



HEADSMART™ SPORTS CONCUSSION PROGRAMME

EXERCISE REHABILITATION PROGRAMME

Athlete / Player Name: _____ Gender: Male / Female

DOB: _____ Age: ____ Name of School / Club: _____

Today's date: _____ Most recent head injury: _____

CONTACT DETAILS

Address: _____ State: _____ Postcode: _____

Mobile: _____ Email: _____

Sport/s played: _____

Stage 1

- Do not resume physical activity until directed by a medical doctor
- Symptoms subsiding
- Start balance re-training
- Doctor's clearance to start exercise

Stage 1 complete

- Yes
- No

Stage 2 (low intensity training)

- Walking, swimming, stationary cycling options only
- Progress balance training
- No new symptoms after 24 hours

Duration 20-25 min. Heart rate <100 beats

Stage 2 complete

- Yes
- No

Stage 3 (moderate intensity training)

- Individual, sport-specific drills with change of direction
- Progress balance training
- No new symptoms after 24 hours

Duration 20-25 min. Heart rate <140 beats

Stage 3 complete

- Yes
- No

Stage 4 (high intensity training)

- Start sport-specific non-contact drills & light weights
- Resistance weight training
- No new symptoms after 24 hours

Duration 25-30 min. Heart rate <160 beats

Stage 4

Doctor's certificate required

Certificate attached

- Yes
- No

Stage 5

- Medical clearance certificate for contact training
- Contact session / practice
- No new symptoms after 24 hours
- Doctor clears for game play

Duration >30 min. Heart rate >160 beats

Do have any of the following (tick all appropriate)?

- Headache
- Dizziness
- Blurred vision
- Balance problems
- Don't feel right
- Fatigue / low energy
- Nausea / vomiting
- Other (please specify)

Check for symptoms with each step

List other symptoms: _____

Coach/teacher name: _____ Coach/teacher email: _____

Parent/guardian name: _____ Parent/guardian email: _____

Doctor's name: _____ Doctor's email: _____