



Cole Valley Christian Schools Concussion Management Protocol

Return to Play for Athletes

An athlete may be returned to play once the athlete is evaluated and authorized to return by a qualified health care professional who is trained in the evaluation and management of concussions. For the purposes of this section, “qualified health care professional” means and includes any one (1) of the following who is trained in the evaluation and management of concussions:

- A) A **physician or physician assistant** licensed in Idaho
- B) An **advanced practice nurse** licensed under section 541409, Idaho Code (**a school nurse may not necessarily be an advanced practice nurse**); or
- C) A **licensed health care professional** trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code; (**such as most Idaho licensed athletic trainers**).

An athlete cleared to play by a qualifying medical professional only provides clearance for the athlete to begin the return to play protocols as set forth below.

Athletic trainers or other appropriate personnel must act reasonably and to the best of their ability to ensure an athlete is cleared by a proper medical provider experienced in the evaluation and management of concussion. Clearance by a medical provider must be in written form and kept on file at the school.

The athletic trainer or other school medical personnel may treat the athlete only if the individual satisfies the requirements of section 331625, Idaho Code. If the individual does not satisfy the requirements, or if the injury is beyond the expertise, scope of practice or comfort level of the individual, then the athlete shall be referred to a qualified health care professional trained in the evaluation and management of concussion for treatment and management of the injury.

- A) It is the responsibility of the athletic trainer or other appropriate medical personnel to provide that proper and sufficient communication takes place with any/all outside medical professionals to ensure the medical providers have all pertinent medical information and are accurately informed of the details and severity of the injury.
- B) Athletic trainers or other appropriate personnel must act reasonably and to the best of their ability to ensure an athlete is referred to a proper medical provider experienced in the evaluation and management of concussion pursuant to subsection (5) of section 331625, Idaho Code.

STEPS FOR RETURN TO PLAY

The return of an athlete to play shall be done in a stepwise fashion in accordance with the recommended return to play protocols of the CDC and the NFHS. Proper instruction and supervision of an outside medical provider should be used if necessary. Communicate daily with coaches of the athlete to inform them of the protocol and the athlete's progress.

Return to play protocol includes the following stepwise progression allowing the athlete **24 hours between each step without any symptoms**. If any symptoms return the athlete should return to the previous step and resume the progression again following 24 hours without symptoms.

Baseline (Step 0): As the baseline step of the Return to Play Progression, the athlete needs to have completed physical and cognitive rest and not be experiencing concussion symptoms for a minimum of 24 hours. *Keep in mind, the younger the athlete, the more conservative the treatment.*

Step 1: Light Aerobic Exercise

The Goal: only to increase an athlete's heart rate.

The Time: 5 to 10 minutes.

The Activities: exercise bike, walking, or light jogging.

Absolutely no weightlifting, jumping or hard running.

Step 2: Moderate Exercise

The Goal: limited body and head movement.

The Time: Reduced from typical routine.

The Activities: moderate jogging, brief running, moderate intensity stationary biking, and moderate intensity weightlifting.

Step 3: Noncontact

Exercise

The Goal: more intense but noncontact.

The Time: Close to typical routine.

The Activities: running, high intensity stationary biking, the player's regular weightlifting routine, and noncontact sport specific drills. This stage may add some cognitive component to practice in addition to the aerobic and movement components introduced in Steps 1 and 2.

Step 4: Practice

The Goal: Reintegrate in full contact practice.

Step 5: Play

The Goal: Return to competition.