

# TSA return-to-sport protocol



## Stage 0: Initial rest period of 24-48 hours before beginning return to play protocol

### Stage 1: Symptom limited activity (at least 24-48 hours)

- Daily activities that do not provoke symptoms.
- 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 aerobic exercise (at least 24 hours)

**Effort: 50%**

- Off the field. Start a cardio workout of 15-20 minutes which can include: stationary bicycle, elliptical, treadmill, fast paced walking, light jog, rowing or swimming.
- No resistance training, weight lifting, jumping or hard running.
- **No head impact activities (i.e. no heading, no tackling, no scrimmages)**

### 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: Soccer specific skill exercise individually (at least 24 hours)

**Effort: 50-60%**

- Off the field. Increase intensity and duration of cardio workout to 20-30 minutes.
- Begin soccer specific skills: running drills, static/dynamic foot dribbling with use of cones, individual kicking/passing.
- Goalies do not complete in net activities or drills involving diving or receiving shots with a ball.
- **No head impact activities (i.e. no heading, no tackling, no scrimmages).**

### 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 (A): Soccer specific exercise with an instructor/teammate (at least 24 hours)

**Effort: 75%**

- Can begin 1:1 modified on-field practices. Increase duration and intensity of training activities.
- Begin resistance training including neck and core strengthening exercises.
- Begin practicing soccer drills with a partner: dribbling and passing.
- Begin reviewing offensive and defensive plays at a slow speed.
- Goalies begin in net drills with a coach shooting balls in a controlled manner (i.e. Begin with drills involving diving side-to-side without a ball, progress to ball shots along the ground, medium height, then higher shots to corners).
- **No head impact activities (i.e. no heading, no tackling, no scrimmages).**

### Stage 4 (A): Signature of completion (requires player & parent/guardian signatures)

I confirm that \_\_\_\_\_ completed Stage 4 (A) for minimum of 24 hours with no symptoms on \_\_\_\_\_ and I  
discussed my return to play stage with my coach at practice. MM/DD/YY

\_\_\_\_\_  
(Player Signature)

\_\_\_\_\_  
(Parent/Guardian Signature)

# TSA return-to-sport protocol



**Stage 4 (B): Non-contact training (at least 24 hours) Effort: 90-100%**

- On field practice. Resume pre-injury duration of practice and team drills (i.e. more complex training activities).
- Practice passing/shooting drills, offensive, defensive and counter attack tactical schemes (coordination & attention).
- Goalies begin in net drills with a teammate shooting balls in controlled manner (i.e. facing shots from a single ball in play or players shooting one at a time from distance).
- **Able to participate in full school activities without experiencing symptoms (i.e. full schedule, assignments, tests)**
- **No head impact activities (i.e. no heading, no tackling, no scrimmages).**

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

I confirm that \_\_\_\_\_ completed Stage 4(B) for minimum of 24 hours with no symptoms on \_\_\_\_\_ and I discussed my return to play stage with my coach at practice. MM/DD/YY

_____ (Player Signature)	_____ (Parent/Guardian Signature)	<input type="checkbox"/> Family Physician <input type="checkbox"/> Pediatrician <input type="checkbox"/> Sports Medicine Physician <input type="checkbox"/> Neurologist <input type="checkbox"/> Physiatrist <input type="checkbox"/> Nurse Practitioner
_____ (MD or NP signature)	<div style="border: 1px solid black; width: 100%; height: 60px; margin: 0 auto;"></div> MD or NP signature stamp and credentials	

**MEDICAL CLEARANCE REQUIRED BEFORE PROCEEDING TO STAGE 5 & 6**

**Stage 5: Full contact practice with team (at least 24 hours after medical clearance) Effort: 100%**

- CONTACT. SCRIMMAGE. HEADING. TACKLING.
- Review and practice techniques for heading the ball (if applicable to your level of play).
- Participate in a full practice to get yourself back in the lineup. If completed with no symptoms, discuss with the coach about getting back to full game play.
- Goalies return to full team practice with hard driven shots, higher intensity drills, and practicing corner kicks.

**Stage 5: Signature of completion (requires player & parent/guardian signatures)**

I confirm that \_\_\_\_\_ completed Stage 5 for minimum of 24 hours with no symptoms on \_\_\_\_\_ and I discussed my return to play stage with my coach at practice. MM/DD/YY

_____ (Player Signature)	_____ (Parent/Guardian Signature)
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**Stage 6: Return to game play Effort: 100%**

- **Players must spend a minimum of 24 hours at each stage, however most children/youth should spend longer.**
- Required signatures must be completed before moving to the next stage. If the player experiences any onset or worsening of symptoms during or after the activities in any stage, the player should stop that activity immediately and return to the previous successful stage the following day before trying those activities again. Players should consult with a trained healthcare professional for return-to-sport strategies.
- Medical clearance is required for participation in **Stage 5: Full contact practice with team**. Clearance must be from a **medical doctor or nurse practitioner**. This includes a **family physician, pediatrician, sports-medicine physician, neurologist or internal medicine and rehabilitation (physiatrists)**. **Documentation from any other source will not be acceptable**. See [recommended medical clearance letter template](#).
- Do not progress to game play until player has regained their pre-injury skill-level and player is confident in their ability.
- **Upon successful completion of Stage 5, this form in addition to medical clearance letter from medical doctor or nurse practitioner must be sent to the head coach before player is permitted to proceed to Stage 6. Head coach must send to TSA office ([tsaleagues@torontosoccer.net](mailto:tsaleagues@torontosoccer.net)) prior to player participation in stage 6.**

*Made in collaboration with the [Concussion Centre from the Holland Bloorview Kids Rehabilitation Hospital](#). This form is to be completed by parents and players to guide and document progress through return-to-sport steps after a diagnosed concussion with their coach and healthcare professional. This report form is aligned with [best-practice guidelines](#) and a tool to be used to support the return to soccer strategy of the [Canada Soccer Concussion Policy](#). **Additional Acknowledgement: [Montreal Children's Hospital](#)***