



CIF Concussion Return to Play (RTP) Protocol

CA STATE LAW AB 2127 (Effective 1/1/15) 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.

Instructions:

- This graduated return to play protocol **MUST** be completed before you can return to FULL COMPETITION.
 - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., coach, athletic director), must initial each stage after you successfully pass it.
 - Stages I to II-D take a *minimum* of 6 days to complete.
 - You must be back to normal academic activities before beginning Stage II.
 - 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 any time during the progression.

Concussion Monitor:

NAME (please print)

POSITION

SIGNATURE

Athlete:

NAME (please print)

SPORT

SCHOOL

Concussion Diagnosis Date:

You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below (or as otherwise directed by physician)

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	<ul style="list-style-type: none">10-15 minutes of walking or stationary bikingMust be performed under direct supervision by designated individual	<ul style="list-style-type: none">Increase heart rate to no more than 50% of perceived max. exertion (e.g., <100 beats per minute)Monitor for symptom return
	II-B	Moderate aerobic activity Light resistance training	<ul style="list-style-type: none">20-30 minutes jogging or stationary bikingBody weight exercises (squats, planks, push-ups), max 1 set of 10, no more than 10 min total	<ul style="list-style-type: none">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 style="list-style-type: none">30-40 minutes running or stationary bikingWeight lifting ≤ 50% of max weight	<ul style="list-style-type: none">Increase heart rate to > 75% max. exertionMonitor for symptom return
	II-D	Non-contact training with sport-specific drills No restriction for weightlifting	<ul style="list-style-type: none">Non-contact drills, sport-specific activities (cutting, jumping, sprinting)No contact with people, padding or the floor/mat	<ul style="list-style-type: none">Add total body movementMonitor for symptom return
Minimum of 6 days to pass Stage I and II. 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 Full contact practice	<ul style="list-style-type: none">Controlled contact drills allowed (no scrimmaging)Return to normal training (with contact)	<ul style="list-style-type: none">Increase acceleration, deceleration and rotational forcesRestore confidence, assess readiness for return to playMonitor for symptom return
MANDATORY: You must complete at least ONE contact practice before return to competition (Highly recommend that Stage III be divided into 2 contact practice days as outlined above.)				
	IV	Return to play (competition)	Normal game play	Return to full sports activity without restrictions

Nurse Concussion Verification:

NAME (please print)

SIGNATURE

DATE

Nurse Clearance for Return to Play:

NAME (please print)

SIGNATURE

DATE