

## Wilmot Softball Association

## Return to Play Protocol

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| **Stage 1: Rest and energy conservation *(at least 24 hours)*** |
| * Rest your brain and body (stop studying, working and playing) * Conserve your brain and body’s energy, it is needed to feel well and allow the brain to heal |
| **Stage 1: Signature of completion (requires player & parent/guardian signatures)** |
| I confirm that completed Stage 1 for minimum of 24 hours with no symptoms on  MM/DD/YY    (Player Signature) (Parent/Guardian Signature) |
| **Stage 2: Light general exercise *(at least 24 hours)*** |
| * Off-field activities * Begin with a warm up (stretching/flexibility) for 5-10 minutes * Start a cardio workout for 15-20 minutes which can include: stationary bicycle, elliptical, treadmill, fast paced walking, light jog, rowing or swimming (50% intensity) |
| **Stage 2: Signature of completion (requires player & parent/guardian signatures)** |
| I confirm that completed Stage 2 for minimum of 24 hours with no symptoms on  MM/DD/YY    (Player Signature) (Parent/Guardian Signature) |
| **Stage 3: General conditioning and softball specific skills work done individually *(at least 24 hours)*** |
| * Off-field activities * Begin with a warm up (stretching/flexibility) for 5-10 minutes * Increase intensity and duration of cardio workout to 20-30 minutes * Begin softball specific skill work: running, * 50-60% intensity |
| **Stage 3: Signature of completion (requires player & parent/guardian signatures** |
| I confirm that completed Stage 3 for minimum of 24 hours with no symptoms on  MM/DD/YY    (Player Signature) (Parent/Guardian Signature) |
| **Stage 4: General conditioning and softball specific skill work done with a teammate *(at least 24 hours)*** |
| * Can begin on-field activities * Increase duration up to 60 minutes. Begin resistance training including neck and core strengthening exercises * Begin on-field warm-up * Begin on-field practice of softball drills with a partner: fielding, hitting |
| **Stage 4: Signature of completion (requires player, parent/guardian & trainer/coach signatures)** |
| I confirm that completed Stage 3 for minimum of 24 hours with no symptoms on  MM/DD/YY    (Player Signature) (Parent/Guardian Signature) (Trainer/Coach) |

\*Acknowledgement: Montreal Children’s Hospital “Return To Hockey Following A Concussion”

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