GRADED RETURN TO PLAY (GRTP)

A1. If a diagnosis of concussion has been established, a participant must enter the GRTP process outlined below (or in Appendix 3 for Pathway (under 19 years of age), under the guidance and supervision of a Medical Officer or Physiotherapist.

A2. The GRTP process must be entered into the RTP Template on the AMS

AC Concussion GRTP Process		
Stage	Activity	Progress timelines and rationale
Stage 1	On day of concussion – relative inactivity rest of the next 24 hours (physical/cognitive)	24 hours relative inactivity (physical/cognitive) – no training / work / school etc. Can progress to stage 2 once symptoms resolve, and after a minimum of 24 hours.
Stage 2	Light aerobic exercise e.g. walk or light stationary bike	If symptoms remain resolved after Stage 2 – progress to Stage 3 activity Progression to the next stage should not be until 48 hours later (earliest)..
Stage 3	Moderate intensity exercise. Cricket specific exercise with very low risk of head impact such as catching or ground fielding drills, batting to low risk throwdowns may be permitted after medical assessment and consideration.	If symptoms remain resolved after Stage 3 – progress to Stage 4 activity. Progression to the next stage should not be until 72 hours later (earliest).
Stage 4 (48 hours minimum)	Higher intensity exercise with low risk of head impact (e.g. high intensity cardio / resistance training, batting to spin only)	If symptoms remain resolved after Stage 4 - progress to Stage 5 activity. Progression to the next stage should not be until 72 hours later (earliest).
Stage 5 (48 hours minimum)	Return to full unrestricted training	If symptoms remain resolved after Stage 5 and Cognigram returned to baseline - can be cleared to RTP only after doctor review. RTP must be no sooner than Day 12.
Stage 6	Earliest possible RTP = Day 12 unless approved by the panel.	