

# RETURN-TO-PARTICIPATION PROTOCOL



PHASE

1

## SYMPTOM LIMITED ACTIVITY

The player is prescribed rest, limiting or, if necessary, avoiding activities (both physical and cognitive) which increase or aggravate symptoms. Under athletic training staff supervision, limited stretching and balance training can be introduced, progressing to light aerobic exercise, all as tolerated.

## AEROBIC EXERCISE

Under direct oversight of the team's medical staff, the player should begin graduated cardiovascular exercise and may also engage in dynamic stretching and balance training. Neurocognitive and balance testing can be administered after completion of Phase Two and the results should be interpreted as back to baseline.

PHASE

2

PHASE

3

## FOOTBALL-SPECIFIC EXERCISE

The player continues with supervised cardiovascular exercises that are increased and may mimic sport-specific activities, and supervised strength training is introduced. The player is allowed to practice with the team in sport-specific exercise for 30 minutes or less with ongoing and careful monitoring.

## CLUB-BASED NON-CONTACT TRAINING DRILLS

The player continues cardiovascular, strength and balance training, team-based sports-specific exercise, and participates in non-contact football activities (e.g. throwing, catching, running, and other position-specific activities). Neurocognitive and balance testing should be completed no later than the end of Phase Four with the results interpreted as back to baseline.

PHASE

4

PHASE

5

## FULL FOOTBALL ACTIVITY / CLEARANCE

Upon clearance by the Club physician for full football activity involving contact, the player must be examined by the Independent Neurological Consultant (INC) assigned to his Club. If the INC concurs with the Club physician that the player's concussion has resolved, he may participate in his Club's next practice or game.