



SAFE RETURN TO PLAY

GUIDELINES FOR RETURNING CONCUSSED ATHLETES TO FULL ACTIVITY



RETURNING ATHLETES TO PLAY FOLLOWING CONCUSSION



GRADUATED RETURN TO COMPETITION AND PRACTICE PROTOCOL

1. Complete physical, cognitive, emotional, and social rest is advised while the student-athlete is experiencing symptoms and signs of a sports-related concussion or other head injury. (Minimize mental exertion, limiting overstimulation, multi-tasking, etc.). Refrain from video games and texting and limit time spent working on a computer.

2. After the athlete is asymptomatic at rest and after a physician or other health care provider gives written medical clearance specially trained in the evaluation and management of concussions, the student-athlete may begin a graduated individualized return-to-play protocol. The following steps should be followed:

- Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without re-emergence of any signs or symptoms. If no return of symptoms, next day advance to -
- Light aerobic exercise, which includes walking, swimming, or stationary cycling, keeping the intensity < 70% maximum percentage heart rate: no resistance training. The objective of this step is increased heart rate. If no

return of symptoms, next day advance to -

- Sport-specific exercise including skating, and/or running; no head impact activities. The objective of this step is to add movement and continue to increase heart rate. If no return of symptoms, next day advance to -
- Non-contact training drills (e.g., passing drills). The student-athlete may initiate progressive resistance training. If no return of symptoms, next day advance to -
- Following medical clearance (consultation between school health care personnel, i.e., Certified Athletic Trainer, School/Team Physician, School Nurse and student-athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and to assess functional skills by the coaching staff. If no return of symptoms, next day advance to –
- Return to play involving normal exertion or game activity.
 3. If the student athlete exhibits a re-emergence of any concussion signs or symptoms once they return to physical activity, he/she will be removed from further exertional activities and returned to the physician or health care provider who provided written clearance for re-evaluation.
 4. If concussion symptoms reoccur during the graduated return-to-play protocol, the student-athlete will return to the previous level of activity that caused no symptoms.

“WHEN IN DOUBT, SIT ‘EM OUT!”

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GRADUAL RETURN TO PLAY PROTOCOL

Each step should be separated by 24 hours

- 1 NO ACTIVITY.** Complete physical and cognitive rest.
- 2 Light aerobic exercise**
Walking, swimming, stationary cycling; Keep intensity <70% of maximum heart rate. No resistance training.
- 3 Sport-Specific Exercise**
Running; Sport drills; No head impact activities.
- 4 Non-Contact Training Drills**
Progression to more complex training drills; May start progressive resistance training.
- 5 Full-Contact Practice**
Participate in normal training activity.
- 6 Return to Play**
Normal game play; No restrictions.

Do not advance to the next step if symptoms reappear



HOW LONG WILL IT TAKE TO RECOVER FROM CONCUSSION?

The key to concussion management is physical and cognitive rest until symptoms resolve followed by a gradual return to physical exertion. The majority of injuries will recover spontaneously. Typically, for adolescent-aged athletes, the process takes between several days and two weeks, depending on the injury. This is longer than it typically takes for adults.

During the recovery period while the athlete is symptomatic, it is important to emphasize to the athlete that physical and cognitive rest is required. Activities that require concentration and attention (e.g. scholastic work, video games, text messaging) may exacerbate symptoms and possibly delay recovery. In such cases, apart from limiting relevant physical and cognitive activities (and other risk-taking opportunities for re-injury) while symptomatic, no further intervention is required during the period of recovery and the athlete typically resumes sport without further problem.