



Vista Grande High School Return to Play: Revised July 2017

Factors to Consider:

- 1) Consultation by a physician?
- 2) Strength of the injury
- 3) Biomechanics
- 4) Coordination and proprioception
- 5) Mental status of the athlete

Injury Evaluation by Athletic Trainer:

- Prior history, observation (deformity/gait/swelling), palpation (deformity/ point tenderness/crepitus), special tests, MMT (manual muscle testing) and ROM (range of motion) testing will be conducted.
- Depending on the severity of the injury, the ATC will make her recommendations and will determine the restriction status for the athlete to participate in practices and games.
- A parent consent form describing the injury, recommendations and possible referrals such as to an orthopedic doctor, Dr. Kersey, a concussion specialist, Dr. Javier Cardenas and/or physical therapist, Dr. Graham Gould will be given to the athlete. Consent form must be signed or acknowledged by parent/guardian via phone or email and returned the following day or athlete is restricted from participation in practice unless already restricted due to injury.
- The athlete must follow up with the ATC every day before practice to determine improvement/worsening of the injury.
 - **If athlete has been seen by a provider, the athlete must give the ATC the documents from the office visit(s).**
 - **The ATC must follow the provider's recommendations and restrictions for the athlete's injury.**
 - **The ATC will provide the coach a weekly or day by day injury report via text and/or email depending on the severity of the injury and follow up appointments with the athlete's provider.**

Return to Play Guidelines:

- Normal ROM (range of motion), normal end feel (joint injury)
- Pain has decreased or pain free/swelling has decreased or is absent
- Strength is 85-100% of the injured body part when compared bilaterally
- Balance and coordination are at 85-100%
- Athlete is able to walk and run without limping (if injury to the lower extremity) and is able to use the affected upper extremity limb or area with proper form (if injury to upper extremity).
- Apprehension of injury is vague or absent (mental status is clear about injury)

Return to Play Factors:

1) Lower Extremity

- Walk with no limp.
- Jog with no limp.
- Sprint with no limp.
- Figure 8 jog and run with no limp.
- Quick cut “zig-zag” running with no limp.
- Double leg hop.
- Single leg hop.
- Non-contact sport specific drills.
- Contact sport specific drills.
- Return to competition.

2) Upper Extremity

- Return of normal ROM.
- Return of normal strength.
- Ability to do mechanically correct two-hand push-up.
- Ability to balance on one arm in push-up position.
- Ballistic or plyometric push-up.
- Return of proper arm mechanics in the sport.
- Progress through a long-toss short-toss program.
- Return to competition.