Return to Play: Club/Community Level

An initial period of 24-48 hours of rest post injury is recommended before starting the Judo-Specific Return-to-Sport strategy. (**a longer rest period could be required by a healthcare professional, especially for athletes under 25 years old). 

In order to provide comprehensive evaluation of athletes with a suspected concussion, the athlete must see a medical doctor for a medical assessment to make the diagnosis of concussion and to rule out more serious forms of traumatic brain and spine injuries as well as medical and neurological conditions that can present with concussion-like symptoms. 

If at any step of either the return-to-school or return-to-sport strategies the athlete experiences new symptoms or worsening of symptoms with he/she should stop activity, rest until symptoms resolve (minimal 24 hrs) then return to the previous step. If the athlete experiences new or worsening symptoms with step 5 (A/B) or 6 of the return-to-sport strategy he/she should stop activity and contact the healthcare professional in charge of supervising the return strategies. 

Prior to returning to contact practice (Step 5 A/B) each athlete that has been diagnosed with a concussion must provide their coach with a Medical Clearance Letter. If the athlete experiences any new concussion-like symptoms while returning to play, they should be instructed to stop playing immediately, notify their parents, coaches, trainer or teachers, and undergo follow-up Medical Assessment. 

It is important that youth and adult student-athletes return to full-time school activities before progressing to Stage 5 (A/B) and 6 of the judo-specific return-to-sport strategy. 

ALL ATHLETES ARE REQUIRED TO PROVIDE HIS/HER COACH WITH A MEDICAL CLEARANCE LETTER/PHYSICIAN’S AUTHORIZATION PRIOR TO FULL CONTACT SPORT ACTIVITIES (5 A/B)
**Return to Play: Elite Cub/Community Level**

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**Step 1 - Symptom Limiting Activity**
Daily activities that do not provoke symptoms. Start at 5-15 minutes at a time and gradually build up doing typical daily activities as long as they do not increase symptoms.

**Step 2 - School Activities-Outside the Classroom**
- Mental effort in 30-45 min sessions (progressing up to 60 min as tolerated)
- Homework, reading, or other cognitive activities

When the athlete can maintain a mental effort/perform cognitive work 2-3 times a day for a period of 60 min without symptoms, he/she can move on to step 3.

**Step 2 - Light Aerobic Activity**
Walking, swimming, stationary cycling
15-20 min of light intensity effort

**Step 3A - Return to School Part-Time (Light Workload)**
Gradual re-introduction of school
- Up to 120 min of cognitive activity at a time
- No music or physical education/sport classes
- No exams

When the athlete can maintain a cognitive effort/perform cognitive tasks for 120 min a day for 1-2 days without symptoms, he/she can move on to step 3B.

**Step 3B - Return to School Part-Time (Moderate Workload)**
- Up to 4-5 hrs of cognitive activity per day (with breaks)
- No music or physical education/sport classes
- No exams

When the athlete can maintain a cognitive effort/perform cognitive tasks for 4-5 hrs a day for 2-4 days without symptoms, he/she can move on to step 4.

**Step 3 - Sport Specific Exercises**
Total duration of the session should not be more than 50% of regular practice time
- Moderate intensity exercise (jogging/stationary cycling)
- Low to moderate agility drills Uchi-komis and technical Newasa

*NO LIFTING, THROWING or POWER drills
*NO SANKAKU/OTHER CHOKES AS UKE
*No new techniques should be taught at this stage
Step 4A - Return to School Full-Time (Nearly Normal Workload)
Near Normal cognitive activities
Begin routine schoolwork as tolerated
Homework up to 60 min per day
Minimal learning accommodations
No Physical education/sports classes
No Standardized tests/exams
When the athlete can tolerate full-time academic load, he/she can move on to step 4B

Step 4B - Return to School Full-Time (Full Workload)
Resume normal cognitive activities/full school curriculum load/ routine schoolwork
No learning accommodation
Catch up on missed schoolwork

Step 4 - Non-Contact Training Drills
Total duration of the session should not be longer than 75% of regular practice time
High intensity running or cycling
Moderate to high intensity training drills with moderate resistance
Increase difficulty of technical training, adding lifting, throwing (as Tori ONLY) and kumikata sequences
*only to the level of what the athlete had done prior to the concussion injury
NO ROLLING, SOMMERSAULTS, BREAKFALLS or PARTNER CARRY EXERCISES
May re-start progressive resistance training
*only if the athlete has previously done resistance training
NO MAXIMAL EFFORTS, OLYMPIC LIFTS, JUMPING, VALSALVA MANOEUVERS OR BE IN A POSITION WHERE THE ATHLETE’S HEAD IS BELOW HIS/HER WAIST

MEDICAL CLEARANCE BEFORE MOVING ON TO STEP 5

Step 5A - Training with Controlled Contact
Total duration should be equivalent to a normal practice session
Eliminate situations of hard impact (ie: hard throws onto the mat, high gripping from partner and high intensity transitions from Tachiwasa into Newasa)
Progressive increase in intensity for Newasa and Tachiwasa randori (follow a progression of lighter Newasa to regular Newasa, then light Tachiwasa to regular Tachiwasa)

Step 5B - Full Training with Contact
Regular judo practice without restrictions

Step 6 - Return to Sport & Competition
Normal training & return to competition