



## CIF 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 (ATC), 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 licensed healthcare provider to begin and progress through the following Stages as outlined below or as otherwise directed.				
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	<ul> <li>Light physical activity should be encouraged.</li> <li>Light daily activities (e.g. walking, stretching)</li> <li>No activities requiring exertion (e.g. weightlifting, jogging, P.E. classes)</li> </ul>	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**	<ul> <li>Increase heart rate to ≤ 55% of perceived maximum (max) exertion (e.g., &lt; 100 beats per min)</li> <li>Monitor for symptom return</li> </ul>	
	3	Moderate aerobic activity (Light resistance training)	<ul> <li>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**.</li> </ul>	<ul> <li>Increase heart rate to 55-75% max exertion (e.g.,100-150 bpm)</li> <li>Monitor for symptom return</li> </ul>	
	4	Strenuous aerobic activity (Moderate resistance training)	<ul> <li>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. **</li> <li>30-45 min running or stationary biking.</li> <li>Weightlifting ≤ 50% of max weight</li> <li>May begin to incorporate sport-specific training away from the team environment (e.g. change of direction, ball handling).</li> <li>No activities that pose a risk for head impact</li> </ul>	<ul> <li>Increase heart rate to &gt; 75% max exertio</li> <li>Prepare for return to sport-specific activities</li> <li>Monitor for symptom return</li> <li>DO NOT PROGRESS TO STEP 5 IF TH STEP CAUSES EXACERBATION OF SYMPTOMS</li> </ul>	
	5	Non-contact training with sport-specific drills	<ul> <li>Exercise to high intensity, including incorporating more challenging training drills (e.g. multi-player training). Can integrate into a team environment.</li> <li>No contact with people, padding, or the floor/mat</li> </ul>	<ul> <li>Resumption of the usual intensity of exercise, coordination, and thinking activities</li> <li>DO NOT PROGRESS TO STEP 6 IF TH STEP CAUSES EXACERBATION OF SYMPTOMS AND RETURN TO STEP 4</li> </ul>	

7	Contact practice  OR  Full unrestricted practice for noncontact sports  Full contact practice Full unrestricted practice	Controlled contact drills allowed (no scrimmaging)      Return to normal training, with contact.     Return to normal unrestricted training	<ul> <li>Increase acceleration, deceleration, and rotational forces.</li> <li>Restore confidence, assess readiness fo return to play.</li> <li>Monitor for symptom return.</li> <li>DO NOT PROGRESS IF ANY OF THES STEPS CAUSES EXACERBATION OF SYMPTOMS AND RETURN TO STEP 5</li> </ul>
	ed practice.	E contact practice before returning to competities must complete a full 7-day return to play pro	
			<ul> <li>Return to full sports activity without</li> </ul>

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<sup>\*</sup>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.

<sup>\*\*</sup> 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)