



The Discharge/Return to Play Checklist was designed to guide patients back to a return to safe play. It changes the mindset from a time-based approach to return to play, to a criterion-based approach. Included criteria have been shown in the literature to place an athlete at increased risk for re-injury when not resolved. Each individual should be treated on an individualized basis, therefore in appropriate circumstances, some criteria may not be passed prior to return to play. The goal for all patients is to pass all criteria, whether they are looking to return to play or are have returned to play and are looking to reduce their risk of re-injury.

We recommend this to be used in conjunction with Sport Specific Return to Play Guidelines. An example of this can be found: <http://www.jospt.org/doi/abs/10.2519/jospt.2017.7245>.

Static Objective Measures:

- ROM: Symmetrical and full
- Strength: >95%

Functional Testing (Body Weight)

- FMS: 15/21 or greater with no 1's or 0's
- Y-Balance Test: Anterior Reach Within 4cm of uninvolved

Functional Testing (Exceeding Body Weight):

- Hop Testing > 95%
- Agilities/Power Development
- Endurance Progression/Running Progression

Sports Specific Progressions:

- Return to Unopposed Practice
- Return to Opposed Practice
- Confidence Measures/Outcome Surveys
- Return to Scrimmage
- Clearance from Physician, AT, and PT
- Return to Full Play