


# Return-To-Play Protocol

It is expected that the athlete will start in Rehabilitation Stage 1 and remain in stage 1 until symptom free.

It is anticipated that at least 24 hours of being asymptomatic will be required within each stage before progressing to the next stage.

In a best case scenario after sustaining a concussion, an individual who is asymptomatic by the next day, will start in Rehabilitation Stage 1 and progress symptom free through to Rehabilitation Stage 6 thereby returning to play by post injury day 6.

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1. **Rest. No structured physical or cognitive activity**
  2. **Light aerobic activity**
  3. **Moderate aerobic activity and non-contact training drills at half speed**
  4. **Non-contact training drills at full speed**
  5. **Full contact practice**
  6. **Return to play**

Often and based on an individual's concussion severity the Return-To-Play protocol may take longer. Under all circumstances the progression through this protocol shall be overseen by the managing healthcare provider, certified athletic therapist, or physiotherapist.

When the athlete has successfully passed through Rehabilitation stage 5 and has previously been evaluated by a healthcare provider, a verbal or written clearance may be provided by the healthcare provider to the student-athlete or their parent/guardian(s) who likely will choose to inform the certified athletic trainer, physiotherapist, coach, or school personnel that clearance for return to play has been granted. This clearance may be provided prior to beginning the Return-To-Play Protocol pending successful completion of the protocol.

## KEY POINT:

**The shortest possible time to Return to Game Play after concussion is 6 days, often it will be much longer.**

## RETURN TO PLAY PROTOCOL

Rehabilitation Stage	Functional Exercise or Activity	Objective	Tests Administered before advancing to next stage
<b>1. Rest. No structured physical or cognitive activity</b>	<ul style="list-style-type: none"> <li>• Only basic activities of daily living (adl's).</li> <li>• When indicated, complete cognitive rest followed by gradual reintroduction of schoolwork.</li> </ul>	<ul style="list-style-type: none"> <li>• Rest and recovery.</li> <li>• Avoidance of overexertion.</li> </ul>	Initial post-injury test battery: <ul style="list-style-type: none"> <li>• Symptom check list (scat2)</li> <li>• Ccat</li> </ul>
<b>2. Light aerobic activity</b>	<ul style="list-style-type: none"> <li>• Non-impact aerobic activity at &lt;70% estimated max hr for up to 30 minutes as symptoms allow.</li> <li>Recommend stationary cycling 30 min &lt; 70% max hr</li> <li>• Walking, swimming, stationary biking, no resistance training</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate.</li> <li>• Maintain condition.</li> <li>• Assess tolerance to activity</li> </ul>	Symptom checklist
<b>3. Moderate aerobic activity and non-contact training drills at half speed</b>	<ul style="list-style-type: none"> <li>• Non-contact sport specific drills at reduced speed.</li> <li>• Aerobic activity at 70-85% estimated max hr</li> <li>• Light resistance training (eg. Weights at &lt;50% previous max ability).</li> <li>• Skating drills in ice hockey, running drills in soccer.</li> <li>• No head impact activities.</li> <li>• Recommend interval bike testing for hockey.</li> </ul>	<ul style="list-style-type: none"> <li>• Begin assimilation into team dynamics.</li> <li>• Introduce more motion and non-impact jarring.</li> </ul>	Symptom checklist
<b>4. Non-contact training drills at full speed</b>	<ul style="list-style-type: none"> <li>• Progression to more complex training drills.</li> <li>• Regular non-contact training drills.</li> <li>• Aerobic activity at maximum capacity including sprints, regular weight lifting routine, passing drills in football and hockey.</li> <li>• May start progressive resistance training.</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise, coordination and functional load.</li> <li>• Ensure tolerance of all regular activities short of physical contact</li> </ul>	Symptom checklist. Ccat Bess balance protocol
<b>5. Full contact practice</b>	<ul style="list-style-type: none"> <li>• Full contact practice.</li> <li>• Normal training activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Restore confidence.</li> <li>• Assess functional skills by coaching staff.</li> <li>• Ensure tolerance of contact activities.</li> </ul>	Symptom checklist
<b>6. Return to play</b>	Regular game competition	Assess tolerance to full physical and cognitive game demands	Monitor