

SKANEATELES LAKERS



*Skaneateles Central School District  
49 East Elizabeth Street  
Skaneateles, New York 13152*

**Return to Play**

*To be filled out by Athletic Trainer and Coach*

**Name:** \_\_\_\_\_

**Date of Clearance:** \_\_\_\_\_

**Date of RTP:** \_\_\_\_\_

**Return to Play Protocol:**

**Step 1:** No exertion activity until medically cleared and asymptomatic for 24 hours.

**Step 2:** Begin low-impact activity such as walking, stationary bike, etc.

**Step 3:** Initiate aerobic activity fundamental to specific sport such as skating, running, etc.

**Step 4:** Begin non-contact skill drills specific to sport such as dribbling, ground balls, etc.

**Step 5:** Full contact in practice setting.

**If the athlete remains without symptoms, he or she may return to play per physician guidance.**

**If a symptom returns, the athlete must return to the previous level after a consultation with athletic trainer and/or school nurse and parent. If the symptom persists her or she must get another medical clearance before restarting the Return to Play protocol.**