

Graduated Return To Play (G RTP) Protocol - Each stage is a minimum of 24 hours

1. Minimum rest period	Complete body and brain rest without symptoms	Recovery
2. Light aerobic exercise	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training. Symptom free during full 24- hour period	Increase heart rate
3. Sport-specific exercise	Running drills. No head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training	Exercise, coordination, and cognitive load
5. Full contact practice	Normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play	Player rehabilitated	Recover

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve. A comprehensive medical concussion evaluation may include:

- An analysis of symptoms
- A general and neurological examination • Verbal cognitive (memory) tests
- A balance assessment
- Computerized brain function tests

Each of these is useful in contributing to a diagnosis and return to play decision but no one test stands alone in determining return to play.