

Return to Play Progression Following Sports-Related Concussion (August 2017)

Return to Play protocol following a concussion should follow a stepwise process. Step 1 represents the timeframe while post-concussion symptoms persist, and then begin to resolve (see Concussion Symptom Inventory Form/Sideline Assessment Tool). This phase will vary considerably among individuals, and is affected by age, prior history of head injury, injury severity, number of symptoms, and possibly gender among other clinical considerations. During Step 1, one should follow **Return to Learn Guidelines** where the resolution of symptoms generally occur within 10-14 days on average, but may extend longer for others. As symptoms begin to subside, one can gradually become more active, provided the

activity does not bring on or worsen symptoms. Progression to Step 2 and each step thereafter require remaining symptom-free. Generally, a minimum span of 24-48 hours should transpire between steps (after completing Step 2), with each exercise bout being at least 30 minutes or more in duration unless noted otherwise. The athlete should be continually monitored for any symptoms worsening during exercise and afterwards. If at any time an athlete experiences symptoms coming on or worsening, they are to stop and resume the progression at the previous step after being symptom-free at rest for 24-48 hours.

Step 1 **Symptom-Limited Activity**; restrict vigorous exertion; follow Return to Learn Guidelines

- An initial 24-48 hrs. of relative rest is recommended, including rest from both physical activity and cognitive/mentally taxing activity (refer to bottom of page).
- If neurocognitive testing is not available, begin counting the number of days once being symptom-free at rest.

Step 2 **Light, Aerobic Activity, 10-20 minutes** (<70% max. heart rate); Symptom-Free at Rest

- This can include walking, swimming, or stationary bike.
- No resistance training or weight lifting.

Step 3 **Sport/Position/Event Specific Exercises, Conditioning Drills**

- Restricted, individual workout: light-moderate conditioning drills; running drills, agility drills; shooting, throwing, catching, kicking, ball control, passing drills; light-moderate intensity resistance training; shadow mat drills (no stand-ups, take-downs, partners). No head impacts.

Step 4 **Non-Contact Practice**

- Athlete must have written authorization from an appropriate licensed healthcare provider (i.e. MD/DO, neuropsychologist, athletic trainer), and have written permission from a parent before resuming practice participation.
- Athlete is able to participate in non-contact practice once neurocognitive post-test composite scores are near or return to baseline, or where testing is otherwise considered acceptable; or
- If neurocognitive testing is not available, the athlete may resume non-contact practices in 7-10 days after being symptom-free only as directed by an approved licensed healthcare provider.
- No live, full-speed, scrimmaging, or full-court activity; no activity that involves using the head.

Step 5 **Full-Contact Practice**

- The athlete is able to fully participate in practices without restrictions.
- Assess readiness to play and compete. Monitor for return of post-concussion symptoms.

Step 6 **Resume Competition**

- The athlete is able to compete without restrictions. Monitor for symptom reoccurrence.

Completion Date/Initials
Step 1
Step 2
Step 3
Step 4
Step 5
Started Step 6

**Cognitive Rest includes limiting mathematical/analytical problem solving, focused/prolonged reading, texting, video gaming, or prolonged TV watching that trigger symptoms coming on or getting worse.*