



Prosper ISD
Progressive Return to Play Protocol

Athlete Name: _____ School: _____ DOB: _____

Date of Injury: _____ Sport: _____ Position: _____

Phase One: Light to Moderate Aerobic Conditioning, sub-maximal strengthening (body weight only), active Range of Motion & Stretching, Moderate balance and proprioception exercises

1

- Aerobic Conditioning:**
 - Bike: _____ min Elliptical: _____ min T-mill : _____ min Other: _____
- Sub- Maximal strengthening:**
 - Push ups: _____ reps/sets Squats _____ reps/sets
 - Plank _____ seconds/reps Bicep Curls _____ reps/sets
- Active ROM & Stretching**
 - Neck: _____ seconds/reps Hamstring _____ seconds/reps
 - Quads _____ seconds/reps Shoulder (flex/ext/ abd/cross) _____ seconds/ reps
- Balance & Proprioception**
 - Single Leg Balance (each leg): _____ seconds/reps
 - Balance board (fwd & side)(balance/hold) _____ min/min
 - Tandem Stance (eyes closed) (foam) _____ seconds/reps

Date: _____
Were there any return of symptoms? (circle) Yes or No
<input type="checkbox"/> Athlete should continue this phase on: Date: _____ Date: _____ Date: _____ Athletic Trainer Initials: _____
<input type="checkbox"/> Athlete is cleared to proceed to next phase Date: _____ Athletic Trainer Initials: _____

Phase Two: Strenuous aerobic conditioning, Resistance training and weight lifting, dynamic stretching, agility, plyometrics, and challenging proprioceptive balance activities

2

- Aerobic Conditioning:**
 - Bike: _____ min Elliptical: _____ min T-mill : _____ min Other: _____
- Resistance Training/Weight lifting:**
 - With team Other: _____
- Dynamic Stretching**
 - With team
 - Dynamic Warm up: 30 seconds each:
(leg swings, walking lunges, butt kicks, high knees)
- Balance & Proprioception**
 - Single Leg Balance with ball toss: _____ seconds/reps
 - Other: _____
- Plyometrics/ Agility**
 - Jump Rope _____ seconds/ reps _____

Date: _____
Were there any return of symptoms? (circle) Yes or No
<input type="checkbox"/> Athlete should continue this phase on: Date: _____ Date: _____ Date: _____ Athletic Trainer Initials: _____
<input type="checkbox"/> Athlete is cleared to proceed to next phase Date: _____ Athletic Trainer Initials: _____

Phase Three: Non-contact physical training, aggressive strength training, plyometrics and sport-specific exercises

3

- Non-Contact practice with team Other: _____
- Weight Room with team
- Sport Specific Exercises:

Date: _____
Were there any return of symptoms? (circle) Yes or No
<input type="checkbox"/> Athlete should continue this phase on: Date: _____ Date: _____ Date: _____ Athletic Trainer Initials: _____
<input type="checkbox"/> Athlete is cleared to proceed to next phase Date: _____ Athletic Trainer Initials: _____

Phase Four: Resume full training with contact in practice setting. Continue sport-specific aggressive strength and conditioning exercise.

4

- Full-Contact practice with team Other: _____
- Weight Room with team
- Sport Specific Exercises:

Date: _____
Were there any return of symptoms? (circle) Yes or No
<input type="checkbox"/> Athlete should continue this phase on: Date: _____ Date: _____ Date: _____ Athletic Trainer Initials: _____
<input type="checkbox"/> Athlete is cleared to proceed to next phase Date: _____ Athletic Trainer Initials: _____

Phase Five: Resume full participation in practice or game setting without restrictions.

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- Full-Contact practice with team Other: _____
- Weight Room with team
- Sport Specific Exercises:

Date: _____
Were there any return of symptoms? (circle) Yes or No
<input type="checkbox"/> Athlete should continue this phase on: Date: _____ Date: _____ Date: _____ Athletic Trainer Initials: _____
<input type="checkbox"/> Athlete has completed the return to play protocol Date: _____ Athletic Trainer Initials: _____