**SSO Return-to-synchro Concussion Progress Tracker**

**Athlete Name: Date of Injury:**

**Stage One: Limited Physical and Cognitive Activity**

**Date Started: Date Completed:**

**Comments:**

**Date of Medical Clearance to Exercise:[[1]](#footnote-1)**

**Stage Two: Light Aerobic Exercise (</=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 Exercise**

**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:**

1. Medical clearance to exercise must be provided by a medical professional. This includes a family physician, pediatrician, emergency room physician, sports-medicine physician, neurologist or nurse practitioner. Documentation from any other source will not be acceptable. [↑](#footnote-ref-1)