coach must observe and monitor the athlete through the appropriate stage and sign off on the specific stage completed.
- Prior to beginning each stage, a symptom score of zero must continually be maintained and documented using the SCAT3 symptom checklist (*Front of handout*)
- Must contact Physician and/or Athletic Trainer prior to beginning Stage 1
- Test balance and return of symptoms with a 30 second single leg stance activity (eyes closed if open is too easy) following the completion of each stage

Stage 1: Ensure a symptom score of zero for 24 hours prior to beginning this stage.

- 15 to 20 minutes of light aerobic activity on a stationary bike

Date Completed: _____ Signature of Observer: _____

Stage 2: Ensure a symptom score of zero for 24 hours prior to beginning this stage.

- 15 to 20 minutes of jogging

Date Completed: _____ Signature of Observer: _____

Stage 3: Ensure a symptom score of zero for 24 hours prior to beginning this stage.

- 15 to 20 minutes of jogging followed by 15-20 minutes of individual ball work

Date Completed: _____ Signature of Observer: _____

Stage 4: Ensure a symptom score of zero for 24 hours prior to beginning this stage.

- Return to soccer but **No contact**

Date Completed: _____ Signature of Observer: _____

Stage 5: Ensure a symptom score of zero for 24 hours prior to beginning this stage.

- Full return to soccer practice but limit/restrict headers for 5 days

Date Completed: _____ Signature of Observer: _____

Stage 6: Ensure a symptom score of zero for 24 hours prior to beginning this stage.

- Full return to competition **once cleared by AT or Physician in person**

Date Completed: _____ Signature of Observer: _____