

CONCUSSION RETURN TO PLAY (RTP) PROTOCOL



CA STATE LAW AB 2127 STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.

Instructions:

- A graduated return to play protocol MUST 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.

			nn (MD/DO) clearance to begin and progress throug ise directed by your physician. <u>Minimum</u> of 6 days	
Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	ı	Limited physical activity for at least 2 symptom-free days.	Untimed walking okay 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 brisk 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
Prior to	beginn		hat written physician (MD/DO) dearance for return t II, has been given to your school's concussion mor	
	III	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	
MANDA	TORY:		ntact practice before return to competition, or if non-containend that Stage III be divided into 2 contact practice da	· · · · · · · · · · · · · · · · · · ·
	IV	Return to play (competition)	Normal game play (competitive event)	Return to full sports activity without restrictions



Student's Name: