

Charles County Public Schools School Administration and Leadership

Name _____	Date of Injury _____
School/Sport _____	Date of AHCP RTP Clearance _____

Graduated Return to Field Hockey Protocol

With no symptoms, a gradual return to play program can be initiated. Follow these gradual progressive steps of the training sequence.

There should be approximately 24 hours (or longer) in between each step. If any symptoms return at any time during these activities, stop the workout. Rest until symptom-free for 24 hours. Return to the previous asymptomatic step. If symptoms return or worsen, seek medical attention.

<u>Step</u>	<u>Date</u>	<u>Activity</u>	<u>Tolerance/Comments</u>	<u>Initial</u>
1. <u>Light</u> General Conditioning Exercises (Goal: Increase HR)		Begin with sport specific warm up. Do 15–20-minute workout: stationary bicycle, fast paced walking or light jog, rowing or freestyle swimming.		
2. <u>Moderate</u> General Conditioning and Sport Specific Skill Work; Individually (Goal: Add Movement, individual skill work)		Sport specific warm-up. Slowly increase intensity and duration of workout to 20-30 minutes. - Begin footwork within the workout. - Begin running drills using cones. - Begin body weight exercises.		
3. <u>Heavy</u> General conditioning, skill work; individually and with teammate. NO CONTACT (Goal: Add Movement, teammate skill work)		Continue with general conditioning up to 60 minutes. Increase intensity and duration. - Continue with individual skill work and body weight exercises as per Step 2. - Begin stick handling, passing and shooting drills - Begin walk-throughs on offense and defense with no contact to the player		
4. <u>Heavy</u> General conditioning, skill work and team drills. No live scrimmages. NO CONTACT. (Goal: Team skill work, light static contact)		Resume regular conditioning and duration of practice. - Practice offense and defense with no contact to the player. - No open/live play		
5. Full Team Practice with Body Contact		- Participate in a full practice . - If a full practice is completed with no symptoms, return to competition is appropriate. Discuss with the coach about getting back in the next game.		

Completion Date: _____

Supervisor Name: _____ Supervisor Signature: _____