



Concussion Management for Return-to-Play Procedure

Introduction

The purpose of this protocol is to guide student-athletes through a gradual stepwise rehabilitation strategy to ensure preparedness for re-entry into sports and activities. A student-athlete will not be allowed to participate in competitive sport at the school until he or she is cleared by the athletic trainer or an appropriate licensed healthcare provider and completes the Return-to-Play protocol. Even with written clearance from an appropriate licensed healthcare provider, the athletic trainer may withhold the student-athlete from returning to play if it is deemed a risk to the student-athlete's health. If a parent would like an update regarding the Return-to-Play protocol, the best point of contact would be the head or assistant athletic trainer.

Clearance Requirements

Clearance will require:

1. Symptoms must be completely resolved or must remain within normal baseline limits during and following periods of supervised exercise that is gradually intensifying.
2. The student must attend all classes, maintain a full academic load/homework, and require no instructional modifications.

Note: Instructional modifications do not include the need to make up work. "Instructional modification" refers to the inability to participate in a full school day without modified instructional strategies or academic adjustments.

Return-to-Play Guidelines

After resolution of symptoms, the student-athlete may gradually return to play following the Return-to-Play Guidelines recommended by the SCORE program at the Children's National Health system:

Stage	Aim	Goal
1	Light Aerobic Exercise	Increase Heart Rate
2	Sport Specific Non-contact Exercise	Add Movement
3	Non-contact Drills and Practice	Exercise, Coordination, and Increase Thinking
4	Full-contact Practice	Restore Confidence and Assess Functional Skills by Coaching Staff
5	Full Return to competition	

**Current research suggests that beginning stage 1 of the protocol as soon as symptoms begin to resolve, rather than waiting until a student is completely asymptomatic, aids in the recovery process. Based on the student-athlete's symptoms, the athletic trainer will determine the most appropriate time for the student-athlete to enter phase 1.*

The Return-to-Play should be under the supervision of an appropriate licensed healthcare provider. There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during the exercise, the athlete should go back to the previous step. Cognitive functions, balance, and symptoms must return to "normal" before it is safe to play.