



CONCUSSION PROTOCOL

Surge Aquatics concussion protocol ensures we align with current USA Swimming protocols surrounding concussion management and recovery. Any swimmer who is suspected of sustaining a concussion must be immediately removed from practice or competition and cannot return to the water until cleared in writing by a qualified healthcare professional. Coaches and officials must complete mandated concussion training to maintain USA Swimming membership.

The USA Swimming Concussion Task Force has created swimming-specific return-to-swim guidelines that match the current standard of care and the unique demands of competitive swimming, which are as follows:

1. Stage one: Symptom-Limited Activity
 - Symptom limited activity
 - Activities of daily living
 - Return to pool with supports
2. Stage two: Light-Moderate Aerobic Exercise
 - 20 minutes max
 - Kicking with a kickboard
 - Age appropriate max heart rate 55-70%
 - Light resistance exercise
 - No more than mild symptom exacerbation
3. Stage three: Sport-Specific Exercise
 - 30 minutes max
 - Swimming with limited head movement (non-restrictive snorkel)
 - Introduction of strokes in the following order: breast, free (with snorkel), fly, back
 - Open turns only
 - No diving starts
 - Age appropriate max heart rate 70-75%



4. Stage four: Training Drills
 - 30 minutes max
 - Interval training
 - All strokes, no limitations in order
 - Increase coordination and cognitive load
 - Open turns only
 - No diving starts
 - Age appropriate max heart rate 70-80%
5. Stage five: Full practice
 - 45-60 minutes, as tolerated
 - Introduction of flip turns and starts (in deep water only) as tolerated
 - No more than 50% of time spent at age appropriate max heart rate 85%
6. Stage six: Return to competition
 - Unrestricted return to competition

Key considerations:

- Return-to-Swim should be completed with adequate pool space and under supervision
- Land-based Return-to-Swim is recommended if pool space is not available
- Stages 1-3 are considered concussion treatment and may span several days
- Stages 4-6 should start after resolution of symptoms
- No less than 24 hours should be between stages
- If an athlete progresses to the next stage and symptoms reoccur, that athlete should regress to the previous step and stay symptom-free for 24 hours before moving to the next stage again