Injury Care and Return to Play Guidelines

- Any time you take your child to see a doctor for an injury, the Athletic Trainer needs a signed written letter with return to play instructions before your athlete can return to sport.
- If the AT does not receive a note, your athlete will not play.
- The doctor releases your athlete to the AT, and we return them to competition.

Concussions require a doctor's visit as well as a 6-day return to play protocol that is administered and supervised by the AT in accordance with WA state law and WIAA rules.

- *The Lystedt Law states that an athlete may not return to play/physical activity until evaluated by a licensed health care provider trained in the evaluation and management of concussion. Written clearance must be provided from the provider before returning to play/physical activity.*

Step	Exercise Strategy	Activity at Each Step	Goal
1	Symptom-limited activity (with initial 24-48 hour physical and cognitive rest period)	Daily activities that do not exacerbate symptoms (e.g., walking)	Gradual reintroduction of school/work/activities
2A	Aerobic 2A – Light (training HR = 220-age x 0.55)	Stationary cycling or walking or jogging at slow to medium pace. May start light resistance training that does not result in exacerbation of concussion symptoms.	Increase heart rate
2B	Aerobic: 2B – Moderate (training HR = 220-age x 0.70)	Stationary cycling or walking or jogging at slow to medium pace. May start light resistance training that does not result in exacerbation of concussion symptoms.	Increase heart rate
3	Individual sport-specific exercise NOTE: if sport-specific exercise involves any risk of head impact, medical determination of readiness should occur PRIOR to step 3 or needs to be modified to activities that do not require equipment or helmets.	Sport-specific training away from the team environment (e.g., running, change of direction and/or individual training drills away from team environment). No activities at risk of head impact.	Add movement, change of direction
Steps 4-6 should begin after resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including with and after physical exertion (aka pre-concussion baseline). It is recommended that the student athlete be attending school full time and returned to full academic activities and has a catch-up plan before progressing to stages 4-6. Student-athletes should complete full return to learn before unrestricted return to sport.			
4	Non-contact training drills	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training). Can integrate into team environment. Resume full resistance/weight training	Resume usual intensity of exercise, coordination, and increased thinking
5	Full-contact training drills	Participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play/competition	