



Return to Synchro Concussion Progress Tracker

Athlete Name: _____ Date of Injury: _____

Stage One: Physical and Cognitive Rest

Date Started: _____ Date Completed: _____

Comments: _____

Date of Medical Clearance: _____

Stage Two: Light Aerobic Exercise ($\leq 70\%$ Max HR)

Date Started: _____ Date Completed: _____

Activity Checklist:

Stationary Cycling

- 15 min
- 20 min
- 25 min
- 30+ min

Walking

- 15 min
- 20 min
- 25 min
- 30+ min

Kick

- 200m
- 400m
- 500m



Comments: _____

Stage Three: Synchro-Specific Activity

Date Started: _____

Date Completed: _____

Activity Checklist:

- Jogging
- Swimming (no turns)
 - Freestyle
 - Backstroke
 - Breaststroke
 - Butterfly
- Horizontal sculling
- Ballet legs
- Eggbeater
- Body boosts
- Land drill (no heads)

Comments: _____

Stage Four: Non-Contact Synchro Training Drills

Date Started: _____

Date Completed: _____

Activity Checklist:

- Flip turns
- Inverted Technical Drills
- Figure parts
- Routine parts (out of pattern)

Comments: _____

Stage Five: Full-Contact Synchro Practice

Date Started: _____

Date Completed: _____



Activity Checklist:

- Whole figures**
- Routine Swim-Throughs**
- Pattern Swimming**
 - Half laps**
 - Full laps**
 - Halves**
 - Full swim through**

Comments: _____

Stage 6: Full Return to Synchro

Date Reached: _____