GCYFL Concussion Return to Play (RTP) Protocol

CA STATE LAW AB 2127 (Effective 1/1/15) STATES THAT RETURN TO PLAY (I.E., COMPETITION) <u>CANNOT BE SOONER</u> THAN 7 DAYS <u>AFTER</u> EVALUATION <u>BY A PHYSICIAN</u> (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION.

Instructions:

- This graduated return to play protocol MUST be completed before you can return to FULL COMPETITION.
 - A certified athletic trainer (AT), physician, and/or identified concussion monitor (e.g., coach, athletic director), must monitor your
 progression and initial each stage after you successfully pass it.
 - O Stages I to II-D take a *minimum* of 6 days to complete.
 - o You must be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
 - o You must complete one full practice without restrictions (Stage III) before competing in first game.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school's AT, other
 identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where
 symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at anytime during the progression.

	You n	nust have written physician (MD/D	O) clearance to begin and progress through the (or as otherwise directed by physician)	following Stages as outlined below
Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	No physical activity for at least 2 full symptom-free days AFTER you have seen a physician	No activities requiring exertion (weight lifting, jogging, P.E. classes)	Recovery and elimination of symptoms
	II-A	Light aerobic activity	 10-15 minutes (min) of walking or stationary biking. Must be performed under direct supervision by designated individual 	Increase heart rate to no more than 50% of perceived maximum (max) exertion (e.g.,< 100 beats per min) Monitor for symptom return
	II-B	Moderate aerobic activity (Light resistance training)	 20-30 min jogging or stationary biking Body weight exercises (squats, planks, pushups), max 1 set of 10, no more than 10 min total 	Increase heart rate to 50-75% max exertion (e.g.,100-150 bpm) Monitor for symptom return
	II-C	Strenuous aerobic activity (Moderate resistance training)	 30-45 min running or stationary biking Weight lifting ≤ 50% of max weight 	Increase heart rate to > 75% max exertion Monitor for symptom return
	II-D	Non-contact training with sport-specific drills (No restrictions for weightlifting)	Non-contact drills, sport-specific activities (cutting, jumping, sprinting) No contact with people, padding or the floor/mat	Add total body movement Monitor for symptom return
Minimu	<u>ım</u> of 6 d		to beginning Stage III, please make sure that wr	
	Ш	Limited contact practice	Controlled contact drills allowed (no scrimmaging)	Increase acceleration, deceleration and rotational forces Posters confidence access readings for
		Full contact practice Full unrestricted practice	Return to normal training, with contact Return to normal unrestricted training	Restore confidence, assess readiness for return to play Monitor for symptom return
MAND	ATORY		E contact practice before return to competition, a mend that Stage III be divided into 2 contact practice	
	IV	Return to play (competition)	Normal game play (competitive event)	Return to full sports activity without restrictions
	IV	Return to play (competition)	Normal game play (competitive event)	

Athlete's Name:	Date of Concus	ssion l	Diagnosis:	