

## **CONCUSSION RETURN TO PLAY PROTOCOL**

Student Name:	Date of Injury:	Date of Diagnosis:
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CA STATE LAW AB 2127 STATES THAT RETURN TO PLAY (I.E., COMPETITION <u>CANNOT BE SOONER</u> THAN 7 DAYS <u>AFTER</u> EVALUATION <u>BY A PHYSICIAN</u> (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION AND <u>ONLY</u> AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL

## **Instructions:**

- A graduated return to play protocol MUST be completed before you can return to FULL COMPETITION. Below is the CIF RTP Protocol.
  - A Certified Athletic Trainer (AT) or physician must initial each stage after you successfully pass it.
  - You should be back to normal academic activities before beginning stage II, unless otherwise instructed by your physician.
- After stage I, you cannot progress more than one stage per day (or longer if instructed by your physician)
- If symptoms return at any stage in the progression, **IMMEDIATELY STOP** any physical activity and follow up with the AT. In general if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms or if you feel uncomfortable at any stage during the progression.

You must have a written physician (MD/DO) clearance to begin and progress through the following stages as outlined below, or as otherwise directed by your physician. Minimum of 6 days to pass Stages I and II						
Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage		
	I	Limited physical activity for at least 2 symptom-free days	<ul><li>Untimed walking okay</li><li>No activities requiring exertion (weight lifting, jogging, P.E. classes)</li></ul>	• Recovery and elimination of symptoms		
	II-A	Light aerobic activity	<ul> <li>10-15 minutes of brisk walking or stationary biking</li> <li>Must be performed under direct supervision by designated individual</li> </ul>	<ul> <li>Increase heart rate (HR) to no more than 50% of perceived maximum exertion.</li> <li>Monitor for symptom return</li> </ul>		
	II-B	Moderate aerobic activity (light resistance training)	<ul> <li>20-30 min jogging or stationary biking</li> <li>Body weight exercises (squats, planks, pushups), max 1 set of 10</li> </ul>	<ul> <li>Increase HR to 50-75% max exertion</li> <li>Monitor for symptom return</li> </ul>		
	II-C	Strenuous aerobic activity (Moderate resistance training)	<ul> <li>30-45 min running or stationary biking</li> <li>Weight lifting &lt; 50% of max weight</li> </ul>	<ul> <li>Increase HR to &gt; 75% max exertion</li> <li>Monitor for symptom return</li> </ul>		
	II-D	Non-contact training with sport-specific drills (No restrictions for weightlifting)	<ul> <li>Non-contact drills, sport-specific activities (cutting, jumping, sprinting)</li> <li>No contact with people, padding or the floor/mat</li> </ul>	<ul> <li>Add total body movement</li> <li>Monitor for symptom return</li> </ul>		



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Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage			
Prior to			that a written physician (MD/DO) cl tages I and II has been given to your				
	III	Limited contact practice	<ul> <li>Controlled contact drills allowed (no scrimmage)</li> </ul>	Increase acceleration, deceleration and rotations forces     Restore confidence, assess readiness to return to play     Monitor for symptom return			
		Full contact practice Full unrestricted practice	contact • Return to normal unrestricted training				
MANDATORY: You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice (If contact sport, highly recommended that Stage III be divided into 2 contact practice days as outlined above							
	IV	Return to play	<ul> <li>Normal game play (competitive event)</li> </ul>	<ul> <li>Return to full sports activity without restrictions</li> </ul>			
	tes:	Dieted/ A	T Signature:				

**AMHS Athletic Training**