

Sturgis Charter Public School



East
427 Main St
Hyannis, MA 02601
508-778-1782
Fax: 508-775-3163

West
105 West Main St
Hyannis, MA 2601
508-771-2780
Fax: 508-771-1293

Graduated Re-entry Plan

Below is the graduated re-entry plan to be used for student's returning to extracurricular activity after a head injury and should be completed by the student's coach or athletic director. Unless otherwise specifically stated on the medical evaluation from, all students will begin the re-entry plan at step one. Each step will last a minimum of one full day; the student must be symptom free at the current level for the entire duration of the activity before moving to the next step. If symptoms return, student will taken out of play for the remainder of that day. The re-entry plan will resume at the step prior to the one in which symptoms occurred, once the student is symptom free and after a minimum of one full day. Once completed the form should be returned to the athletic director or school nurse.

Student Name:	Date of Birth:	Grade:
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Date of Injury: ____/____/____ Activity in Which Injury Occurred: _____

Step One: Rest. Student may be present at extracurricular activities, whether it be practice or game play, but for viewing purposes only. Student must remain benched at all times.

Date student completed step one without ANY symptoms: ____/____/____ Initials:

Step Two: Light exercise. Student may complete light non-contact exercises such as walking or riding a stationary bike. Student may NOT participate in weight lifting.

Date student completed step two without ANY symptoms: ____/____/____ Initials:

Step Three: Activity specific play involving light exercise without body contact. Student may participate in all activities of practice that involve light exercise with NO body contact.

Date student completed step three without ANY symptoms: ____/____/____ Initials:

Step Four: Full practice without body contact and resume resistance training. Student may fully participate in any aspect of practice that DOES NOT involve body contact.

Date student completed step four without ANY symptoms: ____/____/____ Initials:

Step Five: Full practice with body contact. Student may fully participate in all practice play.

Date student completed step five without ANY symptoms: ____/____/____ Initials:

Date of **medical clearance** for full participation in extracurricular activity from a qualified physician or designee: ____/____/____ Initials:

Step Six: Return to full play. Student may fully participate in all aspects of the activity, including game play.

Date student completed step six without ANY symptoms: ____/____/____ Initials: