

Return to Play Protocol

A Guide to Athlete Safety



FOLLOWING THE PROTOCOL

The gradual Return to Play Protocol to be used following a concussion is outlined in the table to the right. With this progression, an athlete can continue to the next level if there are no symptoms at the current level for 24 hours after the activity is performed. Generally, each step should take 24 hours, so an athlete should take about one week to complete the full protocol.

To begin the Return to Play Protocol an athlete must have clearance from a health care provider after being symptom-free at rest, symptom-free with cognitive and physical exertion and off medication.

If any post-concussion symptoms occur, drop back to the previous level and try to progress again after a further 24-hour period of rest.

REDUCING CONCUSSION RISK

- Proper conditioning with sport-specific training techniques.
- Follow and respect the rules of the game.
- Play smart and safe.
- Practice good sportsmanship.
- Minimize unnecessary aggression on the field.
- Wear all protective gear properly and at all times.
- When in doubt, sit it out.
- If symptoms return with the start of exercise, stop the activity.



OSF HEALTHCARE
Illinois Neurological Institute

RETURN TO PLAY PROTOCOL

DESCRIPTION	ACTIVITY LEVEL	GOAL
PHASE 1	Must be on physical and cognitive rest with no symptoms for 24 hours.	Recovery
PHASE 2	The goal is to increase the heart rate for 5–10 minutes through mild activity such as walking, light jogging, exercise bike or light weight lifting.	Increase heart rate
PHASE 3	The goal is limited to body and head movement through moderate intensity activities such as brief running or moderate weight lifting.	Add movement
PHASE 4	The goal is to increase intensity but avoid contact. Activities could include intense running, sprinting, normal weight lifting routine or non-contact sport-specific drills.	Exercise, coordination and cognitive load
PHASE 5	Reintegrate into full contact sport practice.	Restore confidence and assess functional skills
PHASE 6	Return to competition.	Return to play

CONCUSSION RECOGNITION TOOL 5[©]

To help identify concussion in children, adolescents and adults



FIFA®

Supported by



FEI

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

© Concussion in Sport Group 2017

STEP 3: SYMPTOMS

- Headache
- “Pressure in head”
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- “Don’t feel right”
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like “in a fog”

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- “What venue are we at today?”
- “Which half is it now?”
- “Who scored last in this game?”
- “What team did you play last week/game?”
- “Did your team win the last game?”

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

© Concussion in Sport Group 2017