Appendix A: Return to Sport Protocol

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Return to Sport

This tool is a guideline for managing an individual's return to sport following a concussion and does not replace medical advice. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or licensed healthcare professional with relevant training. Begin Step 1 within 24 hours of injury, with progression through each subsequent step taking a minimum of 24 hours.

STEP 1:	STEP 1: STEP 2:		STEP 3:	STEP 4:	STEP 5:	STEP 6:
Activities of daily living and relative rest* • Maximum of 24-48 hours • Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. Examples: • Preparing meals • Housework • Light walking • Minimize screen time for first 24-48 hours following concussion.	 2A: Light effort aerobic exercise Up to approximately 55% of maximum heart rate (predicted according to age - i.e. 220-age). In a safe and controlled environment, engage in light aerobic exercise. 	Perobic exerciseeffort aerobicUp to approximately 55% of maximum heart rate (predicted according to age - i.e. 220-age).• Up to approximately 70% of maximum heart rate (predicted according to age - i.e. 220-age).In a safe and controlled environment, engage in• Up to approximately 70% of maximum heart rate (predicted according to age - i.e. 220-age).	Individual sport-specific activities (that do not have a risk of inadvertent head impact) • Addition of individual sport-specific activities that are supervised by a teacher/coach/parent. Examples: • Skating drills (hockey) • Running drills (soccer) • Change of direction drills • Individual gym class activities It is important to get medical clearance before returning to training that involves any risk of inadvertent head impact.	Non-contact training drills and activities • Progress to exercises at high intensity, including more challenging drills and activities. Examples: • Passing drills • Multi-player training • Supervised non- contact gym class activities • Practices without body contact	Return to all non-competitive activities • Return to all non- competitive activities, all gym class activities, and full-contact practices • Participate in higher-risk activities including normal training activities, all school gym-class activities, and full-contact sports practices and scrimmages. Avoid competitive gameplay. Return to activities that have a risk of falling or body	Return to sport Back to normal, unrestricted competitive game play, school gym class, and physical activities.
	 Stationary cycling Walking at slow to medium pace Light resistance training that does not result in more than mild and brief** exacerbation (worsening) of concussion 					
Activities of daily living, as tolerated	Increase heart rate		Increase intensity of aerobic activities and introduce low-risk sport- specific movements and changing of directions	intensity of exercise, coordination, and activity-related cognitive skills	contact, restore game-play confidence, and have coaches assess functional skills.	play or high-risk activities before you have recovered increases the risk of delayed recovery and for sustaining another more severe concussion or serious injury.
After a maximum of 24-48 hours after injury, BEGIN STEP 2	lf can tolerate moderate aerobic exercise, BEGIN STEP 3		If medically cleared and have fully returned to school, BEGIN STEP 4	If can tolerate usual intensity of activities, BEGIN STEP 5	lf can tolerate non- competitive, high-risk activities, BEGIN STEP 6	

If more than mild exacerbation (worsening) of symptoms (i.e., more than 2 points on a 0-10 scale***) occurs during Steps 1-3, stop the activity, and attempt to exercise the next day. Individuals experiencing concussion 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 medical clearance should be provided before unrestricted Return to Sport as directed by local laws and/or sporting regulations.

Medical determination of readiness to return to at-risk activities should occur prior to returning to any activities that pose risk of contact, collision, or fall.

*Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.

Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale.* "Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour.

***0-10 point symptom severity scale: Please see the Visual Analog Scale for an example of a 0-10 symptom severity scale.

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Adapted from: Zemek, R., Reed, N., Dawson, J., et al. "Living Guideline for Pediatric Concussion Care." <u>www.pedsconcussion.com</u> (the PedsConcussion protocol was modified with permission from the <u>Amsterdam International Consensus Statement on Concussion in Sport</u>) © BCIRPU. All rights reserved | Version 12: Updated September 2023



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