



UHEALTH SPORTS MEDICINE CLINIC

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UHEALTH SPORTS MEDICINE-PLANTATION

8100 SW 10th Street
Plantation, FL 33324

GRADUAL RETURN TO PLAY

Patient Name: _____

Date of Evaluation: _____ Sport: _____

The athlete named above has suffered a concussion and may not return to ANY contact sport activity (practice games, contact drills) until cleared by this clinic. Please see below for permitted levels of exertion:

- No physical exertion until next clinic visit.
- No physical exertion until _____. Begin low levels on _____.
- Cleared for exertion as tolerated for the next 3-4 days, if remains asymptomatic under athletic trainers supervision then cleared for contact sports on _____
- Low levels of exertion *as tolerated* (symptoms do not get worse or come back during or after activity). This includes walking, light jogging, light stationary biking, moderate intensity weight lifting (reduced time and/or reduced weight from your typical routine.)
- Low levels of exertion until _____.
Begin moderate exertion on _____ if asymptomatic with low exertion.
- Moderate levels of physical exertion *as tolerated*. This includes jogging/brief running, moderate intensity stationary biking, moderate intensity weight lifting (reduced time and/or reduced weight from typical routine.)
- Moderate levels of exertion until _____.
Begin heavy exertion on _____ if asymptomatic with moderate exertion.
- Heavy levels of physical exertion *as tolerated*. This includes sprinting/running, high intensity stationary biking, regular weight lifting routine, non-contact, sport specific drills.
- Heavy levels of exertion until _____.
May begin full contact practice/play on _____ if asymptomatic with heavy exertion.
- Re-ImPACT Testing on _____.
- King-Devick Testing on _____.

Signature: _____
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