

Charles County Public Schools School Administration and Leadership

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

Graduated Return to Wrestling 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)		Continue with general conditioning up to 60 minutes. Increase intensity and duration. - Continue with body weight exercises as per Step 2 and begin individual skill work (sprawls, crawls, hops) - No grappling, take downs, or body contact with another wrestler		
4. <u>Heavy</u> General conditioning, skill work drills. No live scrimmages.		Resume regular conditioning and duration of practice. - Can add grappling with partner, but no take downs.		
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 match.		

Completion Date: _____

Supervisor Name: _____ Supervisor Signature: _____