

Concussion Return to Play Steps



The following RTP guidelines are from the CISG Amsterdam Consensus Statement¹

Stage

Activity Examples

Goal



Symptom Limited Activity

- Daily activities (physical and cognitive) that do not exacerbate symptoms by more than 2 points (out of 10).
- Walking, light reading, normal activities etc.

Gradual reintroduction of school and work

- 2 Aerobic Exercise
- Stationary cycling or walking at a slow to medium pace.
- Light = up to approximately 55% maxHR.
- Moderate = up to approximately 70% maxHR.



Increase heart rate via prescribed aerobic exercise

- Sport
 Specific
 Exericse
- Drills should be away from the team environment.
- Decrease the risk of potential or inadvertent head injury.

Running, add movement, change in direction



Steps 4-6 should begin after the resolution of symptoms and abnormalities in cognitive function and any other clinical findings related to the current concussion, including with and after physical exertion

Non-Contact
Training
Drills

• Exercise at high intensity levels within a team environment.



Resume exercise, coordination and increase thinking

- 5 Full Contact
 Practice
- Participate in normal practice/training activities.



Restore confidence and assess functional skills by coaching staff



Return to Sport



Important Notes:

- Each step must take a minimum of 24 hours
- Step 1 may begin within 24 hours of injury
- If symptoms increase by more than 2 points during steps 1-3, the athlete should stop what they are doing and repeat that step again the following day
- Sway Medical recommends administering a Sports+ assessment before full return to sport

1. Patricios JS, Schneider KJ, Dvorak J, et al. Consensus statement on concussion in Sport: the 6th International Conference on Concussion in Sport-Amsterdam, October 2022. British Journal of Sports Medicine 2023;57:695-711.