

Charles County Public Schools School Administration and Leadership

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

Graduated Return to Track & Field 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 | | 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 | | Sport specific warm-up. Slowly increase intensity and duration of workout to 20-30 minutes. - Begin body weight exercises. | | |
| 3. <u>Heavy</u> General conditioning, 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. Running: specific to event (no block starts) Field: Specific to event (no full body spins, high jump or pole vault) | | |
| 4. <u>Heavy</u> General conditioning, skill work | | Resume regular conditioning and duration of practice. - Running: specific to event (can use blocks) - Field: Specific to event (no high jump or pole vaulting) | | |
| 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 meet. | | |

Completion Date: _____

Supervisor Name: _____ Supervisor Signature: _____