Return To Play

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The gold standard return to play protocol includes 5 progressive steps.

1. Symptom limited activity- short walks, simple schoolwork
2. Light Aerobic Exercise- short walks, light stretching, stationary cycling
3. Sport Specific Exercise- running drills, agility, ball handling
4. Non-Contact Drills- passing, shooting, controlled team drills
5. Full-Contact Practice & Return to Play

Stockton University's return to play is as follows:

1. Athlete's symptoms return to baseline symptoms
2. SAC test
3. Balance (either BioSway/SWAY/BESS)
4. Aerobic exertional exercise (20 minutes on a stationary bike)*
5. Anaerobic exertional exercise (30-40 minutes strength training)*
6. Sport Specific agilities *
7. non-contact practice *
8. IMPACT test
9. Physicians evaluation and clearance
10. Full-contact practice *
11. Game *
12. Follow up
13. Discharge

*means there needs to be 24 hours in between each exertional step.

The Importance of Return To Play

Return to play is a medically supervised progression to ensure an athlete's brain has completely healed before they step on the field again. It is extremely important to prevent second impact syndrome and cumulative brain damage.
Returning to play too soon after a concussion poses many risks.