



MSHSL CONCUSSION POLICY

Per MN State Statute [121A.38](#)

Acute injury

When a player shows any symptoms or signs of a concussion, the following must be applied:

1. The player is not allowed to return to play in the current game or practice.
2. The player should not be left alone; regular monitoring for deterioration is essential over the initial few hours after injury.
3. The player should be evaluated after the injury by a qualified medical provider familiar with the current concussion treatment guidelines.
4. Return to play must follow a medically supervised stepwise process.

A player should never return to play while symptomatic. "When in doubt, sit them out!"

Return to sport protocol:

Return to sport following a concussion requires resolution of all symptoms and completion of a stepwise exercise process.

24 hours is recommended at steps 1 – 3 and 24 hours is required at steps 4 – 6. To participate in practice and competition, full school attendance is required.

The athlete may return to competition only when the following criteria are met:

- ☐ Free of all symptoms or signs at rest and during exercise.
- ☐ Completed the stepwise return to sport protocol.
- ☐ Returned to school for full days (also required to return to full school before team practice - i.e. Step 4).
- ☐ Cleared by a medical professional and clearance form completed.

Steps required to return to sport after a concussion: Recommend 24 hours at steps 1 – 3. Required 24 hours at steps 4 – 6.

1. Very light aerobic exercise that does not make symptoms worse during exercise, regular activities of daily living and school (eg, walking).
2. Aerobic exercise such as walking or stationary cycling at slow to medium pace, no resistance training.
 - a. Light (up to approx. 55% maxHR)
 - b. Moderate (up to approx. 70% maxHR)
3. Sport specific exercise—away from the team environment (running, change of direction and/or individual training drills away from the team environment). Light resistance training.

NOTE: If sport specific training involves any risk of inadvertent head impact, medical clearance should occur prior to Step 3.

*** Steps 4 – 6 require 24 hours at each step and return to full school ***

4. Non-contact training drills. Exercise to high intensity including more challenging training drills (eg, passing drills, multiplayer training) can integrate into a team environment.
5. Full contact training.
6. Game play.

WHEN TO START: Assess baseline symptoms on numeric scale (**symptoms or signs**). Mild and brief exacerbation of symptoms (ie, an increase of no more than 2 points on a 0–10 point scale for less than an hour when compared with baseline value reported prior to physical activity) is allowed during steps 1–3. Athletes may begin Step 1 (ie, symptom-limited activity) within 24 hours of injury, with progression through steps 1–3 typically taking a minimum of 24 hours. Steps 4 – 6 require 24 hours at each step.

WHEN TO STOP: If more than mild exacerbation of symptoms (ie, more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day at or below prior step. Athletes experiencing concussion-related symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before reattempting steps 4 – 6.

WHEN TO RETURN: The final return to competition decision is based on clinical judgment and the athlete may return **only with a written medical clearance** from a health care provider who is registered, licensed, certified, or otherwise statutorily authorized by the state to provide medical treatment; is trained and experienced in evaluating and managing concussions; and is practicing within the person's medical training and scope of practice.

REFERENCES:

- Patricios JS, Schneider KJ, Dvorak J, et al. Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport—Amsterdam, October 2022. *British Journal of Sports Medicine* 2023;57:695-711. <https://bjsm.bmj.com/content/57/11/695>
- Sport Concussion Assessment Tool 6 (SCAT6) - *British Journal of Sports Medicine* 2023;57:622-631. <https://bjsm.bmj.com/content/57/11/622>