

SUGGESTED PRINCIPLES IN CLEARING AN ATHLETE TO RETURN TO PLAY

- Recovery from concussion and progression through the Return-to-Play stages is individualized and determined on a case by case basis. Many factors influence the rate of progression and include previous concussion history, duration and types of symptoms, age in which the athlete participates. Athletes with a history of prior concussion, extended duration of symptoms, or participation in collision or contact sports may progress more slowly.
- The following table is adapted from the 3rd International Conference on Concussion in Sport and provides the framework for the return to play protocol.
- It is expected that players will start in stage 1 and remain in stage 1 until symptom free.
- The player may, under the direction of a health care professional, progress to the next stage only when the assessment battery has normalized. The assessment battery may include any or all of the following:
 1. Symptom assessment
 2. Cognitive assessment with computerized or other appropriate neuropsychological assessment
 3. Balance assessment along with general neurologic examination.
- It is anticipated that at least 24 hours will be required, at a minimum, of being asymptomatic with each stage before progressing to the next stage.
- Utilizing this framework, in a best case scenario, a player sustaining a concussion and being asymptomatic by the next day will start in Rehabilitation Stage 1 at post injury day 1 and progress through to stage 6, “Return to Play” by post injury day 6.
- There may be circumstances, based on an individual’s concussion severity, where the return to play protocol may take longer. Under all circumstances the progression through this protocol shall be overseen by the managing health care professional.
- Each athlete with a concussion shall be personally evaluated by an appropriate health care professional at least one time during this process.
- When the player has successfully passed through stage 5 (Full Contact Practice) and has previously been evaluated by an appropriate health care professional or recognized concussion management program, a clearance may be obtained from the individual designated on this form if authorized by the managing health care professional.
- A completed Concussion Return to Play Clearance Form indicating the student is medically released to return to full competition shall be provided to VMHA prior to a player who has been removed from a game or practice for a suspected concussion, being allowed to return to play.

GRADUATED RETURN TO PLAY PROTOCOL

Stage	Functional Exercise or Activity	Objective
1. No structured physical or cognitive activity	Only Basic Activities of Daily Living. When indicated, complete cognitive rest followed by gradual reintroduction of schoolwork.	Rest and recovery, avoidance of overexertion
2. Light Aerobic Physical Activity	Non-impact aerobic activity (eg. Stationary biking) at <70% estimated maximum heart rate for up to 30 minutes as symptoms allow	Increase heart rate, maintain conditioning, assess tolerance of activity.
3. Moderate aerobic physical activity and Non-contact training drills at half speed	Non-contact sport specific drills at reduced speed; Aerobic activity at 70-80% estimated maximum heart rate; light resistance training (eg. Weight training at <50% previous max ability)	Begin assimilation into team dynamics, introduce more motion and non-impact jarring.
4. Non-contact training drills at full speed	Regular Non-contact training drills; aerobic activity at maximum capacity including sprints; regular weight lifting routine	Ensure tolerance of all regular activities short of physical contact
5. Full Contact Practice	Full Contact Practice	Assess functional skills by coaching staff, ensure tolerance of contact activities
6. Return to Play	Regular Game Competition	

References

1. McCrory P, Meeuwisse W, Johnston K, et al. Consensus statement on Concussion in Sport 3rd International Conference on Concussion in Sport held in Zurich, November 2008. *Clin J Sport Med.* May 2009;19(3):185-200.
2. American Academy of Neurology. Position Statement on Sports Concussion. AAN Policy 2010-36. October 2010.