

## RETURN TO PLAY PROGRESSION

Return to activity is a medical decision. The CMT will be familiar with state concussion laws and understand which healthcare providers may clear a student. To begin the Return to Activity Plan, the student must be free of all symptoms (see Clipboard Sheet), have no academic adjustments in place, and be cleared by a healthcare provider. The student may spend 1–2 days at each step before advancing to the next. **If post-concussion symptoms occur at any step, stop activity and have the CMT reassess.**

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Symptom limited physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum permitted heart rate No resistance training	Increase HR
3. Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills, e.g., passing drills in football and ice hockey May start progressive resistance training	Exercise, coordination and cognitive load
5. Full-contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	

Recommendations from 2012 Zurich Consensus Statement on Concussion —McRory, P., Meeuwisse, WH, Aubry, M, et al., *Br. J. Sports Med* 2013; 47: 250-258.