## CA STATE LAW AB 2127 STATES THAT RETURN TO PLAY (I.E., COMPETITION) <u>CANNOT BE SOONER</u> THAN 7 DAYS <u>AFTER</u> EVALUATION <u>BY A PHYSICIAN</u> (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND <u>ONLY</u> AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.

## Instructions:

- A graduated return to play protocol MUST be completed before you can return to FULL COMPETITION. Below is the CIF RTP Protocol.
  - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., athletic director, coach), must initial each stage after you successfully pass it.
  - You should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms worsen 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.

			ian (MD/DO) clearance to begin and progress throwise directed by your physician. <u>Minimum</u> of 6 de	
Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
Print Name:	ı	Limited physical activity that does not exacerbate symptoms for at least 2 days	Untimed walking okay     No activities requiring exertion (weight lifting, jogging, P.E. classes)	Recovery and reduction/elimination of symptoms
Print Name:	II-A	Light aerobic activity	<ul> <li>10-15 minutes (min) of brisk walking or stationary biking</li> <li>Must be performed under direct supervision by designated individual</li> </ul>	<ul> <li>Increase heart rate to ≤ 50% of perceived maximum (max) exertion (e.g.,&lt; 100 beats per min)</li> <li>Monitor for symptom return</li> </ul>
Print Name:	II-B	Moderate aerobic activity (Light resistance training)	<ul> <li>20-30 min jogging or stationary biking</li> <li>Body weight exercises (squats, planks, pushups), max 1 set of 10, ≤ 10 min total</li> </ul>	<ul> <li>Increase heart rate to 50-75% max exertion (e.g.,100-150 bpm)</li> <li>Monitor for symptom return</li> </ul>
Print Name:	II-C	Strenuous aerobic activity (Moderate resistance training)	30-45 min running or stationary biking     Weight lifting ≤ 50% of max weight	Increase heart rate to > 75% max exertion     Monitor for symptom return
Print Name:	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	<ul><li>Add total body movement</li><li>Monitor for symptom return</li></ul>
Prior			that written physician (MD/DO) clearance for retuchool's concussion monitor. You must be symptom	
	III	Limited contact practice	Controlled contact drills allowed (no scrimmaging)	Increase acceleration, deceleration and rotational forces     Restore confidence, assess readiness for return to play     Monitor for symptom return
Print Name:		Full contact practice Full unrestricted practice	Return to normal training, with contact     Return to normal unrestricted training	
MANE	DATORY	<del>-</del>	contact practice before return to competition, or if mend that Stage III be divided into 2 contact practice	•
Print Name:	IV	Return to play (competition)	Normal game play (competitive event)	Return to full sports activity without restrictions
Athlete's	s Name:		Date of Injury I	Date of Concussion Diagnosis:

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