Orange Empire Conference Return to Play Protocol

CA STATE LAW AB 2007 STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A LICENSED HEALTH CARE PROVIDER WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.

Instructions:

- This is an example of a graduated return to play protocol that MUST be completed before you can return to FULL COMPETITION.
 - A licensed health care provider must initial each stage after you successfully pass it.
 - An athlete should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- After Stage I, an athlete cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, your athlete should IMMEDIATELY STOP any physical activity and follow up with your licensed health care provider. In general, if your athlete is symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if your athlete cannot pass a stage after 3 attempts due to concussion symptoms, or if your athlete feels uncomfortable at any time during the progression.

| Date & Initials | Stage | Activity | Exercise Example | Objective of the Stage |
|--------------------|-----------|--|---|--|
| | I | No physical activity for at least 2 full symptom-free days | • 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 thar 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 movementMonitor for symptom return |
| Prior | to beginr | | en licensed health care provider clearance nas been given to your school' s concussio | |
| | — ш | Limited contact practice | • Controlled contact drills allowed (no scrimmaging) | Increase acceleration, deceleration and rotational forces Restore confidence, assess readiness for return to play Monitor for symptom return |
| | | Full contact practice Full unrestricted practice | Return to normal training, with contact Return to normal unrestricted training | |
| MAND | | | practice before return to competition, or if practice tage III be divided into 2 contact practice of | |
| | IV | Return to play (competition) | Normal game play (competitive event) | Return to full sports activity withou restrictions |

Athlete's Name: _

Date of Concussion Diagnosis: ____

******Adapted from resources developed by the California Interscholastic Federation available here: <u>http://www.cifstate.org/sports-</u>medicine/concussions/CIF_Concussion_Return_to_Play_Protocol.pdf.