

## **Return to Synchro Concussion Progress Tracker**

Athlete Nan	ne:	Date of Injury:
Stage One:	Physical and Cognitive Re	est
Date Started:		Date Completed:
Comments:		
Date of Med	lical Clearance:	
Stage Two:	Light Aerobic Exercise ( </td <td>=70% Max HR)</td>	=70% Max HR)
Date Started:		Date Completed:
Activity Che	ecklist:	
Stationa	ry Cycling	
<b>□ 1</b>	5 min	
□ <b>2</b>	0 min	
□ <b>2</b>	5 min	
□ 3	0+ min	
Walking		
	5 min	
	0 min	
	5 min	
□ 3	0+ min	
Kick		
□ <b>2</b>	00m	
□ 4	00m	
□ 5	00m	



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 Trainin  Date Started:	g Drills  Date Completed:	
Activity Checklist:	·	
<ul> <li>☐ Flip turns</li> <li>☐ Inverted Technical Drills</li> <li>☐ Figure parts</li> <li>☐ Routine parts (out of pattern)</li> </ul>		
Comments:		
Stage Five: Full-Contact Synchro Practice	<u>.</u>	
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 F	Return to Synchro	
Date Reached	<u>:</u>	