

# Return to Play Guidelines Following a Concussion

Return to play following a concussion involves a stepwise progression once the individual is symptom free. There are many risks to premature return to play including: a greater risk for a second concussion because of a lower concussion threshold, second impact syndrome (abnormal brain blood flow that can result in death), exacerbation of any current symptoms, and possibly increased risk for additional injury due to alteration in balance. According to the CDC, No student should return to play while symptomatic. Students are prohibited from returning to play the day the concussion is sustained. If there is any doubt as to whether a student has sustained a concussion, it should be treated as a concussion. Once the student is symptom free at rest for 24 hours and has a signed release by the treating clinician, she/he may begin the return to play progression below. These are the CDC guidelines that we follow.

## Return to Play Progression (RTP)

**Baseline (Step 0):** As the baseline step of the Return to Play Progression, the athlete needs to have completed physical and cognitive rest and not be experiencing concussion symptoms for a minimum of 24 hours. RTP allows the brain to re-adjust to exercise. Each step will take place 24 hours after the previous step. If symptoms return during any step, the nurse will notify the parent. And the student must be re-evaluated by the healthcare professional and a new release for activity must be submitted to the school nurse.

### Step 1: Light Aerobic Exercise

**The Goal:** only to increase an athlete's heart rate.

**The Time:** 5 to 10 minutes.

**The Activities:** exercise bike, walking, or light jogging.

**Absolutely no weight lifting, jumping or hard running.**

### Step 2: Moderate Exercise

**The Goal:** limited body and head movement.

**The Time:** Reduced from typical routine

**The Activities:** moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting

### Step 3: Non-contact Exercise

The Goal: more intense but non-contact

The Time: Close to Typical Routine

The Activities: running, high-intensity stationary biking, the player's regular weightlifting routine, and non-contact sport-specific drills. This stage may add some cognitive component to practice in addition to the aerobic and movement components introduced in Steps 1 and 2.

### Step 4: Practice

The Goal: Reintegrate in full contact practice.

### Step 5: Play

The Goal: Return to competition

It is important to monitor symptoms and cognitive function carefully during each increase of exertion. Athletes should only progress to the next level of exertion if they are not experiencing symptoms at the current level. If symptoms return at any step, an athlete should stop these activities as this may be a sign the athlete is pushing too hard. Once the student is symptom free at rest for 24 hours and has a signed release by the treating clinician, she/he may begin the return to play progression

The Return to Play Progression process is best conducted through a team approach and by a health professional who knows the athlete's physical abilities and endurance. By gauging the athlete's performance on each individual step, health care professional will be able to determine how far to progress the athlete on a given day. In some cases, the athlete may be able to work through one step in a single day, while in other cases it may take several days to work through an individual step. It may take several weeks to months to work through the entire 5-step progression.