

RETURN TO BASKETBALL PROTOCOL**Stage 0 – Rest.**

- Observe period of initial mental and physical rest for 24-48 hours.

Requirement: Any athlete who is diagnosed by a physician or nurse practitioner as having a concussion must not be permitted to return to training, practice, or competition unless the athlete (or if the athlete is under 18 years of age, the athlete's parent/guardian) has shared the medical advice or recommendations they received (if any) with the head coach.

Requirement: The head coach must inform an athlete who has been diagnosed as having a concussion or, if the athlete is under 18 years of age, the athlete's parent/guardian of the importance of disclosing the diagnosis to any other sport organization with which the athlete is registered or school that the athlete attends.

I confirm that _____ [name of athlete] completed Stage 0 for a minimum of 24 hours with no symptoms on _____ [date].

Athlete Signature: _____ Parent/Guardian Signature: _____

Stage 1 – Light aerobic exercises (50% effort)

- No contact.
- 5-10 minute warm-up (stretching/flexibility).
- 15-20 minute cardio workout, which can include: stationary bike, elliptical, treadmill, fast-paced walking, light jogging, rowing or swimming.
- Observe Stage 1 – Light aerobic exercises for a minimum of 24 hours.

I confirm that _____ [name of athlete] completed Stage 1 for a minimum of 24 hours with no symptoms on _____ [date].

Athlete Signature: _____ Parent/Guardian Signature: _____

Stage 2 – Basketball-specific skill work, done individually (50-60% effort)

- No contact.
- 5–10 minute warm up (stretching/flexibility).
- Increase intensity and duration of cardio workout to 20–30 minutes.
- Begin basketball-specific skill work: Footwork drills for offense and defense, individual ball handling, dribbling, and shooting drills.

I confirm that _____ [name of athlete] completed Stage 2 for a minimum of 24 hours with no symptoms on _____ [date].

Athlete Signature: _____ Parent/Guardian Signature: _____

Stage 3 – Basketball-specific skill work, done in controlled practice environment - 1:1 with a teammate (70-90% effort)

- No contact.
- Increase duration of session to 60 minutes.
- Begin resistance training including neck and core strengthening exercises.
- Begin passing and shooting drills with a partner.
- Begin walk-throughs of offensive and defensive plays.

I confirm that _____ [name of athlete] completed Stage 3 for a minimum of 24 hours with no symptoms on _____ [date], and I discussed my Return to Basketball stage progression with my coach at practice.

Athlete Signature: _____ Parent/Guardian Signature: _____

Stage 4 – Basketball-specific skill work and team drills done at practice (70-90% effort)

- No contact. No scrimmages.
- Resume pre-injury duration of practice and team drills.
- Practice team passing, shooting drills, and individual defensive skills.
- Begin fast-break drills, 3-on-2/2-on-1's and shell drills with no contact.
- Continue with walk-throughs and run-throughs of offensive patterns and plays with no contact.
- Practice defensive coverage with no contact.
- Review box-out and screening techniques.

Note: Medical clearance letter from a medical doctor or nurse practitioner required before proceeding to Stage 5.

Requirement: The athlete or, if the athlete is under 18 years of age, the athlete's parent/guardian must provide a confirmation of medical clearance by a physician or nurse practitioner to the head coach and the member club administrator before proceeding to Stage 5. The head coach must send the confirmation of medical clearance immediately to OBA [via Smartsheet](#).

I confirm that _____ [name of athlete] completed Stage 3 for a minimum of 24 hours with no symptoms on _____ [date], and I discussed my Return to Basketball stage progression with my coach at practice.

Athlete Signature: _____ Parent/Guardian Signature: _____

MD or NP Signature/Stamp:

Stage 5 – Full team practice with contact – i.e. unrestricted practice (90-100% effort)

- Contact allowed. Scrimmages allowed.
- Coaches make sure that the player has regained his/her pre-injury skill-level.
- The child or teen is confident in his/her ability to return to activity.

I confirm that _____ [name of athlete] completed Stage 5 for a minimum of 24 hours with no symptoms on _____ [date].

Athlete Signature: _____ Parent/Guardian Signature: _____

Stage 6 – Return to competition (100% effort)

- Full participation in practices and competitions.
 - 100% intensity.
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- 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 team practice with contact**. Clearance must be from a medical doctor or nurse practitioner. See: [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 to return to activity.
 - Upon successful completion of Stage 5, this form in addition to Medical Clearance Letter from medical doctor or nurse practitioner must be sent to head coach and club administrator before player is permitted to proceed to Stage 6.

Adapted from: Montreal Children's Hospital, 3rd Edition Concussion Kit 2018.