Return to Play Protocol Following a Concussion

The following protocol has been established in accordance to the National Federation of State High School Associations and the International Conference on Concussion in Sports, Prague 2004.

When an athlete shows ANY signs or symptoms of a concussion:

- 1. The athlete will not be allowed to return to play in the current game or practice.
- 2. The athlete should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following injury.
- 3. The athlete should be medically evaluated following the injury.
- 4. Return to play must follow a supervised step process.

The cornerstone of proper concussion management is rest until all symptoms resolve, and then a graded program of exertion before returning to the sport. The CDC recommends the following gradual steps to help safely return an athlete to play:

Baseline: No Symptoms

The athlete needs to have complete physical and cognitive rest and not be experiencing concussion symptoms for a minimum of 24 hours

Step 1: Light Aerobic Activity

The Goal: Only to increase an athlete's heart rate.

The Time: 5 to 10 minutes.

The Activities: Exercise bike, walking, or light jogging. Absolutely no weight lifting, jumping,

or hard running.

Step 2: Moderate Activity

The Goal: Limited body and head movement.

The Time: Reduced from typical routine.

The Activities: Moderate jogging, brief running, moderate-intensity stationary biking, and moderate-

intensity weightlifting.

Step 3: Heavy, Non-Contact Activity

The Goal: More intense but non-contact.

The Time: Close to typical routine.

The Activities: Running, high-intensity stationary biking, the player's regular weightlifting routine, and non-contact sport-specific drills. This stage may add some cognitive component to practice in addition to the aerobic and movement components introduced in steps 1 and 2.

Step 4: Practice & Full Contact

The Goal: Reintegrate in full contact practice.

Step 5: Competition

The Goal: Return to competition.

If any concussion symptoms recur, the athlete should drop back to the previous level and try to progress after 24 hours of rest.

The student athlete should also be monitored for recurrence of symptoms due to mental exertion, such as reading, working on a computer, or taking a test.

If administering Return to Play you must record notes for each step.

| Step 1: Light Aerobic Activity The Goal: Only to increase an athlete's heart rate. |
|---|
| The Time: 5 to 10 minutes. The Activities: Exercise bike, walking, or light jogging. Absolutely no weight lifting, jumping, or hard running. |
| |
| |
| Step 2: Moderate Activity |
| The Goal: Limited body and head movement. |
| The Time: Reduced from typical routine. The Activities: Moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting. |
| |
| |
| Step 3: Heavy, Non-Contact Activity The Goal: More intense but non-contact. The Time: Close to typical routine. The Activities: Running, high-intensity stationary biking, the player's regular weightlifting routine, and non-contact sport-specific drills. This stage may add some cognitive component to practice in addition to the aerobic and movement components introduced in steps 1 and 2. |
| Step 4: Practice & Full Contact The Goal: Reintegrate in full contact practice. |
| |
| |
| |
| Step 5: Competition The Goal: Return to competition. |
| |
| |
| |