

Concussion Return-to-Play Progression

Criteria

Athletes should meet the following criteria prior to final return-to-play clearance (some exceptions may be made by your doctor on a case-by-case basis):

1. Athletes must be symptom-free at rest and when physically/cognitively active.
2. Available concussion testing (SCAT, computerized concussion testing, and/or formal neuropsychological evaluation) is interpreted by an appropriate provider as having returned to baseline levels.
3. Athletes have returned to normal school schedule (i.e. unrestricted school activity or academic accommodations consistent with previously established IEP/504) and remain symptom-free.
4. Athletes have completed the Return-to-Play Progression and remained symptom-free.
5. No other physical injuries may be present that will prevent them from a successful return to full sports.

Return-to-Play Progression

All steps should be monitored by an appropriate healthcare provider.

- 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.
- Also, if mild symptom exacerbation lasts longer than 1 hour, that exercise step should be repeated on the following day until briefer or no exacerbation is achieved.
- Steps 4-6 should begin only after the resolution of symptoms, abnormalities in cognitive function, and any other clinical findings related to the concussion (including after physical exertion). Athletes experiencing concussion-related symptoms during steps 4-6 should return to Step 3 to establish full symptom resolution before engaging in at-risk activities.

Return to Play Steps

1. Remain symptom-free for 24 hours without using pain medication
2. Light (approx. 55% of max HR) aerobic exercise (e.g. stationary bike, jogging, walking) for at least 20 minutes followed by moderate (approx. 70% of max HR) aerobic exercise for at least 20 minutes.
3. Sport-specific exercise at least 30 minutes (soccer foot skills, throwing baseball, shooting and dribbling basketball)
4. Noncontact training drills for at least 30 minutes (practice drills that do not involve offense vs defense work; multiplayer training and team integration can occur at this step but avoid activities that place the athlete at high risk for head impacts).
5. Full contact training drills
6. Return to play in games allowed

**IN ACCORDANCE WITH OHIO LAW AND THE OHIO
DEPARTMENT OF HEALTH, ATHLETES REQUIRE
WRITTEN PERMISSION FROM AN APPROPRIATE
HEALTH CARE PROVIDER BEFORE FINAL CLEARANCE
FOR RETURN TO PLAY.**

For additional evaluation by the UH Rainbow Babies & Children's Hospital Sports Medicine team, please call **216-983-PLAY (7529)** or **216-983-HEAD (4323)**.