



Ellicottville Central School

RETURN TO PLAY Guidelines:

Both physical and cognitive rest are essential following concussion until symptoms resolve for a full 24 hours (our Medical Director will not clear an athlete until they have been cleared by their physician and symptom free for 48 hours). Then a graduated program of exertion may begin with a physician's AND our school's Medical Director's clearance. Of note, the "return to play" medical clearance by the private physician and Medical Director is clearance for a graduated return to physical exertion and activity, not regular practice or game play. Also of note, the graduated return to play is based on phases or steps, not days.

Graduated Return to Physical Exertion and Activity:

There is a **six phase or step** gradual return to activity. The return to play (RTP) protocol may not start until an athlete is completely free for a full 48 hours, and must remain symptom free following each stage before progressing any further. At any time symptoms return after a stage completion, the athlete must rest again until a full 24 hours symptom free has elapsed, at which time the progression can restart at stage 1. No steps may be skipped or combined to speed up the process. The program might be as short as six days, but not less, and often may be longer, even weeks or months. The steps are:

Phase 1 Low impact non-strenuous light aerobic activity for short intervals, such as easy walking, biking, swimming in three ten minute intervals; no resistance training; intensity kept at <70% of maximum predicted heart rate.

Phase 2 Higher impact, higher exertion activity in two 15 minute intervals, such as running/jumping rope, skating, or other cardio exercise; may be sports specific if available (e.g. running without impact in soccer and football, suited up), no resistance training; no head impact activities

Phase 3 Repeat phase 2 progressing with shorter breaks, and add 10 to 15 min. stationary skill work, such as dribbling, serving, tossing a ball (balls should not be thrown or kicked in the direction of the student); low resistance training if available with spotting.

Phase 4 Repeat Phase 3 without breaks in cardio, but add skill work with movement (allowing balls to be thrown/kicked in the direction of the student); non-contact training drills; progression to more complex, sport-specific training drills. Post-injury ImPACT testing to be completed

Phase 5 Following medical clearance(if physician desires) and return to baseline on ImPACT test, repeat Phase 4 as a warm up; weight lifting with spotting; allow full contact training drills.

Phase 6 Warm up followed by full participation in normal game play as tolerated.