



Step-Wise Concussion Recovery Progression™

For use by medical professionals only

About the Step-Wise CRP

The Step-Wise CRP is a standardized tool for evaluating the appropriateness of returning student-athletes to school and participation following a sports-related concussion. The Step-Wise CRP is a medically supervised progression. If you are not a qualified health care provider, please seek the advice of a qualified health care provider before administering the Step-Wise CRP.

Specific instruction for use of the Step-Wise CRP are provided below. If you are not familiar with the appropriate use of the Step-Wise CRP, please read these instructions carefully and refer to the SMC Medically Supervised Concussion Recovery Progression Activity Guidelines.

Disclaimer: The diagnosis of a concussion is a clinical judgement made by a qualified medical professional. The Step-Wise CRP is intended for use as one tool within a comprehensive concussion management policy. The Step-Wise CRP should not be used alone to decide the appropriateness of recovery from a concussion. Returning an student-athlete to school may not be appropriate even if they are able to successfully progress through the Step-Wise CRP.

Athletes who are diagnosed with a SRC may begin the Step-Wise CRP protocol when asymptomatic at rest and when cleared to begin the CRP.

Instructions for completing the Step-Wise CRP is as follows:

1. The student-athlete must remain asymptomatic throughout each phase, and for the proceeding 24hrs;
2. Upon completion of each phase a **[Organization]** health care provider, the school nurse, or other appropriate school official shall review with the student-athlete the signs and symptoms checklist;
3. If no signs and symptoms are reported, the **[Organization]** health care provider, the school nurse, or other appropriate school official will sign off at the bottom of the form that the athlete was asymptomatic upon conclusion of the phase;
4. If signs and symptoms develop during any phase, the health care provider instruct the athlete to rest until asymptomatic and begin the CRP from the previous asymptomatic phase;
5. 24hrs hours after completion of a given phase, the student-athlete will report to the designated health care provider or school official who will review the signs and symptoms checklist to ensure that the student-athlete has remained asymptomatic throughout the last 24 hours;
6. If the athlete has remained asymptomatic, the designated health care provider or school official shall sign the appropriate area of the protocol and allow the student-athlete to progress to the next phase. This procedure is repeated for each phase of the MSCRP until final release is provided.
7. If the student-athlete was not provided specific prior permission to return to play following successful completion of the SMC RTL/RTP protocol, physician follow-up must be scheduled prior to final release.



Step-Wise Concussion Recovery Progression™

Background and History

Background

Name: _____ Gender: M / F Age: _____
 Sports: _____
 Parent/Guardian: _____ Phone: _____
 Primary Care Physician: _____ Phone: _____

History

Has the athlete completed the Shut-Down Phase?	Y / N
Is the athlete presently asymptomatic?	Y / N
Does the athlete have permission from physician to begin Step-Wise CRP?	Y / N
Does the athlete have a prior history of concussion?	Y / N
If yes, date of most recent concussion _____	Y / N
Does the athlete have a learning disability, dyslexia, ADD/ADHD?	Y / N
Does the athlete have a history of headache or suffer migraines?	Y / N
Has the athlete ever been diagnosed with depression, anxiety or other psychiatric disorder?	Y / N
Is the athlete presently taking any medications?	Y / N
If yes, please list: _____	Y / N



Step I: Shut-Down

Full cognitive and physical rest with signs and symptoms monitoring for 72hrs following injury.

Symptom Assessment

Instruct the athlete to score themselves on the following symptoms, based on how they feel at this moment.

	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms:	/24
Symptom severity total out of possible 144	/144
Do symptoms worsen with physical activity?	Y / N
Do symptoms worsen with mental activity?	Y / N

Based on feedback provided by friends, team mates, coaches, or parents/guardians, how different is the athlete acting compared to his/her usual self?

No different	Very Different	Unsure	N/A
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Based on these and other clinical findings, the following is recommended for this athlete:

Progress to next phase of CRP	Return to asymptomatic phase of CRP	Schedule physician follow-up
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Examiner: _____ Signature: _____ Date: _____



Step 2: Initiation

Cognitive Progression

Complete 10min sub-symptom threshold intervals in a quiet environment. Carefully monitor for signs and symptoms of depression.

	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms out of possible 24
 Symptom severity total out of possible 144
 Any symptoms during any interval of activity?
 Any symptoms worsen with mental activity?
 Progress to physical exertion?

/24
/144
Y / N
Y / N
Y / N

Examiner Signature: _____

Physical Exertion: 30-40% MHR

Complete 10 min very light aerobic exercise and exercise equipment. Avoid activities involving impact, head movement/positional changes.

X = Immediate post exercise; O = 24hrs S/P exercise

	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms post-exercise:

/24

Post exercise symptom severity score:

/144

Examiner Signature: _____

Total number of symptoms 24hr post-exercise:

/24

24hr post-exercise symptom severity score:

/144

Examiner Signature: _____

Based on these and other clinical findings, the following is recommended for this athlete:

Progress to next phase of CRP	Return to asymptomatic phase of CRP	Schedule physician follow-up
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Examiner: _____ Signature: _____ Date: _____



Step 3: Light Intensity

Cognitive Progression

Progress to limited return to school.

Education Module I

	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms out of possible 24
 Symptom severity total out of possible 144
 Any symptoms during any interval of activity?
 Any symptoms worsen with mental activity?
 Progress to physical exertion?

/24
/144
Y / N
Y / N
Y / N

Examiner Signature: _____

Physical Exertion: 50-60% MHR

20min aerobic exercise, light PREs, beginning to moderate balance/vestibular training.

X = Immediate post exercise; O = 24hrs S/P exercise

	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms post-exercise:

/24

Post exercise symptom severity score:

/144

Examiner Signature: _____

Total number of symptoms 24hr post-exercise:

/24

24hr post-exercise symptom severity score:

/144

Examiner Signature: _____

Based on these and other clinical findings, the following is recommended for this athlete:

Progress to next phase of CRP	Return to asymptomatic phase of CRP	Schedule physician follow-up
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Examiner: _____ Signature: _____ Date: _____



Step 4: Moderate Intensity

Cognitive Progression

Allow restricted full return to school.

Education Module II

	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms out of possible 24
 Symptom severity total out of possible 144
 Any symptoms during any interval of activity?
 Any symptoms worsen with mental activity?
 Progress to physical exertion?

/24
/144
Y / N
Y / N
Y / N

Examiner Signature:

Physical Exertion: THR: 70-80%

30 min aerobic exercise. Progress PREs and balance/vestibular training.

X = Immediate post exercise; O = 24hrs S/P exercise

	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms post-exercise:

/24

Post exercise symptom severity score:

/144

Examiner Signature:

Total number of symptoms 24hr post-exercise:

/24

24hr post-exercise symptom severity score:

/144

Examiner Signature:

Based on these and other clinical findings, the following is recommended for this athlete:

Progress to next phase of CRP	Return to asymptomatic phase of CRP	Schedule physician follow-up
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Examiner: _____ Signature: _____ Date: _____



Step 5: High Intensity

Integrate aggressive sports performance training activities in athletic/team environment without risk or contact/collision.

Cognitive Progression

Allow unrestricted academic return to school with no PE.
Complete post-injury neuropsychological testing.

Education Module III

	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms out of possible 24
Symptom severity total out of possible 144
Any symptoms during any interval of activity?
Any symptoms worsen with mental activity?
Progress to physical exertion?

/24
/144
Y / N
Y / N
Y / N

Examiner Signature: _____

Physical Exertion: THR: 70-80%

30min of aerobic exercise. Aggressive sport specific non-contact activities

X = Immediate post exercise; O = 24hrs S/P exercise

	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms post-exercise:
Post exercise symptom severity score:

/24
/144

Examiner Signature: _____

Total number of symptoms 24hr post-exercise:
24hr post-exercise symptom severity score:

/24
/144

Examiner Signature: _____

Based on these and other clinical findings, the following is recommended for this athlete:

Progress to next phase of CRP	Return to asymptomatic phase of CRP	Schedule physician follow-up
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Examiner: _____ Signature: _____ Date: _____



Step 6: Full Exertion

Full school day. Moderate intensity exercise with bouts of maximal effort.
Integrate sport-specific contact/collision activities

Cognitive Progression

Allow full return to school, including PE.

Education Module IV

	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms out of possible 24
Symptom severity total out of possible 144
Any symptoms during any interval of activity?
Any symptoms worsen with mental activity?
Progress to physical exertion?

/24
/144
Y / N
Y / N
Y / N

Examiner Signature:

Physical Exertion: THR 80-90%

Contact sport/position-specific training at THR of 80-90% with bouts of 90-100%.

X = Immediate post exercise; O = 24hrs S/P exercise

	None	Mild	Mod	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual changes	0	1	2	3	4	5	6
Unsteadiness	0	1	2	3	4	5	6
Light hurts eye	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like in a fog	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Trouble remembering	0	1	2	3	4	5	6
Feel fatigued/tired	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Trouble staying asleep	0	1	2	3	4	5	6
Over emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Unusual sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6

Total number of symptoms post-exercise:
Post exercise symptom severity score:

/24
/144

Examiner Signature:

Total number of symptoms 24hr post-exercise:
24hr post-exercise symptom severity score:

/24
/144

Examiner Signature:

Based on these and other clinical findings, the following is recommended for this athlete:

Progress to next phase of CRP	Return to asymptomatic phase of CRP	Schedule physician follow-up
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Examiner: _____ Signature: _____ Date: _____

