SPORTS MEDICINE

POLICIES & GUIDELINES

INTRODUCTIONS

- 3 Certified Athletic Trainers on Staff
- 18 high school students in our Sports Medicine Program
- We cover all home competitions and do some traveling
- Responsible for the prevention, recognition, care and rehabilitation of athletic injuries.



APPRYSE

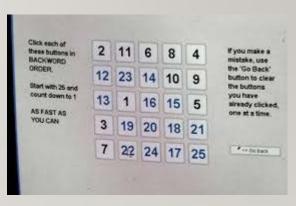
- Notifications
- Please make sure information is accurate and up to date.



IMPACT

- Supported by hundreds of independent studies and extensive research
- Used by Kaiser
- Baseline test all high risk sports
- Does not diagnose a concussion







DOCTOR VISITS

- I. MUST bring a note clearing your athlete to return to play.
- Regardless of physician clearance, all diagnosed concussions MUST, by state law, complete the Gradual Return to Play protocol.

CIF Concussion Return to Play (RTP) Protocol

CA STATE LAW AB 2127 (Effective 1/1/15) STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION.

Instructions

- This graduated return to play protocol MUST be completed before you can return to FULL COMPETITION.
 - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., coach, athletic director), must initial
 each stage after you successfully pass it.
 - Stages I to II-D take a minimum of 6 days to complete.
 - You must be back to normal academic activities before beginning Stage II.
 - You must complete one full practice without restrictions (Stage III) before competing in first game.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel
 uncomfortable at any time during the progression.

You	must have		e to begin and progress through the follow erwise directed by physician).	ving Stages as outlined below
Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	-1	No physical activity for at least 2 full symptom-free days <u>AFTER</u> you have seen a physician	No activities requiring exertion (weight lifting, jogging, P.E. classes)	Recovery and elimination of symptoms
	II-A	Light aerobic activity	10-15 minutes of walking or stationary biking Must be performed under direct supervision by designated individual	Increase heart rate to no more than 50% of perceived max. exertion (e.g.,< 100 beats per minute) Monitor for symptom return
	II-B	Moderate aerobic activity Light resistance training	20-30 minutes jogging or stationary biking Body weight exercises (squats, planks, push-ups), max 1 set of 10, no	Increase heart rate to 50-75% max. exertion (e.g.,100-150 bpm)
	II-C	Strenuous aerobic activity Moderate resistance training	more than 10 min total ■ 30-45 minutes running or stationary biking ■ Weight lifting ≤ 50% of max weight	Monitor for symptom return Increase heart rate to > 75% max. exertion Monitor for symptom return
	II-D	Non-contact training with sport- specific drills No restrictions for weightlifting	Non-contact drills, sport-specific activities (cutting, jumping, sprinting) No contact with people, padding or the floor/mat	Add total body movement Monitor for symptom return
			b beginning Stage III, please make sure the on of Stages I and II, has been given to yo	
	Ш	Limited contact practice	Controlled contact drills allowed (no scrimmaging)	Increase acceleration, deceleration and rotational forces
		Full contact practice	Return to normal training (with contact)	Restore confidence, assess readiness for return to play Monitor for symptom return
			least ONE contact practice before return divided into 2 contact practice days as or	
	IV	Return to play (competition)	Normal game play	Return to full sports activity without restrictions

hlete's Name:	Date of Concussion Diagnosis:	
	•	3/201

CONCUSSION PROTOCOLS

