Concussion Return to Play (RTP) Protocol

Athlete's Name: _____ **Date of Injury**: _____ **Date of Concussion Diagnosis**: _____

As stated by CA state law (AB2127), the following requirements must be met prior to an athlete returning to play/competition: (1) Evaluation by a licensed healthcare provider (LHP)*, (2) Completion of a graduated return to play protocol that is no less than 7 days in duration, and (3) Written medical clearance from an LHP.

Instructions for Return to Play Protocol:

- A certified athletic trainer (AT), physician, or another identified healthcare provider or concussion monitor (e.g. athletic director, coach) must initial each stage after you successfully pass it.
- You cannot progress more than one stage per day (or longer if instructed by your healthcare provider).
- You should return to a normal school schedule and course load without modifications before completing the return-to-play protocol.
- You should inform your healthcare provider or athletic trainer (if available) and obtain follow-up care if you cannot pass a stage after 3 attempts due to a worsening of concussion symptoms or if you feel uncomfortable at any time during the progression.

You must have written clearance from a LHP to begin and progress through the following Stages as outlined below or as otherwise directed.
Nurse verification of CA LHP clearance: Name (please print): Signature: Date:

Date & Initials	Stage	Activity	Exercise Example (Activities should be monitored by a designated adult)	Objective of the Stage
	1	Limited physical activity to allow the brain to rest and recover	• Light physical activity should be encouraged. • Light daily activities (e.g. walking, stretching) • No activities requiring exertion (e.g. weightlifting, jogging, P.E. classes)	• Recovery and reduction/elimination of symptoms
	2	Light aerobic activity	• 10-30 minutes of brisk physical activity (e.g. walking, stationary bike) that does not result in more than mild and brief exacerbation of symptoms**	• Increase heart rate to ≤ 55% of perceived maximum *(max)* exertion (e.g., < 100 beats per min) • Monitor for symptom return
	3	Moderate aerobic activity *(Light resistance training)*	• Increase in exertional activities (e.g., 20-30 minutes of jogging, stationary biking, body weight exercises, etc.) that do not result in more than mild and brief exacerbation of concussion symptoms**.	• Increase heart rate to 55-75% max exertion (e.g.,100-150 bpm) Monitor for symptom return
	4	Strenuous aerobic activity *(Moderate resistance training)*	• Continued increase in intensity and duration of physical activity (e.g. jogging, stationary bike, interval training, weightlifting) that does not result in more than mild and brief exacerbation of concussion symptoms. ** • 30-45 min running or stationary biking. • Weightlifting ≤ 50% of max weight • May begin to incorporate sport-specific training away from the team environment (e.g. change of direction, ball handling). • No activities that pose a risk for head impact	• Increase heart rate to > 75% max exertion • Prepare for return to sport-specific activities • Monitor for symptom return • DO NOT PROGRESS TO STEP 5 IF THIS STEP CAUSES EXACERBATION OF SYMPTOMS
	5	Non-contact training with sport-specific drills	• Exercise to high intensity, including incorporating more challenging training drills (e.g. multi-player training). Can integrate into a team environment. • No contact with people, padding, or the floor/mat	• Resumption of the usual intensity of exercise, coordination, and thinking activities • DO NOT PROGRESS TO STEP 6 IF THIS STEP CAUSES EXACERBATION OF SYMPTOMS AND RETURN TO STEP 4
Prior to beginning Stage 6, please make sure that written clearance from a LHP* is obtained for return to play. ***You must be symptom-free prior to beginning Stage 6*** **Nurse verification of Clearance to Play to Start Stage 6: Name (Please print): Signature: Date:**				
	6	Limited contact practice OR Full unrestricted practice for non-contact sports	• Controlled contact drills allowed (no scrimmaging)	• Increase acceleration, deceleration, and rotational forces. • Restore confidence, assess readiness for return to play. • Monitor for symptom return. • DO NOT PROGRESS IF ANY OF THESE • STEPS CAUSES EXACERBATION OF SYMPTOMS AND RETURN TO STEP 5
	7	Full contact practice Full unrestricted practice	• Return to normal training, with contact. Return to normal unrestricted training	
MANDATORY: You must complete at least ONE contact practice before returning to competition, or if non-contact sport, ONE unrestricted practice. **All athletes must complete a full 7-day return to play protocol.**				
	8	Return to play (competition)	• Normal gameplay (competitive event)	Return to full sports activity without restrictions

* Licensed health care provider shall mean a physician (MD or DO) or licensed professional under the direct supervision of a physician **[Nurse Practitioner (NP), Physician Assistant (PA)] trained in the education and management of concussions**. A student-athlete who sustains a concussion or possible concussion must receive an evaluation from a medical professional (MD, DO, NP, or PA), as they may also be experiencing other co-occurring medical conditions (e.g., neck injury, cardiopulmonary complications, focal brain injury, etc.) that a medical provider can best evaluate and rule out.

** Mild and brief exacerbation of symptoms should be limited to no more than a 2-point (out of 10) increase in symptoms severity on a pain scale and be no longer than 1 hour duration of an increase in symptoms (e.g. you have a 3/10 headache when starting the activity but after 20 minutes the headache increases to a 5/10, then you should stop the activity and consider modifying or reducing for next time).

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