



**RECOGNIZE TO  
RECOVER**

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# CONCUSSION EVALUATION & MANAGEMENT PROTOCOLS

## GRADED RETURN TO PLAY EXAMPLE (PRAGUE MODIFIED):

- Rest (cognitive and physical) until asymptomatic at rest (24 hours);
- Light aerobic exercise (e.g. stationary bicycle) for 15-20 minutes
- Moderate intensity aerobic exercise (30 minutes).
- Sport-specific training (ball handling, passing, light running, NO HEADING).
- Non-contact training drills, including full exertion interval training (may start resistance training).
- Begin Heading Training (steps 1 & 2 below)
- Full contact training with heading steps 3 & 4
- Return to competition (game play)

Typically, progression to the next level only occurs if the player remains back to baseline level of symptoms for 24 hours (time frame may be lessened or lengthened dependent on individual factors). If symptoms re-emerge, the player should begin with the previous step after being back to baseline level of symptoms for 24 hours. Player should only progress to the next level when instructed to do so by the team ATC or Team Physician.

## HEADING TRAINING EXAMPLE

### STEP 1

Partner and player inside 6-yd box. Partner tosses ball softly to player; controlled, straight header, within box, appropriate technique. Five tosses straight ahead, then five to the left, and five to the right. If no sx's occur then proceed to step 2 the NEXT DAY.

### STEP 2

Repeat step 1 to start. After an active rest period (run, ball work with feet), partner and player within 18yd box. Partner tosses ball (longer distance, slightly harder), player does controlled header with good technique within box. Five each straight, left, right. If no sx's occur then proceed to step 3 the NEXT DAY.

### STEP 3

Same as Step 2 with Partner and Player outside 18yd box (longer distance, harder throw). If player remains sx-free then move to step 4 the following day.

### STEP 4

Full practice with more dynamic, unpredictable heading.