



Hamilton Ultimate Club Return to Sport Protocol

Player Name: _____

Date of Injury: _____

Stage 1: Rest and energy conservation (at least 24 hours)

- Rest your brain and body (stop studying, working, and playing)
- Conserve your brain and body's energy, it is needed to feel well and allow the brain to heal

Stage 1: Signature of completion (requires player signature and parent/guardian signature if player is under 18 years old)

I confirm that _____ completed Stage 1 for a *minimum* of 24 hours with no symptoms on _____. DD/MM/YYYY

(Player Signature)

(Parent/Guardian Signature)

Stage 2: Light general exercise (at least 24 hours)

- Off-field activities
- Begin with a warm-up (stretching/flexibility) for 5 – 10 minutes
- Start a cardio workout for 15 – 20 minutes which can include: stationary bike, elliptical, treadmill, fast-paced walking, light jogging, rowing or swimming (50% intensity)

Stage 2: Signature of completion (requires player signature and parent/guardian signature if player is under 18 years old)

I confirm that _____ completed Stage 2 for a *minimum* of 24 hours with no symptoms on _____. DD/MM/YYYY

(Player Signature)

(Parent/Guardian Signature)

Stage 3: General conditioning and ultimate specific skills work done individually (at least 24 hours)

- Off-field activities
- Begin with a warm-up (stretching/flexibility) for 5 – 10 minutes
- Increase intensity and duration of cardio workout to 20 – 30 minutes
- Begin ultimate specific skill work: running
- 50 – 60% intensity

Stage 3: Signature of completion (requires player signature and parent/guardian signature if player is under 18 years old)

I confirm that _____ completed Stage 3 for a *minimum* of 24 hours with no symptoms on _____. DD/MM/YYYY

(Player Signature)

(Parent/Guardian Signature)

Stage 4: General conditioning and ultimate specific skills work done with a teammate (at least 24 hours)

- Can begin on-field activities
- Increase duration up to 60 minutes. Begin resistance training including neck and core strengthening exercises
- Begin on-field warm-up
- Begin on-field practice of ultimate drills with a partner: throwing, catching

Stage 4: Signature of completion (requires player signature and parent/guardian signature if player is under 18 years old)

I confirm that _____ completed Stage 4 for a *minimum* of 24 hours with no symptoms on _____. DD/MM/YYYY

(Player Signature)

(Parent/Guardian Name & Phone #)

(Parent/Guardian Signature)

*Acknowledgement: Toronto Ultimate Club & Montreal Children's Hospital "Return to Hockey Following a Concussion"

* McCrory P, Meeuwisse W, Johnston K et al. Consensus Statement on Concussion in Sport: The 4th International Conference on Concussion in Sport Held in Zurich, Nov. 2012. British Journal of Sports Medicine 2013 47: 250 – 258