## **Return to Activity Protocols**

## **Return to Physical Activity/Sport Protocol:**

Rotal in to Thysical Activity, operative course								
Step 1 Step 2		tep 2	Step 3		Step 4	Step 5		Step 6
Light activities (1-2 days max)	Aerobic exercise		Sport-specific physical activities and training exercises		non-contact activities		n-competitive ities and full act practices	Full participation in all sport activities including competition
Activities at home such as social interactions and light walking. No screentime.	<ul> <li>Walking, jogging, cycling on a stationary bike, light resistance training.</li> <li>Symptoms are expected and may mildly increase. Aim for 20-30 minutes at a time. Take a break if moderate or severe increase in symptoms.</li> </ul>		Running, changing direction, individual training drills, individual gym class activities, increased resistance training as tolerated. Symptoms may mildly increase.		Multiplayer training, high-intensity exercises, supervised non-contact gym class activities, sport practices without body contact.	sports practices and		Unrestricted competitive gameplay and all physical activities.
No team sports or activities that have any risk of head impact, collision, or falling.					These steps are only permitted if a person has medical clearance from a Doctor and has completed step 4 of Return to School.			
Goal: Take more rest if needed in first 1-2 days. Avoid sports. Gentle activity is encouraged.	Goal: Increase heart rate to treat concussion. Gradually increase the intensity of aerobic activities as tolerated.		Goal: Increase intensity of aerobic exercises, start low- risk sport-specific movement.		Goal: Resume usual intensity of exercise to full exertion <u>without</u> body contact.	Goal: Adjust to full contact game play and higher risk/high speed activities		Goal: Resume full activities and competitions
Return to School and Work Protocol:								
Step 1			Step 2		Step 3		Step 4	
Light activities (1-2 days max)		School and work activities (in-person or at home) as tolerated		R	Return to part-time or full-day school/work with support		Return to full school/work activities (full academic load)	
Activities at home such as social interactions, light walking, board games, talking on the phone, crafts. No screened devices. No driving a motor vehicle. Contact school or work to make a return plan.		tolerated), other cognitive activities at school or at home that can be tolerated.		inc perse	Gradually reduce accomodations and increase workload until full day in- person school/work can be tolerated. Accommodations should be tailored to		Full days at school/work, no concussion-related accommodations required.	
		partial or full days as soon as possible with accomodations to tolerate the symptoms as required.		light	the current symptoms. Examples: light homework, low cognitive burden work tasks, extra time for tasks.		Full activities including regular homework and testing.	

Medical clearance is not required to return to school and participate in low-risk school activities (activities that do not have a risk of head injury/falling/collisions).

360 concussion care

**Instructions:** Step 1 of both protocols should be started at the same time immediately after injury. Step 1 should last a <u>maximum</u> of 2 days, then proceed to step 2. Return to activity/sport: Move from steps 2 to 3 as long as symptoms are tolerated, it is expected that some symptoms may still be present. Steps 3-6 and resuming any work or school-related activity with a risk of head injury, falling, or colliding requires medical clearance from a doctor; returning too early to high-risk physical activities increases the risk of another injury and may slow recovery.