



IOWA HIGH SCHOOL ATHLETIC ASSOCIATION

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WELLNESS UPDATE 2008, #1

RETURN TO PLAY RECOMMENDATIONS FOLLOWING INJURY

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An athlete is injured. **Decisions regarding when it is appropriate for an athlete to return to play must take place prior to allowing the athlete back to full participation. These decisions are important to protect coaches and schools from liability and to protect the athlete from further injury.**

Often, in interscholastic sports, an injury occurs during practices or competition. The injury must then be evaluated and assessed. The body part involved and the severity of the injury are important factors so proper treatment and care can take place. Initial treatments involve ice, rest, first aid, or emergency medical services notification. Once the injury is assessed, a plan of care or plan for recovery is developed to map out the course of care and projected return to activity. **Communication must take place between all individuals (athlete, parent, coach, physician, physical therapist, athletic trainer, etc) to achieve a collaborative decision regarding the athlete's injury status and expected return to sports activity.**

Communication can be in the form of verbal or written statements. All written records of specific dates, mechanism of injury, athlete status should be kept to maintain compliance and prevent misunderstandings among the healthcare team. **Coaches, athletes, and parents should follow instructions from their health care provider** regarding rehabilitation, limitations with sports activity, and outlined dates for follow up or planned return to play. Disregarding health care professional instructions can lead to re-injury or prolonged recovery from injury.

Physicians, physical therapists, athletic trainers, parents, athletes, and especially coaches all work together when working out return to play plans. **If a coach decides to disregard the instructions from parents or medical professionals, they may be held accountable for re-injury or prolonged recovery.** Communication is again the key between all parties involved in the care of the athlete.

In 2002 a consensus statement was issued by groups like the American Academy of Family Physicians and the American College of Sports Medicine, et al, who all worked together to outline a process for determining when an injured athlete can/should return to practice or competition. It is only a guide, but provides individuals dealing with injured athletes a formula for working with return to play criteria.

The consensus statement stresses that **“athletes should not be put at risk” when deciding return to play time lines**. Not every athlete will fit into the same protocol for return, thus individual situations may vary the outcome. **It is important to always take into consideration an athletes’ safety, risk to other athletes, the functional capability of the injured athlete, the sport’s functional requirements, and the rules and regulations for injured athletes within each sport.**

Keys for returning to play include **constant assessment of the healing taking place** within the athlete’s body, the **athlete’s physical performance capabilities** (do they look “normal” and fully capable of participating?), and **allowing the athlete ample time to restore their skills and ability** to perform without setting their recovery back each time they attempt to play.

Sooner or later, an athlete will sustain some type of injury. Maintaining year round conditioning levels will assist in preventing injury. However, once the injury occurs, getting the athlete assessed, diagnosed, treated, and rehabilitated will allow for a quick and safe return to participation. **Safe return to participation occurs when the athlete is pain-free, exhibits full motion and strength within the involved body part, and is able to complete a sports-specific training program.**

Communication is important between all groups involved with the care and recovery of the injured athlete. Check with your school or personal health care provider for details regarding their protocols regarding return to play criteria for the athletic population.

References:

1. “The Team Physician and Return to Play Consensus Statement” – Medicine and Science in Sports and Exercise.
2. “Return to Play References” – Guidelines – Bulletin of the American Academy of Orthopaedic Sciences, Society for Sports Medicine and the National Athletic Trainer’s Association – 4/2004.
3. NATA News – May 2006