

Return to Play Decisions

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A. Return to play decisions: definition

1. A decision that addresses safety to participate in sports with, or following, an illness or injury.
2. Return to play decisions can be made prior to commencing training; prior to an event; or during the course of an event.
3. Depending on the nature of the decision and the availability of resources, the decision may be made by a physician; a certified athletic trainer; other medical specialists; or a meet official.

B. Where do these decisions take place?

1. Medical setting
 - a. physician's office/clinic
 - b. emergency department
 - c. therapy clinic
2. On-site
 - a. pool
 - b. hotel/training room

C. How are these decisions made? (*10 key questions*)

1. What is the diagnosis?
2. What is the effect of the injury/condition on performance?
3. What is the effect on short-term and long-term health?
 - a. risk of worsening condition?
 - b. risk of secondary injury to athlete or others?
 - c. long-term health risks?
 - d. risk of death or disability?
4. Is there available treatment and, if so, what is the effect of treatment on performance and health?
 - a. medication
 - b. physical therapy
 - c. tape, brace, protective equipment
5. Can participation be modified to enhance safety?
6. Are there published guidelines that address the decision at hand?
7. Is the person making the decision qualified?

9. Does the athlete feel ready to return to play and do they want to return to play?
10. Are the risks understood and acceptable? (informed consent)

D. What happens if the decision is wrong?

1. Further injury or more serious injury
2. Long-term disability; death
3. Liability

E. Examples (see Appendix H)

F. When should a physician or medical specialist be involved?

1. Neurologic injury/condition
 - a. concussion
 - b. spinal cord injury
 - c. seizure
2. Cardiac “red-flags”
 - a. syncope (passing out from exercise)
 - b. chest pain/palpitations
 - c. family history of sudden cardiac death
3. Respiratory
 - a. shortness of breath
 - b. uncontrolled asthma
 - c. laryngospasm (swelling or tightening of throat)
4. Gastrointestinal/genitourinary
 - a. persistent vomiting
 - b. severe abdominal pain
 - c. blood in urine or stools
 - d. severe dehydration
5. Infection
 - a. persistent high fever
 - b. potentially contagious infections (mono, chicken pox, measles, impetigo, hepatitis, HIV)
6. Heat injury
 - a. heat stroke
 - b. heat exhaustion with dehydration
7. Recent surgery

G. Summary/recommendations

1. Have a “return to play” plan/procedure in place for your facility or association.
 - a. include in that plan how to address both chronic and/or pre-existing conditions that athletes may bring to the event as well as acute injuries or illnesses that occur at the event

- b. identify the most well-qualified and objective person to be in charge of making the final determination in a return to play decision
 - c. communicate this plan with athletes, parents, coaches, and officials who will be participating. Make sure the rules and guidelines are known before there is an issue.
2. Ask and answer the 10 questions.
 - a. if the answers aren't clear, it is better hold the athlete out until the answers are clear.
3. If a condition requiring a return to play decision is known and present before an event, consultation with the athlete's personal medical provider is far preferable to leaving the decision to the personnel who may be available at the competition.
4. Recognize that established policy or procedures cannot specifically address all situations that may arise. When a specific policy doesn't exist, the standard is, "what would be the recommendation of reasonable, prudent, informed, qualified, and objective individuals?"
5. When in doubt, hold them out.

H. Appendix 1: Return to play decisions: Medical and Musculoskeletal

Condition	Risk of adverse effect on performance	Risk of adverse effect on health	Prospects for timely amelioration of negative effects	Comments
Medical conditions				
Concussion	high	high	poor	See MD**
Spinal cord injury	high	high	poor	See MD
Seizure	high	+/-	poor	See MD
Tingling	+/-	low	+/-	
Headache	+/-	low	+/-	
Fainting	high	+/-	+/-	
Syncope (passing out with exercise)	high	high	poor	See MD
Chest pain/palpitations	high	high	poor	See MD
Heart murmur	+/-	+/-	poor	
Rapid heart rate	+/-	+/-	+/-	
Irregular heart rate	+/-	+/-	poor	
High blood pressure	+/-	+/-	poor	
Shortness of breath	high	+/-	poor	See MD
Uncontrolled asthma	high	+/-	poor	See MD
Laryngospasm (tightening, swelling in throat)	high	high	poor	See MD
Wheezing	+/-	+/-	+/-	
Hyperventilation	+/-	low	good	
Bronchitis	+/-	low	poor	
Pneumonia	high	low	poor	
Cough	+/-	low	poor	
Rib pain	+/-	low	poor	
Sinusitis	low	low	+/-	

Condition	Risk of adverse effect on performance	Risk of adverse effect on health	Prospects for timely amelioration of negative effects	Comments
Persistent vomiting	high	+/-	+/-	See MD
Severe abdominal pain	high	+/-	poor	See MD
Blood in stool/urine	low	low	poor	See MD
Diarrhea	+/-	low	+/-	Greater risk with dehydration
Cramps	+/-	low	+/-	Check hydration status
Menstrual bleeding	+/-	low	+/-	
Food poisoning	+/-	+/-	poor	Check hydration status
High fever (>102)	+/-	+/-	poor	See MD
Contagious infection	+/-	+/-	poor	See MD
Ear infection	low	low	good	See MD
Ruptured eardrum	+/-	high	poor	
Sinus infection	low	low	+/-	
Strep throat	low	low	+/-	
Heat stroke	high	high	poor	See MD
Heat exhaustion	high	+/-	+/-	
Sun burn (blistering)	low	low	+/-	
Laceration (requiring sutures)	+/-	low	+/-	
Abrasion	low	low	+/-	
Bee sting	low	low	+/-	Recommend epi-pen for athletes with known susceptibility
Musculoskeletal conditions				
Neck spasm	+/-	+/-	good	Worse with fly
Pinched nerve	+/-	+/-	+/-	Worse with fly; see MD if associated weakness

Condition	Risk of adverse effect on performance	Risk of adverse effect on health	Prospects for timely amelioration of negative effects	Comments
Rotator cuff tendonitis	+/-	low	poor	Worse with fly and free
Shoulder instability (dislocation; subluxation)	+/-	+/-	poor	Worse with backstroke; possible issue with starts
Tendinitis in wrist or elbow	low	low	+/-	May affect open turns
Wrist sprain	low	low	+/-	May affect turns for fly and breast
Stress fracture low back	+/-	+/-	poor	Most significant with dolphin kick
Disc protrusion (low back)	+/-	+/-	poor	Worse with flip turns and dolphin kick
Bruised tailbone	low	low	+/-	
Hamstring strain	+/-	low	poor	
Knee sprain	+/-	low	+/-	Most significant with breaststroke
Meniscus tear	+/-	low	poor	Worse with breaststroke
Osgood-Schlatter	low	low	poor	
Patellofemoral pain	+/-	+/-	+/-	Most significant with breaststroke
Patellar dislocation	+/-	+/-	+/-	Most significant with breaststroke
Shin splints	low	low	+/-	Worse with dryland training
Stress fracture in leg	low	low	+/-	"
Ankle sprain	+/-	low	+/-	"
Heel bruise	low	low	+/-	"
Sever's disease	low	low	+/-	"

** When it says, "See MD," it means that a physician should evaluate the athlete and give clearance to participate. These are not decisions to be made by a non-medical person. If a physician is not available or proper clearance has not been granted, the athletes should not be cleared for participation. It may be advisable to have a physician evaluate many of these other conditions (where it doesn't say "see MD") but physician evaluation may not be urgent or may not be required as a condition for participation for the current event.