

THE GRADUATED RETURN TO SPORT (GRTS) OR 'INDIVIDUALISED REHABILITATION' PROTOCOL

EACH STAGE PROGRESSION IS A **MINIMUM OF 24 HOURS**.



PLEASE USE A **COMMON SENSE APPROACH**. You don't need a handbook to identify a suspected concussion. If you suspect one, take the player off, it's really that simple.

STAGES 1-3

Operationally, Stages 1-3 of the individualised rehabilitation, forms part of the **two-week stand-down period** away from contact-rugby. During these stages, the player **may still experience some symptoms**. The day the player sustained the suspected or confirmed concussion is considered 'Day 0'.

STAGES 4-6

Stages 4-6 begins after completion of Stages 1-3 and the 2-week contact-rugby stand-down period. Stages 4-6 **prepare the player gradually for contact fitness** and to get them ready to play again. To start Stages 4-6, the player must have **no symptoms remaining**.

STAGE	REHABILITATION	OBJECTIVE	EXERCISE ALLOWED
1	SYMPTOM-LIMITED ACTIVITY (RELATIVE REST)	RECOVERY. GRADUAL REINTRODUCTION OF WORK/SCHOOL	<ul style="list-style-type: none"> Complete body and brain rest for the first 24-48 hours Daily activities that do not exacerbate symptoms (e.g., walking)
2	AEROBIC EXERCISE (20 MINUTES) 2A—LIGHT (UP TO APPROXIMATELY 55% MAX HR) THEN 2B—MODERATE (UP TO APPROXIMATELY 70% MAX HR)	INCREASE HEART RATE	<ul style="list-style-type: none"> Stationary cycling or walking at slow to medium pace May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms
3	INDIVIDUAL SPORT-SPECIFIC EXERCISE (25-30 MINUTES). NOTE: IF SPORT-SPECIFIC TRAINING INVOLVES ANY RISK OF INADVERTENT HEAD IMPACT; MEDICAL CLEARANCE SHOULD OCCUR PRIOR TO STAGE 3	ADD MOVEMENT, CHANGE OF DIRECTION	<ul style="list-style-type: none"> Sport-specific training away from the team environment (e.g., running, change of direction and/or individual training drills away from the team environment) No activities at risk of head impact Running drills
STAGES 4-6 SHOULD BEGIN AFTER THE RESOLUTION OF ANY SYMPTOMS, ABNORMALITIES IN COGNITIVE FUNCTION AND ANY OTHER CLINICAL FINDINGS RELATED TO THE CURRENT CONCUSSION, INCLUDING WITH AND AFTER PHYSICAL EXERTION			
4	NON-CONTACT TRAINING DRILLS	RESUME USUAL INTENSITY OF EXERCISE, COORDINATION AND INCREASED THINKING	<ul style="list-style-type: none"> Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training) Can integrate into a team environment May start progressive resistance training Player MUST be medically cleared at the end of this Stage before going to Full-contact training or Stage 5 If player remains sign and symptom-free for the full 24 hours, they then move onto Stage 5
5	FULL-CONTACT PRACTICE	RESTORE CONFIDENCE AND ASSESS FUNCTIONAL SKILLS BY COACHING STAFF	<ul style="list-style-type: none"> Participate in normal training activities If player remains sign and symptom-free for the full 24 hours, they then move onto Stage 6
6	RETURN TO MATCH PLAY/SPORT	RECOVER. NORMAL GAME PLAY	<ul style="list-style-type: none"> Player rehabilitated and can be progressively re-introduced into full match play

Mild and brief exacerbation of symptoms (i.e., an increase of no more than 2 points on a 0-10-point scale for less than an hour when compared with the baseline value reported prior to physical activity).

Athletes may begin Stage 1 (i.e., symptom-limited activity - relative rest) within 24 hours of injury, then moving to Stages 2 and 3 within the 14-day or 2-week stand-down period away from contact-rugby, with progression through each subsequent Stage thereafter typically taking a minimum of 24 hours.

If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0-10 scale) occurs during Stages 1-3, the athlete should stop and attempt to exercise the next day.

Athletes experiencing concussion-related symptoms during Stages 4-6 should return to Stage 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities.

Written determination of readiness to Return To Sport (RTS) should be provided by a medical doctor before unrestricted RTS as directed by local laws and/or sporting regulations.



Max HR, predicted maximal heart rate according to age (i.e., **220-age**).

NOTES:

- A player may only start the individualised rehabilitation Stages 4-6 once cleared by a medical doctor and all symptoms have cleared before, during, and after exercise in all three Stages 1-3
- In individualised rehabilitation Stages 4-6 a player may only progress to the next stage if no symptoms occur before, during, and after exercise in each stage
- A player must again be cleared by a medical doctor before starting full-contact training

EARLIEST RETURN TO SPORT:

= 2 weeks (14 days) stand-down period away from contact-rugby post injury + individualised rehabilitation. (May only be cleared for play earliest on Day 21 post injury)

COMPULSORY STAND-DOWN PERIOD AWAY FROM CONTACT-RUGBY POST CONCUSSION	CAUTION!	INDIVIDUALISED REHABILITATION	CAUTION!	NUMBER OF MISSED FULL WEEKS
Minimum of 2 weeks (14 days) off from contact-rugby , while starting the individualised rehabilitation Stages 1-3 , can even be longer if any signs or symptoms remain	CAUTION! Individualised rehabilitation Stages 4-6 can be started only if the player is symptom free and off medication that modifies symptoms of concussion. MEDICAL CLEARANCE REQUIRED	Individualised rehabilitation Stages 4-6 with progression to each next Stage if no symptoms experienced before, during, or after exercise, with a minimum duration of 24 hours per Stage	CAUTION! Contact Sport should be authorized only if the player is symptom free and off medication. MEDICAL CLEARANCE REQUIRED	Earliest Return To Sport = 2 weeks (14 days) stand-down period away from contact-rugby post injury + individualised rehabilitation. (May only be cleared for play earliest on Day 21 post injury)

CAUTION: Any player with a history of multiple concussions, players with unusual presentations or prolonged recovery should be assessed and managed by health care providers (multidisciplinary) with experience in sports-related concussions.

However, the medical doctor clearance is non-negotiable and must always be provided before entering the **individualised rehabilitation** Stages 4-6, and before starting full-contact training, regardless of who is available to manage or monitor the **individualised rehabilitation** process.



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