





GOLDEN EMPIRE YOUTH TACKLE FOOTBALL

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A 501C3 NONPROFIT ORGANIZATION

Golden Empire
Youth Tackle Football & Cheer
Concussion Plan of Action & Return to Play Policy

Affective Date: 4/5/17

CA STATE LAW AB 2007 STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A LICENSED HEALTH CARE PROVIDER WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.

Instructions:

- This is a graduated return to play protocol that MUST be completed before you can return to **FULL COMPETITION.** O A licensed health care provider must initial each stage after you successfully pass it. O An athlete should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- After Stage I, an athlete cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, your athlete should **IMMEDIATELY STOP** any physical activity and follow up with your licensed health care provider. In general, if your athlete is symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if your athlete cannot pass a stage after 3 attempts due to concussion symptoms, or if your athlete feels uncomfortable at any time during the progression.

Parent/Guardian must submit written licensed heath care provider clearance with activity start date to Golden Empire Youth Tackle

Football & Cheer to begin and progress through the following Stages as outlined below, or as otherwise directed by your physician.

Minimum of 6 days to pass Stages I and II. Clearance language from provider must be specific as to level of activity and release date.

| Date & Initials | Stage | Activity | Exercise Example | Objective of the Stage |
|--------------------|-------|--|--|---|
| | I | No physical activity for at least 2 full symptom-free days | No activities requiring exertion (weight lifting, jogging, P.E. classes) | Recovery and elimination of symptoms |
| | II-A | Light aerobic activity | 10-15 minutes (min) of walking or stationary biking Must be performed under direct supervision by designated individual | Increase heart rate to no more than 50% of perceived maximum (max) exertion (e.g.,< 100 beats per min) Monitor for symptom return |

| | II-B | Moderate aerobic activity (Light resistance training) | 20-30 min jogging or stationary biking Body weight exercises (squats, planks, pushups), max 1 set of 10, no more than 10 min total | Increase heart rate to 50-75% max exertion (e.g.,100-150 bpm) Monitor for symptom return | | | |
|---|---------------|---|---|--|--|--|--|
| | II-C | Strenuous aerobic activity (Moderate resistance training) | 30-45 min running or stationary biking Weight lifting ≤ 50% of max weight | Increase heart rate to > 75% max exertion Monitor for symptom return | | | |
| | II-D | Non-contact training with sport specific drills (No restrictions for weightlifting) | Non-contact drills, sport-specific activities (cutting, jumping, sprinting) No contact with people, padding or the floor/mat | Add total body movement Monitor for symptom return | | | |
| Prior to beginning Stage III, please make sure that written licensed health care provider clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor. | | | | | | | |
| | | Limited contact practice | Controlled contact drills allowed (no scrimmaging) | Increase acceleration, deceleration and rotational forces Restore confidence, assess readiness for return to play Monitor for symptom return | | | |
| | "" | Full contact practice Full unrestricted practice | Return to normal training, with contact Return to normal unrestricted training | | | | |
| MAND | ATORY: Yo | ou must complete at least ONE contact pr | actice before return to competition, or if | non-contact sport, ONE unrestricted | | | |
| practice | | | | | | | |
| | . (<u>()</u> | f contact sport, highly recommend that Sto | age III be divided into 2 contact practice d | ays as outlined above) | | | |
| | | | Normal game play (competitive | Return to full sports activity without | | | |

| Athlete's Name: | Date of Concussion Diagnosis: |
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^{**}Adapted from resources developed by the California Interscholastic Federation available here: http://www.cifstate.org/sportsmedicine/concussions/CIF Concussion Return to Play Protocol.pdf