

SPORTS CONCUSSION:
RETURN-TO-SPORT GUIDANCE

Stage 1 Symptom Tracking Sheet

Name: _____ DOB: _____ Date of Concussion: _____

Date of Stage 1 Activity: _____ [Light aerobic activity & body weight strengthening*]

Medical Provider Name: _____

[*Symptom Number* corresponds to symptom severity on a 0-10 scale (0 = Symptom Free, 10 = highest severity)]

	Symptom Number Pre-Activity	Symptom Number Post-Activity	Post-Activity Symptom Increase > 2 Points: Y/N	Takes >1 hour to Return to Pre-Activity Symptom Number: Y/N
Headache				
Pressure in Head				
Neck pain				
Nausea/Vomiting				
Dizziness				
Blurred Vision				
Balance Problems				
Sensitivity to Light				
Sensitivity to Noise				
Feeling Slowed Down				
Feeling in a "Fog"				
"Don't Feel Right"				
Difficulty Concentrating				
Difficulty Remembering				
Fatigue or Low Energy				
Confusion				
Drowsiness				
More Emotional				
Irritability				
Sadness				
Nervous/Anxious				
Trouble falling asleep				

BLUE Column: If YES, proceed to RED column; If no, continue Stage 1 activities per medical team plan.
Consult with medical team regarding proper clearance to Stage 2.

RED Column: If YES, gymnast needs to stop Stage 1 and obtain further guidance from physician.



* **Stage 1 Details:** Activities can begin 24 hours after a concussion event, while monitoring for symptom exacerbation. Mild and brief exacerbation of symptoms associated with activity, defined as an increase of no more than 2 points, on a 0-10 point scale, for less than an hour, when compared to the baseline value reported prior to the start of the physical activity. If more than a mild exacerbation of symptoms occurs (more than 2 points for more than an hour), the gymnast should stop and wait till the following day to resume activity. See USA Gymnastics Sports Concussion Overview document for full details.