

LWHS RETURN TO PLAY PROGRESSION

STEPS	ACTIVITY STRATEGY	EXAMPLE	OBJECTIVE
1	Symptom Stage - limited activity	Daily activities that do not exacerbate symptoms (e.g, walking)	Gradual reintroduce work/school
2A	Aerobic Activity - Light {up to approx 55% max HR}	Stationary cycling or walkign at slow to medium pace. May start light resistance training that does not result in more than mild and breif exacerbation * of concussion symptoms. $220 - \text{age} \times 0.55 = \text{training target HR}$	Increase heart rate
2B	Aerobic Activity - Moderate {up to approx 70% max HR}	Same as 2A but increase training target HR $220 - \text{age} \times 0.7 = \text{training target HR}$	Increase heart rate
3	Individual sport-specific exercise NOTE: if sport-specific exersise invovles any risk of head impact, medical determination of readiness should occure prior to step 3	Sport-specific training away from the team enviroment (e.g., running, change of direction and/or individual training drills away from the team enviroment). No activities at risk of head impact.	Add movement, change of direction
Steps 4-6 should begin after resolution of any symptoms, abnormalities in cognitive function, and any other clincal 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 (e.g., passing drills, multiplayer training). Can integrate into team enviroment.	Resume usual intensity of exercises, 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 <i>(Doctor note required before this stage)</i>	Normal game play	

Note: * Mild and brief exacerbation of symptoms (i.e., an increase of no more than 2 points on a 1-10 point scale for less than an hour when compared with the baseline value reported prior to physical activity). Athletes may begin Step 1 (i.e., symptom stage - 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 (i.e., 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. If an athlete experiences concussion-related symptoms during Steps 4-6, they should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activites. Written determination of readiness to RTS should be provide by HCP before unrestricted RTS as directed by local laws and/or sporting regulations.