

## CIF Concussion Return to Play (RTP) Protocol



CA STATE LAW AB 2127 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, AND <u>ONLY</u> AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.

## Instructions:

- A graduated return to play protocol <u>MUST</u> be completed before you can return to FULL COMPETITION. Below is the CIF RTP Protocol.
  - o A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., athletic director, coach), must initial each stage after you successfully pass it.
  - o You should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- 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 any time during the progression.

You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below, or as otherwise directed by your physician. Minimum of 6 days to pass Stages I and II.				
Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	Limited physical activity for at least 2 symptom-free days.	<ul> <li>Untimed walking okay</li> <li>No activities requiring exertion (weight lifting, jogging, P.E. classes)</li> </ul>	Recovery and elimination of symptoms
	II-A	Light aerobic activity	<ul> <li>10-15 minutes (min) of brisk walking or stationary biking</li> <li>Must be performed under direct supervision by designated individual</li> </ul>	<ul> <li>Increase heart rate to no more than 50% of perceived maximum (max) exertion (e.g.,&lt; 100 beats per min)</li> <li>Monitor for symptom return</li> </ul>
	II-B	Moderate aerobic activity (Light resistance training)	<ul> <li>20-30 min jogging or stationary biking</li> <li>Body weight exercises (squats, planks, pushups), max 1 set of 10, no more than 10 min total</li> </ul>	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)	<ul> <li>30-45 min running or stationary biking</li> <li>Weight lifting ≤ 50% of max weight</li> </ul>	Increase heart rate to > 75% max exertion     Monitor for symptom return
	II-D	Non-contact training with sport-specific drills (No restrictions for weightlifting)	<ul> <li>Non-contact drills, sport-specific activities (cutting, jumping, sprinting)</li> <li>No contact with people, padding or the floor/mat</li> </ul>	Add total body movement     Monitor for symptom return
Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor.				
	III	Limited contact practice	Controlled contact drills allowed (no scrimmaging)	<ul> <li>Increase acceleration, deceleration and rotational forces</li> <li>Restore confidence, assess readiness for return to play</li> <li>Monitor for symptom return</li> </ul>
	III	Full contact practice Full unrestricted practice	<ul><li>Return to normal training, with contact</li><li>Return to normal unrestricted training</li></ul>	
MANDATORY: You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice (If contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above)				
	IV	Return to play (competition)	Normal game play (competitive event)	Return to full sports activity without restrictions

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Date of Concussion Diagnosis: \_\_

Date of Injury: \_\_

Student's Name: \_\_\_\_\_