



## RETURN TO SPORT FOLLOWING CONCUSSION

**Yes' must be answered to each question before moving onto the next phase and to all questions before returning to competition.**

**Rider:**

**License No:**

**Date of concussion:** / /

**Date of Diagnosis:** / /

**Number of Previous Concussions:** (excluding this one)

PHASE	ACTIVITY	(please circle)
0. REST	Has the rider had physical and cognitive rest in the first 24-48 hours?	Yes
1. SYMPTOM-LIMITED ACTIVITY	The rider's symptoms have recovered COMPLETELY at rest and with activities of daily living (such as reading, walking, watching TV, etc.) and they have successfully returned to full work and/or school, without restrictions or the need for medication.	Yes
2. AEROBIC EXERCISE	Has the rider completed a session of light/moderate aerobic exercise? e.g. walking, jogging, stationary cycling at slow to medium pace	Yes
	Did the rider remain free of concussion related symptoms during the completion of a light/moderate aerobic exercise session?	Yes
	Has the rider had a recovery day after completing the light/moderate aerobic session?	Yes
3. INDIVIDUAL SPORT SPECIFIC EXERCISE	Has the rider completed a session of sport specific exercise with higher intensity and higher duration? e.g. running at an increased heart rate, light resistance training, gaming/simulators.	Yes
	Has the rider had a recovery day after completing the sport specific session?	Yes
4. HIGH INTENSITY TRAINING DRILLS	Has the rider completed a session of sport specific exercise with high intensity and more challenging drills? e.g. gaming/simulators after high aerobic exercise, low-speed motorcycling training (individual circuit laps, dirt track low-moderate speed laps, no jumps, low-risk trial components).	Yes
	Did the rider remain free of concussion related symptoms during the completion of high intensity training?	Yes
	Does the rider feel confident to return to full training?	Yes
	Has the rider had a recovery day after completing the high intensity training session?	Yes

5. FULL PRACTICE	Has the rider completed a session of full training? e.g. high-speed motorcycling, jumps, trials.	Yes
	Did the rider remain free of concussion related symptoms during the completion of full training?	Yes
	Does the rider feel confident to return to participate in competition?	Yes
	Has the rider had a recovery day after completing the full training session?	Yes
	Have at least 10 days passed since the day the concussion was suffered?	Yes

**IF ALL THE QUESTIONS HAVE BEEN ANSWERED 'YES' THE RIDER MAY RETURN TO COMPETITION**

The earliest that a rider may return to compete (once they have successfully completed a graded loading program and they have obtained medical clearance) is **10 days after the day of concussion** (if over 18 years old), or **if under 18 years old then 14 days after the resolution of symptoms**.

A more conservative approach is required if there is a lack of active medical practitioner oversight of each stage of the graded return to sport. MA guidelines also outline the importance of a more conservative approach in certain situations including for children and adolescents, riders with a history of concussion and where there is a recurrence of symptoms at any stage during the return to ride program.

**DECLARATION BY MEDICAL PRACTITIONER:**

I, \_\_\_\_\_ (Medical Practitioner), declare that I assessed  
 \_\_\_\_\_ (rider's name) on \_\_\_\_\_ (date) and as  
 indicated by the guidelines above found them –

**Fit to Return to competition after concussion.**

**NOT Fit to return to riding.** - Further specialist care or referral may be required.

Medical Practitioner's Signature \_\_\_\_\_

Provider Number \_\_\_\_\_

**Medical Office Information (Please Print/Stamp)**

Office Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**More information on the Motorcycling Australia Concussion Guidelines can be found on the MA Website at [www.ma.org.au/support/medical](http://www.ma.org.au/support/medical)**

Once this Form is Completed and Signed by a Medical Practitioner, please return to your State Control Body (SCB) or to Motorcycling Australia office via [licences@ma.org.au](mailto:licences@ma.org.au)

For more general information, please contact the Motorcycling Australia Licensing Team on [licences@ma.org.au](mailto:licences@ma.org.au) or 1800 262 678 or your State Control Body (SCB).