



Book	CUSD Policies
Section	J: Students
Title	Interscholastic Sports
Number	JJIB
Status	Active
Legal	A.R.S. 15-341 A.R.S. 15-802.01 A.G.O. I86-095 A.A.C. R7-2-808
Adopted	May 22, 2013
Last Revised	October 19, 2011

General

The purpose of interscholastic athletics is both educational and recreational. The school sports program should encourage participation by as many students as possible and should always be conducted with the best interests of the participants as the first consideration.

District participation in interscholastic athletics shall be subject to approval by the Board. This shall include approval of membership in any leagues, associations, or conferences, and of any new agreements with other schools for a series of games or events.

The following rules shall be observed for participation by individual students:

- For each type of sport in which the student engages, the parents or guardian must give written consent.
- The student must be determined by a physician to be physically fit for the sport.

The Superintendent shall set up other rules for participation, such as those governing academic standing, in accordance with policies of the District and pertinent regulations and recommendations of the state interscholastic athletic association.

Health and Safety of Participants

The health and safety of participants in interscholastic athletic activities must receive careful consideration.

The Board may develop, in response to relevant athletic association directives and medical advisories, appropriate guidelines, information and forms to inform and educate coaches, pupils and parents of Heat Acclimatization and Exertional Heat Illness and the risks of continued participation in athletic activity after a related episode. District and school health and safety management plans may include Heat Acclimatization Protocol, Hydration Strategies, Return to Play standards and follow-up/clearance requirements released by the Arizona Interscholastic Association (AIA) as Bylaw 14.17 and duplicated in JJIB-EB.

The Board shall develop, in consultation with the Arizona Interscholastic Association (AIA) guidelines, information and forms to inform and educate coaches, pupils and parents of the dangers of concussions and head injuries and the risks of continued participation in athletic activity after a concussion.

Before a student participates in an athletic activity, the student, the student's parents, and the coaches shall participate in a District program to educate program participants of the danger of concussions, head injuries, and the risk of continued participation in athletic activity after a concussion. Students and parents shall sign the AIA form (Exhibit JJIB-E) at least once each school year stating awareness of the nature and risk of concussion. The District shall retain documentation of the participation of all affected coaching staff members in the program. For the purpose of this policy, athletic activity does not include:

- dance,
- rhythmic gymnastics,
- competition or exhibitions of academic skills or knowledge or other similar forms of physical noncontact activities,
- civic activities or academic activities, whether engaged in for the purpose of competition or recreation.

A student who is suspected of sustaining a concussion in a practice session, a game, or other interscholastic athletic activity shall be immediately removed from the athletic event. A coach from the student's team or an official or licensed health care provider may remove a student from play. A team parent may also remove his or her own child from play. A student may return to play on the same day if a health care provider rules out a suspected concussion at the time the student is removed from play. On a subsequent day, the student may return to play if the student has been evaluated by and receives written clearance to resume participation in athletic activity from a health care provider who has been trained in the evaluation and management of concussions and head injuries as prescribed by A.R.S. 15-341.

A group or organization that uses property or facilities owned or operated by the District for athletic activities shall comply with the policies of the Board related to concussions and head injury. This requirement does not apply to teams based in another state participating in athletic events in Arizona.

A District employee, team coach, official, team volunteer or a parent or guardian of a team member is not subject to civil liability for any act, omission or policy undertaken in good faith to comply with the requirements of this policy or for decisions made or actions taken by a health care provider. Further, the District and its employees and volunteers are not subject to civil liability for any other person's or organization's failure or alleged failure to comply with the requirements of this policy.

Participants must be provided access to water at all times during practice sessions, games, or other interscholastic athletic activities.

The Superintendent shall require that regulations for health and safety of participants in interscholastic athletics be developed, implemented, and enforced. Such regulations may, at the discretion of the Superintendent, be incorporated into this policy as an administrative regulation.

CROSS REF.:

[JJJ - Extracurricular Activity Eligibility](#)

[KF - Community Use of School Facilities](#)



Book CUSD Policies
 Section J: Students
 Title Interscholastic Sports
 Number JJIB-R
 Status Active
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 Last Revised June 25, 2014
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District Students

The Superintendent shall establish a program that will be presented prior to the start of any athletic activity each year and as needed throughout the school year to educate students, parents/guardians of students, and coaches who participate or coach athletic activities of the danger of concussions, head injuries, and the risk of continued participation in athletic activity after a concussion. The program shall comply with the guidelines, information and forms developed in consultation with the Arizona Interscholastic Association.

Information related to attending a District-established program and the requirements to attend a District-established program prior to participation in an athletic event will be made available by the principal to students, parents/guardians of students, and coaches prior to the start of athletic activities each school year and throughout the school year.

School principals shall be responsible for the implementation of the program at the school site and shall ensure that no student participates in an athletic activity prior to the student and the student's parents/guardians having annually attended the District's established program as verified by their signatures. Further, the principals shall be responsible for the participation and documentation of all coaches in the program prior to beginning a coaching assignment.

Signature verification of all program participants shall be provided on the District-approved form (JJIB-E), submitted to the school principal, and filed in the school office.

The principals shall advise all staff members assigned to the school of the requirements of Policy JJIB and this regulation.

Junior High School Concussion Management Program Guidelines

Chandler Unified School District and Select Medical Sports Medicine Concussion & Head Injury Management Guidelines for Junior High School Athletics

Purpose:

The purpose of this concussion management program is to implement reasonable precautionary measures to protect student athletes who show signs or symptoms of a concussion or head injury and to ensure student athletes receive proper care and return to play in a safe manner.

1. Program:

1.1 State Law: A.R.S § 15-341 (A) (24) (b) (SB 1521)

1.1.1 Requires that before a student athlete participates in an athletic activity, the student athlete and the student athlete's parent/guardian sign an information form at least once each school year that states that the parent/guardian is aware of the nature and risk of concussion.
Duplicated in JJIB-EA.

1.1.2 All schools must provide concussion education information to students, parents, and coaches.

1.1.3 A student athlete suspected of sustaining a concussion in a practice, game, or any other interscholastic athletic activity must be immediately removed from the athletic activity.

- *May be removed by:* coach, parent from student athlete team, official, or a licensed health care provider

1.1.4 A student athlete may return to play if a licensed health care provider rules out a suspected concussion at the time of play.

On a subsequent day the student athlete may return to play if the student athlete has been evaluated by and received written clearance to resume participation in athletic activity from a health care provider who *has been trained in the evaluation and management of concussions and head injuries* Pursuant to A.R.S 15-341, only the following health care providers are eligible to return a student athlete to play:

- licensed physician (MD/DO)
- licensed athletic trainer (AT)
- licensed nurse practitioner (NP)
- licensed physician assistant (PA)

1.2 Arizona Interscholastic Association (AIA) Bylaws

1.2.1 Article 17.1 states "all head and assistant coaches, whether paid or volunteer, and all registered officials, shall complete the National Federation of State High School Associations (NFHS) online education course entitled "Concussion in Sports – What You Need to Know."

2. Procedure:

2.1 Training

2.1.1 NFHS online education course "Concussion in Sports – What You Need to Know" will be completed by all coaches.

2.2 Parent Notification & Approval

2.2.1 The permission form stating the risk of concussion and head injury included in the pre participation packet must be signed and returned to athletic administration staff prior to the student athlete participating in athletic activities.

2.3 Recognition of Concussion or Head Injury:

2.3.1 A student athlete is suspected of suffering a concussion or head injury if any of the following symptoms are observed arising from a possible blunt trauma, acceleration of force or deceleration of force:

- Transient confusion, disorientation, or impaired consciousness;
- Concentration or memory problems;
- Signs of other neurological or neuropsychological dysfunction, including but not limited to:
 - Headach;
 - Nausea/vomiting;

- Dizziness;
- Fatigue;
- Balance problems;
- Sensitivity to light/noise;
- Irritability/emotional changes;
- Vision impairments;
- Reports of getting “dinged” or having “bell rung.”

2.4 Emergency Management & Referral: the following situations indicate a medical emergency and require emergency medical assistance and transportation to an emergency room.

2.4.1 Any student athlete who had prolonged loss of consciousness and whom is not stable and worsening over time.

2.4.2 Any student athlete exhibiting the following symptoms:

- Deterioration of neurological function;
- Decreasing level of consciousness;
- Decrease or irregularity in respirations;
- Any signs or symptoms of associated injuries, spine or skull fracture or bleeding;
- Seizure activity;
- Severe increase in head or neck pain.

2.5. Removal from Activity & Notification:

2.5.1 Any coach, official, parent, or athletic trainer suspecting a concussion or head injury must remove the student athlete from athletic participation immediately.

2.5.2 If a Certified Athletic Trainer is present on site, the student athlete must be evaluated by the Athletic Trainer at time of injury.

2.5.3 If no Athletic Trainer is present on site, a parent/guardian may take the student athlete to a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician’s Assistant (PA) or Nurse Practitioner (NP) of their choice. Medical documentation and findings of these consultations must be presented to the Sport’s Medicine staff and site administrator.

2.5.4 At any time a concussion/head injury is suspected, the following personnel must be notified prior to continuation of athletic activity: coaching staff, sports medicine staff, site administrator, and parent/guardians.

2.5.5 A student athlete suspected of concussion/head injury will NOT be allowed to go home alone or drive. A student athlete must be sent home with parent/guardians or responsible adult in the instance the parent/guardian is unable to be reached. If parent/guardian or other responsible adult are unable to be reached, the student athlete will be sent to an appropriate medical facility.

2.6 Approved Licensed Health Care Providers in Concussion Management

2.6.1 Pursuant to A.R.S § 15-341 (A) (24) (b) (SB 1521), the student athlete must obtain evaluation/diagnosis and obtain written clearance to return to full participation by the following licensed health care providers who have been trained in concussion management: licensed physician (MD/DO), licensed athletic trainer (AT), licensed nurse practitioner (NP), and licensed physician assistant (PA).

2.7 Return to Play Protocol

2.7.1 Return to Play Protocol will follow the Consensus Statement from the 4th International Conference on Concussion in Sport

2.7.2 Graduated Return to Play Protocol- 6 Step Program Form:

- Stage 1: no activity
- Stage 2: Light aerobic exercise

- Stage 3: Sport-specific exercise
- Stage 4: Non-contact training drills
- Stage 5: Full-contact practice
- Stage 6: Return to full participation

2.7.3 Each stage must be completed *asymptotically***, otherwise the student athlete will return to the prior stage which was asymptomatic. Documentation of stages and exercises must be included.

***An athlete should be considered "asymptomatic" when they express a complete resolution of symptoms (at rest, during academic activities and throughout each phase of the graduated return to play protocol), demonstration of normal neurologic function including balance, neurocognitive function, psychological function, sleep, and general health.*

2.7.4 If the student athlete was referred to a physician, that treating physician will need to give written clearance for (RTP) return to play.

2.7.5 Written Clearance from CUSD's Sport's Medicine Staff, which includes the Licensed Athletic Trainer and Physician/Physician Assistant, if physician referral was warranted. Use CUSD Head Injury MD Note-2014 form. *Duplicated in JJIB-EC.*

2.8 Possible Temporary Transitional Accommodations for Student-Athletes with Sports-Related Head Injuries.

2.8.1 Since concussions/head injuries affect the student athlete's cognitive abilities, student athletes may experience delayed healing and prolonged or increased symptoms while in the classroom.

2.8.2 To combat this, the specific school's contracted Licensed Athletic Trainer will work directly with the school nurse and school administration in developing modifications and restrictions to the student's academic work. If the student was referred to a physician, the treating physician will provide recommendations/guidance for classroom modifications.

2.8.3 Modification/Restrictions include but are not limited to:

- Rest breaks as needed;
- Fewer hours at school;
- Additional time to complete tasks/tests;
- Additional help with school work;
- Reduced time using computer, reading, writing;
- Early dismissal from class to avoid busy/noisy hallways.

High School Concussion Management Program Guidelines

Chandler Unified School District and Select Medical Sports Medicine Concussion & Head Injury Management Guidelines for High School Athletics

Purpose:

The purpose of this concussion management program is to implement reasonable precautionary measures to protect student athletes who show signs or symptoms of a concussion or head injury and to ensure student athletes receive proper care and return to play in a safe manner.

1. Program:

1.1 State Law: A.R.S § 15-341 (A) (24) (b) (SB 1521)

1.1.1 Requires that before a student athlete participates in an athletic activity, the student athlete and the student athlete's parent/guardian sign an information form at least once each

school year that states that the parent/guardian is aware of the nature and risk of concussion.
Duplicated in JJIB-EA.

1.1.2 All schools must provide concussion education information to students, parents, and coaches.

1.1.3 A student athlete suspected of sustaining a concussion in a practice, game, or any other interscholastic athletic activity must be immediately removed from the athletic activity.

- *May be removed by:* coach, parent from student athlete team, official, or a licensed health care provider

1.1.4 A student athlete may return to play if a licensed health care provider rules out a suspected concussion at the time of play.

On a subsequent day the student athlete may return to play if the student athlete has been evaluated by and received written clearance to resume participation in athletic activity from a health care provider who *has been trained in the evaluation and management of concussions and head injuries* Pursuant to A.R.S 15-341, only the following health care providers are eligible to return a student athlete to play:

- licensed physician (MD/DO)
- licensed athletic trainer (AT)
- licensed nurse practitioner (NP)
- licensed physician assistant (PA)

1.2 Arizona Interscholastic Association (AIA) Bylaws

1.2.1 Article 14.14 Concussion Education – “all student athletes shall complete the Brainbook online concussion education course prior to participation in practice or competition”.

1.2.2 Article 17.1 states “all head and assistant coaches, whether paid or volunteer, and all registered officials, shall complete the National Federation of State High School Associations (NFHS) online education course entitled “Concussion in Sports – What You Need to Know.”

2. Procedure:

2.1 Training/Baseline Testing

2.1.1 Brainbook was approved by AIA in 2011 as the concussion education course to be completed prior to participation in athletic activities. A certificate will be printed at the completion of the course and returned to the school’s athletic administration to be kept on file. Brainbook course can be found at www.aiaacademy.org

2.1.2 Student athletes that desire to participate in high risk sports (football, diving, basketball, volleyball, soccer, wrestling, pole-vaulting, baseball, softball, spirit line) will take a baseline neurocognitive test prior to beginning competition in their sport. This test will be conducted by Chandler Unified School District’s (CUSD) Sports Medicine staff entering their freshman year, transfer student and again in their junior year of high school. Their results will be kept on file with the Licensed Athletic Trainers. The neurocognitive test used for CUSD will be IMPACT.

2.1.3 NFHS online education course “Concussion in Sports – What You Need to Know” will be completed by all coaches.

2.2 Parent Notification & Approval

2.2.1 The permission form stating the risk of concussion and head injury included in the pre participation packet must be signed and returned to athletic administration staff prior to the student athlete participating in athletic activities.

2.3 Recognition of Concussion or Head Injury:

2.3.1 A student athlete is suspected of suffering a concussion or head injury if any of the following symptoms are observed arising from a possible blunt trauma, acceleration of force or deceleration of force:

- Transient confusion, disorientation, or impaired consciousness;
- Concentration or memory problems;
- Signs of other neurological or neuropsychological dysfunction, including but not limited to:
 - Headache;
 - Nausea/vomiting;
 - Dizziness;
 - Fatigue;
 - Balance problems;
 - Sensitivity to light/noise;
 - Irritability/emotional changes;
 - Vision impairments;
 - Reports of getting “dinged” or having “bell rung.”

2.4 Emergency Management & Referral: the following situations indicate a medical emergency and require emergency medical assistance and transportation to an emergency room.

2.4.1 Any student athlete who had prolonged loss of consciousness and whom is not stable and worsening over time.

2.4.2 Any student athlete exhibiting the following symptoms:

- Deterioration of neurological function
- Decreasing level of consciousness
- Decrease or irregularity in respirations
- Any signs or symptoms of associated injuries, spine or skull fracture or bleeding
- Seizure activity
- Severe increase in head or neck pain.

2.5 Removal from Activity & Notification:

2.5.1 Any coach, official, parent, or athletic trainer suspecting a concussion or head injury must remove the student athlete from athletic participation immediately.

2.5.2 If a Certified Athletic Trainer is present on site, the student athlete must be evaluated by the Athletic Trainer at time of injury.

2.5.3 If no Athletic Trainer is present on site, a parent/guardian may take the student athlete to a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician’s Assistant (PA) or Nurse Practitioner (NP) of their choice. Medical documentation and findings of these consultations must be presented to the Sport’s Medicine staff.

2.5.4 At any time a concussion/head injury is suspected, the following personnel must be notified prior to continuation of athletic activity: coaching staff, sports medicine staff, and parent/guardians.

2.5.5 A student athlete suspected of concussion/head injury will NOT be allowed to go home alone or drive. A student athlete must be sent home with parent/guardians or responsible adult in the instance the parent/guardian is unable to be reached. If parent/guardian or other responsible adult are unable to be reached, the student athlete will be sent to an appropriate medical facility.

2.6 Approved Licensed Health Care Providers in Concussion Management

2.6.1 Pursuant to A.R.S § 15-341 (A) (24) (b) (SB 1521), the student athlete must obtain evaluation/diagnosis and obtain written clearance to return to full participation by the following licensed health care providers who have been trained in concussion management: licensed

physician (MD/DO), licensed athletic trainer (AT), licensed nurse practitioner (NP), and licensed physician assistant (PA).

2.7 CUSD Sports Medicine staff (Licensed Athletic Trainers and Team Physicians/Physician Assistants) will have the final say regarding clearance of a concussion or head injury. This includes overriding a clearance by an outside medical provider (with *no* training in concussion management) who is not affiliated with or a representative of the sport's medicine staff for CUSD. Return to play protocol must be completed before athlete can return to play. *Duplicated in JJIB-ED.*

2.8 The Return to Play Protocol (RTP) Procedure *Duplicated in JJIB-ED.*

2.8.1 Return to Play Protocol will follow the Consensus Statement from the 4th International Conference on Concussion in Sport.

2.8.2 Graduated Return to Play Protocol- 6 Step Program Form:

- Stage 1: no activity
- Stage 2: Light aerobic exercise
- Stage 3: Sport-specific exercise
- Stage 4: Non-contact training drills
- Stage 5: Full-contact practice
- Stage 6: Return to full participation

2.8.3 Each stage in the Graduated RTP should take 24 hours to complete. This gives a minimum of one week before full return to play.

2.8.4 Each stage must be completed *asymptotically***, otherwise the student athlete will return to the prior stage which was asymptomatic. Documentation of stages and exercises must be included.

***An athlete should be considered "asymptomatic" when they express a complete resolution of symptoms (at rest, during academic activities and throughout each phase of the graduated return to play protocol), demonstration of normal neurologic function including balance, neurocognitive function, psychological function, sleep, and general health.*

For neurocognitive testing, CUSD will use ImPACT to evaluate post-concussion symptoms. Prior to returning to play, the student athlete must pass the neurocognitive testing with scores within baseline range.

If an athlete is suspected of having a concussion (MTBI), they will undergo the ImPact Post Injury test #1 no sooner than 72 hours after the injury, unless they are completely symptom free. The athlete will undergo the Post Injury #2 once symptoms have resolved and/or ready to begin the return to play progression. ImPact testing is used as a concussion tool and not utilized to diagnosis or "release" an athlete to play.

2.8.5 Sports Medicine Staff. Scores will be evaluated by CUSD's Sports Medicine staff.

2.8.6 If the student athlete was referred to a physician, that treating physician will need to give written clearance for (RTP) return to play.

2.8.7 Final Written Clearance from CUSD's Sport's Medicine Staff, which includes the Licensed Athletic Trainer and Team Physician/Physician Assistant, if physician referral was warranted. *Use CUSD Head Injury MD Note-2014 form- Duplicated in JJIB-ED.*

2.9 Possible Temporary Transitional Accommodations for Student-Athletes with Sports-Related Head Injuries.

2.9.1 Since concussions/head injuries affect the student athlete's cognitive abilities, student athletes may experience delayed healing and prolonged or increased symptoms while in the classroom.

2.9.2 To combat this, the specific school's Licensed Athletic Trainer will work directly with the school nurse and school administration in developing modifications and restrictions to the

student's academic work. If the student was referred to a physician, the treating physician will provide recommendations/guidance for classroom modifications.

2.9.3 Modification/Restrictions include but are not limited to:

- Rest breaks as needed;
- Fewer hours at school;
- Additional time to complete tasks/tests;
- Additional help with school work;
- Reduced time using computer, reading, writing;
- Early dismissal from class to avoid busy/noisy hallways.

Groups or Organizations

The principals shall ensure that all groups or organizations using property or facilities owned or operated by the district for athletic activities shall comply with Governing Board Policy JJIB related to concussions and head injury.

All groups or organizations who request use of District-owned or -operated property or facilities shall submit to the principal written document describing the group's or organization's program and verifying that the program is and shall continue to be compliant with A.R.S. 15-341 and Board Policy JJIB. The submitted document must be signed by an official authorized by the group or organization, dated and submitted with the District's Community Use of School Facilities form to the principal a minimum of two (2) weeks prior to the requested first use date.

Records Compliance

All documentation related to Board Policy JJIB will be maintained pursuant to management standards adopted by the Arizona State Library, Archives and Public Records and Board Policy EHB, Data/Records Retention.



Book CUSD Policies
 Section J: Students
 Title Interscholastic Sports - CUSD Athletic Head Injury MD Note
 Number JJIB-EC
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Chandler Unified School District ATHLETIC HEAD INJURY REPORT/RELEASE FORM

*****This Form Must be Returned to the Athletic Trainer to be Eligible to Return to Play*****

Name: _____ School: _____

Date of Injury: _____ Sport/Team: _____

SIGNS/SYMPTOMS:	Check if Present
Was there loss of consciousness or unresponsiveness?	
Was there seizure or convulsive activity?	
Was there a balance problem / unsteadiness?	
Dizziness	
Headache	
Nausea	
Vision Problems	
Emotional Liability-(pathological expression of laughter, crying, or smiling)	
Confusion	
Concentration Difficulty	
Other:	

Patient was symptomatic for:	Check
Less than 15 minutes	
More than 15 minutes, Less than 24 hours	
More than 24 hours	
Still Symptomatic	

Last day/date of symptoms _____

Athletic Trainer Signature: _____ Date: _____

I have seen and reviewed the above injury report for this patient and taken this into consideration in my release. *MD/PA/DO/NP who is trained/knowledgeable in concussion management.*

This athlete may: (check the appropriate, and fill in)

_____ return to activity on _____ (date), and should follow the Progression Program for return to play, they should remain symptom free through each step.

_____ return to activity on _____ (player) is cleared to return to full activity due to the fact that they have: had a complete neurological exam, neurocognitive testing which indicates complete recovery and has completed a gradual return to play progression.

_____ is not cleared, and will be seen in follow-up appointment.

Physician Signature: _____ Date: _____

Printed Name of Physician: _____ Phone # _____

Additional Follow-up Visits with Physicians: _____ Please briefly explain findings and Sign

Date: _____

Date: _____

Date: _____



Book CUSD Policies
 Section J: Students
 Title Interscholastic Sports - Return to Play Guidelines for Mild Traumatic Brain Injury
 Number JJIB-ED
 Status Active
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Return to Play Guidelines for Mild Traumatic Brain Injury:

Baseline (Step 0): As the baseline step of the Return to Play Progression, the athlete needs to have completed physical and cognitive rest and not be experiencing concussion symptoms for a minimum of 24 hours. *Keep in mind, the younger the athlete, the more conservative the treatment.*

Step 1: Light Aerobic Exercise

The Goal: only to increase an athlete's heart rate.

The Time: 15 to 20 minutes.

The Activities: exercise bike, walking, or light jogging.

Absolutely no weight lifting, jumping or hard running.

Step 2: Moderate Exercise

The Goal: limited body and head movement.

The Time: Reduced from typical routine.

The Activities: moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting.

Step 3: Non-contact Exercise

The Goal: more intense but non-contact.

The Time: Close to Typical Routine.

The Activities: running, high-intensity stationary biking, the player's regular weightlifting routine, and non-contact sport-specific drills. This stage may add some cognitive component to practice in addition to the aerobic and movement components introduced in Steps 1 and 2.

Step 4: Practice

The Goal: Reintegrate in full contact practice.

Step 5: Play

The Goal: Return to competition.

It is important to monitor symptoms and cognitive function carefully during each increase of exertion. Athletes should only progress to the next level of exertion if they are not experiencing symptoms at the current level. If symptoms return at any step, an athlete should stop these activities as this may be a sign the athlete is pushing too hard. Only after additional rest, when the athlete is once again not experiencing symptoms for a minimum of 24 hours, should he or she start again at the previous step during which symptoms were experienced.

The Return to Play Progression process is best conducted through a team approach and by a health professional who knows the athlete's physical abilities and endurance. By gauging the athlete's performance on each individual step, a health care professional will be able to determine how far to progress the athlete on a given day. In some cases, the athlete may be able to work through one step in a single day, while in other cases it may take several days to work through an individual step. It may take several weeks to months to work through the entire 5-step progression.