Mines Club Sports Concussion Return-to-Play Protocol

This protocol outlines the step-by-step process for Mines Club Sports athletes to safely return to activity following a suspected or diagnosed concussion.

It is designed to balance athlete safety, academic protection, and recovery efficiency using current evidence-based practices.

1. Immediate Post-Injury Procedures

- **If a concussion is suspected**, remove the athlete from play immediately.
- The on-site Athletic Trainer (ATC) will complete a **SWAY assessment** or send a remote access code if off-site (e.g., during travel).
- **If the athlete exhibits red-flag symptoms** (e.g., loss of consciousness, worsening headache, repeated vomiting, confusion, slurred speech, etc.), they will be referred to the **Emergency Department** immediately.
- The ATC will document the incident and submit an injury report to the **VP of Risk Management** and **Club Sports Administration**.

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2. Medical Evaluation and Diagnosis

- Athletes whose **SWAY symptom count or severity exceeds the clinical threshold** must be evaluated by a licensed medical provider (MD, DO, NP, or PA) for diagnosis and documentation.
    - **Symptom Threshold for Medical Referral:**
        - Athletes presenting with **four (4) or more symptoms**,
        - a **total symptom severity score of fifteen (15) or higher**,
        - or a **SWAY cognitive score ≥ 20% worse than baseline** will be referred to a licensed medical provider for diagnosis.
    - If diagnosed, athletes should also communicate with Disability Services for academic accommodations as needed. A documented head injury will prompt Club Sports Admin to reach out to the athlete inquiring about academic services and resources.
- Athletes **below the symptom threshold** may remain under ATC supervision for ongoing assessment and guided recovery.

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3. Early Recovery and Light Activity Phase

- Once symptoms have reduced by approximately **50%** and the athlete tolerates light exertion without significant increase in symptoms, the ATC may initiate **controlled aerobic activity** (e.g., stationary bike 10–20 minutes, low-intensity movement).
    - Early, guided movement has been shown to promote cerebral blood flow, reduce symptom duration, and improve overall recovery outcomes.
- If the athlete required a medical diagnosis, a follow up note is required from an on or off-campus provider stating that the athlete is cleared for a return to play progression. (MD, DO, or PA only)
- The athlete will continue to submit **daily SWAY symptom check-ins** for tracking.

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4. Return-to-Play Progression

After the initial recovery phase, the athlete will progress through the following **RTP stages** under ATC supervision.
Each stage must be completed **symptom-free for at least 24 hours** before advancing. If symptoms return, the athlete will drop back to the previous asymptomatic level.

Day / Stage	Goal	Suggested Activities	Restrictions
Stage 1	Light Aerobic Activity	5–10 minutes of light cycling or brisk walking	No resistance or contact
Stage 2	Moderate Aerobic Activity	10–20 minutes of cycling, light resistance, core activation	No contact
Stage 3	Sport-Specific Exercise	20–30 minutes of moderate-intensity drills, agility, and coordination	No contact
Stage 4	Non-Contact Training	40–60 minutes of sport-specific practice; integrate team settings	No contact
Stage 5	Full-Contact Practice	Return to controlled contact practice once cleared by ATC	Requires clearance
Stage 6	Game Play	Full return to unrestricted competition	Must remain symptom-free

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5. Clearance Requirements

- **Medical clearance is only required** if the athlete's initial SWAY score exceeded the defined threshold or if they were diagnosed by a physician.
- In all other cases, the ATC may independently clear the athlete once the full RTP progression is completed without symptoms.
- All documentation is retained for compliance and review in IMLeagues and the Mines injury log.

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6. Summary of Key Changes

- Removed the "48-hour symptom-free" and "doctor's note for all" requirements.
- Implemented **symptom-threshold screening via SWAY** to individualize referral and clearance.
- Added **early movement phase** to promote neurological recovery.
- Streamlined RTP progression with measurable daily symptom tracking.
- Clarified communication pathway (ATC → Club Sports Director → Disability Services if needed).

Written by Adam Beattie MEd. ATC, EMT
Updated 01/26/2026