



Ontario Amateur Softball Association Return to Play Protocol

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 & parent/guardian signatures)

I confirm that _____ completed Stage 1 for minimum of 24 hours with no symptoms on _____
MM/DD/YY

(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 bicycle, elliptical, treadmill, fast paced walking, light jog, rowing or swimming (50% intensity)

Stage 2: Signature of completion (requires player & parent/guardian signatures)

I confirm that _____ completed Stage 2 for minimum of 24 hours with no symptoms on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

Stage 3: General conditioning and softball 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 softball specific skill work: running,
- 50-60% intensity

Stage 3: Signature of completion (requires player & parent/guardian signatures)

I confirm that _____ completed Stage 3 for minimum of 24 hours with no symptoms on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

Stage 4: General conditioning and softball specific skill 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 softball drills with a partner: fielding, hitting

Stage 4: Signature of completion (requires player, parent/guardian & trainer signatures)

I confirm that _____ completed Stage 4 for minimum of 24 hours with no symptoms on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

(Trainer)

*Acknowledgement: 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