

Return to Sport (RTS) Strategy

- each step typically takes a minimum of 24 hours -

(Consensus Statement on Concussion in Sport: the 6th International Conference on Concussion in Sport held in Amsterdam, October 2022; Published in 2023)

<u>Step</u>	<u>Exercise strategy</u>	<u>Activity at each step</u>	<u>Goal</u>
1	Symptom-limited activity	Daily activities that do not exacerbate symptoms (eg, walking).	Gradual reintroduction of work/school
2	Aerobic exercise 2A - Light (up to approximately 55% maxHR) <u>then</u> 2B - Moderate (up to approximately 70% maxHR)	Walking or stationary cycling at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.	Increased heart rate
3	Individual sport-specific exercise Note: If sport-specific training involves any risk of inadvertent head impact, medical clearance should occur prior to Step 3	Sport-specific training away from the team environment (eg, running, change of direction and/or individual training drills away from the team environment). No activities at risk of head impact.	Add movement, change of direction
Steps 4-6 should begin after the resolution of any symptoms, abnormalities in cognitive function and any other clinical findings related to the current concussion, including with and after physical exertion.			
4	Non-contact training drills	Exercise to high intensity including more challenging training drills (eg, passing drills, multiplayer training) can integrate into a team environment.	Resume usual intensity of exercise, coordination and increased thinking
5	Full contact practice	Participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play.	
<p>*Mild and brief exacerbation of symptoms (ie, an increase of no more than 2 points on a 0–10 point scale for less than an hour when compared with the baseline value reported prior to physical activity). Athletes may begin Step 1 (ie, symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms (ie, more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day. Athletes experiencing concussion-related symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of readiness to RTS should be provided by an HCP before unrestricted RTS as directed by local laws and/or sporting regulations.</p> <p>HCP, healthcare professional; maxHR, predicted maximal heart rate according to age (ie, 220-age).</p>			

Every student and every concussion is different. No two concussions are the same.

The amount of time needed between the injury and the commencement and completion of Return to Sport activities will vary between students and should be guided by symptom status.

Student is excused from PE, sports, “contact” activities at recess during recovery.

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