

## Charles County Public Schools School Administration and Leadership

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

### Graduated Return to Swimming 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)		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)		Slowly increase intensity and duration of workout to 20-30 minutes. - Begin body weight exercises.		
3. <u>Heavy</u> General conditioning, skill work; individually and with teammate. (Goal: workout in the pool)		- Continue with individual skill work and body weight exercises as per Step 2. - Dry land: weight training/jogging 15-20 minutes - Pool Drills: in own lane, can do kickboard, breaststroke, backstroke for 30-45 minutes. - No underwater turns or diving.		
4. <u>Heavy</u> General conditioning, skill work and team drills. No live scrimmages (Goal: Add head turns and specific strokes)		Resume regular conditioning and duration of practice. - Event specific strokes with head turns (freestyle, crawl) - Can do underwater turns/starting dives at no more than 10 times for each.		
5. Full Team Practice with Body Contact		- Participate in a <b>full practice</b> . - If a full practice is completed with no symptoms, return to competition is appropriate. Discuss with the coach about getting back in the next meet.		

Completion Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_