**Post-Concussion Clearance** **for Return to Rugby**

**Athlete Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dear Healthcare Provider:**

**State law** requires that any athlete who is suspected of having sustained a concussion shall:

* be examined, diagnosed and cleared by a health care provider before he/she is able to resume rugby training,
* be cleared by a health care provider before he/she is able to resume full contacttraining and match play.
* progress througha **G**raduated **R**eturn **T**o **P**lay **(GRTP)** protocol.

Please assist this athlete’s return to rugby by:

* **Providing your diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Providing your level of clearance:**

**\_\_\_\_** Cleared for progressive non-contact training **(GRTP stages 1-4)**

**\_\_\_\_** Cleared for full contact rugby training and match play **(GRTP stages 5-6)**

**\_\_\_\_** Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Licensed Health Care Provider

 Printed Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Licensed Health Care Provider Date

 Signature

 **Graduated Return to Play (GRTP) Protocol**

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 weight lifting, 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: Non-contact Exercise

The Goal: more intense but non-contact

The Time: Close to Typical Routine

The Activities: running, high-intensity stationary biking, the player’s regular weightlifting routine, and non-contact 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

It is important to monitor symptoms and cognitive function carefully during each increase of exertion. Athletes should only progress to the next level of exertion if they are not experiencing symptoms at the current level. If symptoms return at any step, an athlete should stop these activities as this may be a sign the athlete is pushing too hard. Only after additional rest, when the athlete is once again not experiencing symptoms for a minimum of 24 hours, should he or she start again at the previous step during which symptoms were experienced.

The Return to Play Progression process is best conducted through a team approach and by a health professional who knows the athlete’s physical abilities and endurance. By gauging the athlete’s performance on each individual step, a health care professional will be able to determine how far to progress the athlete on a given day. In some cases, the athlete may be able to work through one step in a single day, while in other cases it may take several days to work through an individual step. It may take several weeks to months to work through the entire 5-step progression.