Return to Play Guidelines after a Student Athlete Sustains a Concussion

In following the Prince William County Concussion Management program, all student-athletes shall be removed from play until symptom free (asymptomatic) and neurocognitive testing has been successfully completed by the appropriate physician or athletic trainer. Once the athlete is both physically and cognitively symptom free (asymptomatic), he or she can begin a progressive *Return to Play* protocol before returning to practice and full contact play. In the event that a student-athlete is evaluated for a concussion/MTBI by a licensed health care professional other than a certified athletic trainer, documentation is required demonstrating the health care professional has declared the student symptom free and able to return to activity. At the high school level, all final return to play decisions are at the discretion of the student-athlete's primary certified athletic trainer and are based on the primary health care provider's release to begin *Return to Play* protocol, history, and testing procedures.

Recommendation and release documentation may come from the following licensed health care professionals: an M.D. (preferably a neurologist), a D.O. (Doctor of Osteopathy), or a Neuropsychologist Ph.D. Prince William County policy stipulates the following medical providers are not able to provide clearance for return to play: emergency department physician, urgent care physician, chiropractor, physical therapist.

The *Return to Play* protocol is a five day progressive program that ensures the student-athlete can begin a physical activity and return to full participation without the reoccurrence of symptoms. If the student athlete experiences any symptoms during the *Return to Play* process, the student will start the five day over and see their personal health care provider if necessary.

Return to Play Protocol once released by appropriate health care provider:

Rehabilitation Stage	**Functional Exercise**	**Objective**
1. No activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking or stationary cycling . No resistance training	Increase HR
3. Sport-specific exercise	Running drills, ball handling drills, no head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills. May start progressive resistance training.	Exercise and coordination
5. Full contact practice	Following medical clearance; participate in normal training activities	Restore confidence, assessment of functional skills
6. Return to play	Normal game play	