

FORM 7 – Progressive Return-to-Activity Protocol - Post Concussion Removal

Purpose: This form is used *after* medical clearance to make sure the student returns to sports gradually and safely. It helps prevent re-injury and ensures symptoms do not return during increased physical activity.

Why required: Oregon concussion law (ORS 336.485) and OSAA safety protocol require **a step-by-step return**, not immediate full participation, following a suspected concussion.

PROGRESSIVE RETURN-TO-ACTIVITY PROTOCOL

Student Name: _____

Sport/Activity: _____

Date Medical Clearance Was Issued: _____

The student must complete each stage **without symptoms** before moving to the next stage.

Stage	Description	Minimum Duration	Coach/Staff Initials
1	Light activity (walking / stretching / mild aerobic movement)	24 hours	
2	Moderate conditioning / non-contact	24 hours	
3	Non-contact sport-specific drills	24 hours	
4	Full practice (monitored by coach)	24 hours	
5	Clearance for full competition (after AD/Administrator review)	Final step	

If symptoms return at **any stage**, the student must return to the previous step.

Symptom Check (check any that appear during protocol)

- | | |
|--|--|
| ☐ Headache | ☐ Confusion |
| ☐ Dizziness | ☐ Balance problems |
| ☐ Nausea | ☐ “Not feeling right” |
| ☐ Light sensitivity | |
| ☐ Other: _____ | |

If any box above is checked → **pause progression and notify AD/Administrator.**

Final Authorization for Competition

I verify that this student successfully completed all stages without symptom recurrence and is cleared for **full competition.**

Administrator Name: _____ **Signature:** _____ **Date:** _____