

Return to Play Policy

General Guidelines for Return to Play (RTP) for any sport

1. All student athletes must be cleared by the Certified Athletic Trainer before returning to play or activity.
2. All student athletes under the care of a physician, orthopedic, or any other allied health care professional must have written clearance before being allowed to return to play or activity.
3. All student athletes must have a yearly updated sports physical in order to participate in current in-season sporting activities. Pre-participation sports physicals are valid for 364 days from the date provided on the pre-participation physical form signed by the physician or healthcare provider of the actual examination day.
4. All written protocols given by a physician, orthopedic, or any other allied health care professional are final.
5. All information regarding a student athlete's medical condition and/or status is confidential. No information regarding a student athlete's playing status shall be given to the media and/or press.
6. No student athlete is allowed to clear him or herself to play or participate in activity after an injury status. Also, at no time will an athlete be allowed to assess, evaluate, and/or diagnosis his/her own injury and playing status.

Return to Play Specific Considerations (American College of Sports Medicine)

•**You should have pain-free full range of motion.** The injured body part should have full movement and flexibility with little or no discomfort.

•**Return of strength:** The injured body part should be approximately equal (90-95 percent) to the opposite side before returning to full activity.

•**Minimal pain or swelling:** Some mild discomfort, stiffness and/or swelling during or after exercise is to be expected during the initial return to activity. Ice can be used to alleviate these symptoms.

• **Functional retraining:** You should be able to effectively perform the specific motions and actions required for your sport before returning to activity. For example, retraining a lower-extremity injury in basketball should involve the ability to run, stop, change directions and jump.

• **Progressive return to activity:** Consider starting at 50 percent of normal activity and progress as tolerable. An informal guideline you can use is to progress activity 10-15 percent per week if the previous level of activity does not result in increased symptoms during exercise or the day after exercise.

• **Continue general conditioning with cross-training:** Doing an alternative exercise allows maintenance of general cardiovascular fitness while not interfering with the healing of an injury. For example, ankle and knee injuries may do well with bicycling or swimming.

• **Mental confidence in ability to do exercise:** You must feel that you and your injury are ready to perform at the level required for your particular activity.