

Rose City FC Return-to-Sport Protocol

Stage 0: Initial rest period of 24-48	hours before beginning return-to-sport protocol	
Stage 1: Symptom limited activity	(at least 24 hours)	
Daily activities that do not wors		
Conserve your brain and body's	s energy, it is needed to feel well and allow the brain	to heal.
Confirmed completion Stage 1 for <u>r</u>	ninimum of 24 hours with no symptoms on	MM/DD/YY
(Player Signature)	(Parent/Guardian Signature)	
Stage 2: Light aerobic exercise (at	least 24 hours)	Effort: 50%
paced walking, light jog, rowingNo resistance training, weight li		bicycle, elliptical, treadmill, fast
Confirmed completion Stage 2 for <u>r</u>	ninimum of 24 hours with with no symptoms on	MM/DD/YY
(Player Signature)	(Parent/Guardian Signature)	
Stage 3: Soccer specific skill exerc	cise individually (at least 24 hours)	Effort: 50-60%
No head impact activities (i.e.	activities or drills involving diving or receiving shots on no heading, no tackling, no scrimmages).	MM/DD/YY
(Player Signature)	(Parent/Guardian Signature)	
Stage 4 (a): Soccer specific exercis	se with an instructor/teammate (at least 24 hours)	Effort: 75%
 Begin resistance training includ Begin practicing soccer drills wi Begin reviewing offensive and c Goalies begin in net drills with a sideto-side without a ball, programmers 	practices. Increase duration and intensity of trainin ing neck and core strengthening exercises. th a partner: dribbling and passing. defensive plays at a slow speed. a coach shooting balls in a controlled manner (i.e. Be ress to ball shots along the ground, medium height, t to heading, no tackling, no scrimmages).	gin with drills involving diving
I confirm that of and I discussed my return to play	completed Stage 4 (A) for minimum of 24 hours wit stage with my coach at practice.	h no symptoms on MM/DD/YY

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Stage 4(b): Non-contact training		Effort: 90-100%		
 Practice passing/shooting drills, offensive Goalies begin in net drills with a teammer play or players shooting one at a time from the shoot	es without experiencing symptoms (i.e. full	mes (coordination & attention). acing shots from a single ball in		
I confirm that completed Stage 4 (B) for minimum of 24 hours with no symptoms on				
and I discussed my return to play stage w	vith my coach at practice.	MM/DD/YY		
(Player Signature)	(Parent/Guardian Signature)			
(MD or NP signature)	MD or NP signature stamp and credentials	 Family Physician Pediatrician Sports Medicine Physician Neurologist Physiatrist Nurse Practitioner 		
MEDICAL CLEARAN	ICE REQUIRED BEFORE PROCEEDING TO STA	GE 5 & 6		
Stage 5: Full contact practice with team (a	-	Effort: 100%		
• Participate in a full practice to get yours coach about getting back to full game pl	ding the ball (if applicable to your level of pla elf back in the lineup. If completed with no sy	ymptoms, discuss with the		
I confirm that completed Sta	ge 5 for minimum of 24 hours with no symp	toms on		
and I discussed my return to play stage wi		MM/DD/YY		
(Player Signature)	(Parent/Guardian Signature)			
Stage 6: Return to Game Play				
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- Players must spend a minimum of 24 hours at each stage, however most children/youth should spend longer.
- Required signatures must be completed before moving to the next stage. If the player experiences any onset or
 worsening of symptoms during or after the activities in any stage, the player should stop that activity immediately and
 return to the previous successful stage the following day before trying those activities again. Players should consult
 with a trained healthcare professional for return-to-sport strategies.
- Medical clearance is required for participation in **Stage 5: Full contact practice with team. Clearance must be from a medical doctor or nurse practitioner.** See recommended medical clearance letter.
- Do not progress to game play until player has regained their pre-injury skill-level and player is confident in their ability to return to activity.
- Upon successful completion of Stage 5, this form in addition to medical clearance letter from medical doctor or nurse practitioner must be sent to coach and team/club designate before player is permitted to proceed to Stage 6.

This form is to be completed by parents and players to guide and document progress through return-to-sport steps after a diagnosed concussion with their coach and healthcare professional. This report form is aligned with best-practice guidelines and a tool to be used to support the return to soccer strategy of the Canada Soccer Concussion Policy. Additional Acknowledgement: Montreal Children's Hospital "Return To Soccer Following A Concussion"