Return to Play
How to reintroduce the injured athlete to activity
What is RTP?

- PROCESS of integrating an athlete back into participation
- “Medical clearance of an athlete for full participation in sport without restriction (strength and conditioning, practice and competition)”
  Creighton, 2010
- Safety
Athlete centered care

- What is best for the athlete needs to be at the center of the discussion
  - Other health/physical risks
  - Psychological wellbeing
  - Long term wellness
- May not be the same as what is best for the team
- May not be the same decision you would make for you
Decision making process

- Who is involved vs who makes final call
- Conflict of interest?
- Risk - Economics - Social - Legal

- Have a framework in place
  - Outlined progressions & check ins
  - How to make final decision
Health Team’s Role

- Communicate with coach and athlete
- Clearly outline the proposed structure of RTP
  - Milestones
  - Pre-participation requirements
  - Explain timelines are variable
- Provide best practice care
- Follow through
Coaching Staff Roles

- Technical and tactical
- Facilitate athlete’s needs through RTP process
- Two-way communication with health team
- Expectations of athlete
Athlete’s Role

- Commit to RTP process
- Honest communication with health team and coach
- Openness regarding state of mind, concerns
- Seek out support
Maintenance

- Cardiovascular fitness
- Strength
- Flexibility
Monitoring

- RPE (Rate of Perceived Exertion)
- Mood questionnaires
- Sleep habits
- Diet
Case Study Overview

- **Athlete:** 24 y/o Male College Basketball Guard
- **MOI:** Opponent drove elbow on to top of distal clavicle, causing inferior glide to clavicular end of acromioclavicular joint
- **Diagnosis:** Second degree AC sprain
- **Initial management:**
  - Sling x 2 weeks followed by passive and active ROM and isometrics
  - Isolated single plane strengthening as tolerated until full pain free range is attained
1. Functional Movements

- Consider
  - Patterns
  - Body positions
  - Weight bearing
  - Implements
1. Functional Movements

- Initial Strength Progressions
  - Anterior pressing with depth control; high reps
  - Cable PNF patterns
  - Weight bearing on stable/unstable surfaces

- Dynamic Strength Progressions
  - Single arm DB snatches
  - Dynamic landmine pressing
  - Medicine ball throws

- Ballistic weight bearing
  - BOSU ‘pops’
  - Plyometric/Depth pushups
2. Individual Skills

- Pain-free motions
- Re-introduce locomotor skills as soon as pain free and limited risk
- Coach involvement - technique
Case Study

2. Individual Skills

- Transition to on court work
  - Identify skills necessary for the athlete’s position
- Progressions:
  - Static shooting controlling distance and repetitions
  - Static passing controlling direction and distance
  - Dynamic shooting
  - Reactive passing
  - Defensive position
3. Partial Practice

- Frequency
  - Daily practice, every second practice
- Intensity
  - % effort, style of drills
- Time
  - Consecutive duration, total minutes
- Type
  - Drills, systems, skills
- Taping or bracing
Case Study
3. Partial Practice

- Protect with tape to aid in progression to more dynamic environment

- Progressions:
  - Controlled defensive positioning/Defence walk through drills
  - Active defense drills designated (player designated as non-contact)
  - Controlled offensive set piece drills
  - Live play offence (designated as non-contact)
4. Full Practice

- Required amount of full unrestricted practice time can vary depending on the athletes performance
- * Risk of injury may be increased in other areas
- Development of intangibles of full participation
Case Study
4. Full practice

- Practice quality can challenge rehab progression
- Worked with coaching staff to identify key components of practice that will allow athlete to compete at game pace
  - Ensure injured athlete and teammates are aware that identified drills must be treated at game pace and intensity
- Justifying the duration of ‘Full Practice’ vs ‘Game’ phase to coach and athlete
5. Game

- Frequency
  - Consecutive or alternating games
- Intensity
  - Quality of game, pressure situations, score
- Time
  - Playing minutes
  - How many, when in the game
- Type
  - Position played, special teams roles
Case Study
5. Game

- Decision making process returning to a varsity schedule of Friday/Saturday games
  - Identifying an opponent or specific weekend for first game experience
  - Player’s position, style of play, and influence on set plays will impact how athlete is integrated into game
  - Impose more strict restrictions for the first game

- Performance assessment
  - Pending circumstances or restrictions, evaluate performance of athlete in-game, post game, and prior to the following game
  - Alter limitations or restrictions as indicated based upon how the athlete responds to the initial return to game play
6. Continued Monitoring

- Risk of re-injury may still be present
- Continued ability to improve performance
- Wean or alter tape/brace/equipment
- Communication with coach/athlete
- Ensure follow up appointments are booked in advance
Case Study

6. Continued Monitoring

- Athletes and coaches often perceive a return to game play as a return to “100%”
- Encourage athlete buy-in about returning to “110%”
- Only once a full return to pre-injury workload for all practices and consecutive games, with no post-activity soreness or restrictions, can the athlete be deemed to be ‘full’
  - Maintenance treatment sessions
Athlete Perceived Readiness

- Athlete must have full confidence in their ability to return to the game
- Mental recovery may progress at a different pace than physical recovery
- Underlying psychological conditions
- How to evaluate?
Social factors affecting RTP

- Athlete-Therapist (& Coach) interactions
  - Relationship and rapport
  - Delineation of roles
  - Clear expectations

- Social support: Emotional, practical, informational
  - Health team
  - Sports team: Coaches, teammates
  - Family and Friends
Conclusion

- RTP is fluid
- Rarely ever a text book process
- Requires commitment of athlete, coach and health team
References

- Blanch, P. & Gabbett, TJ. (2015) “Has the athlete trained enough to return to play safely? The acute:chronic workload ratio permits clinicians to quantify a player’s risk of subsequent injury” *British Journal of Sports Medicine*


