

Phase V Rehab Form

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Date Begun: _____

Sport: _____

Position: _____

This phase is individualized based on the athlete's sport and continued physical impairment/performance needs. During this phase athletes will be allowed to return to team practices with criteria and limitations from the physical therapist/athletic trainer. This may include time, volume, or specific activity.

Practice Continuum:

1. Movement Patterns:

- a. Sprinting
- b. Shuffle
- c. Carioca
- d. Zig zag cutting
- e. Change of direction

Date: _____

2. Closed Drills:

- a. Sport specific drills without opposition in a controlled speed environment
- b. _____
- c. _____
- d. _____
- e. _____

Date: _____

3. One-on-one drills (no contact):

- a. Sport specific drills/activities where the athlete is expected to react to his/her opponent without compensation
- b. _____
- c. _____
- d. _____
- e. _____

Date: _____

4. One-on-one drills:

- a. Full speed 1 on 1 drills with simulation of game necessary contact
- b. _____
- c. _____
- d. _____
- e. _____

Date: _____

5. Team Scrimmage (no contact):

- a. Patients are asked to wear a different colored jersey to indicate their contact restrictions during team scrimmaging when appropriate
- b. _____
- c. _____

Date: _____

6. Team Scrimmage:

- a. Full scrimmaging with simulation of game contact
- b. _____
- c. _____

Date: _____

7. Restricted play:

- a. Restrictions: _____

Date: _____

8. Clearance for Full Return to Play

Next Scheduled Appointment