



## *BOKSMART POSITION STATEMENT: RETURN TO PLAY*

The following is a position statement of the BokSmart National Rugby Safety Program and SARU/SA Rugby on the process of return to play to make the game safer for all involved.



*Providing coaches, referees, players, and administrators with the knowledge, skills, and leadership abilities to ensure that safety and best practice principles are incorporated into all aspects of contact rugby.*

### **BOKSMART POSITION STATEMENT: RETURN TO PLAY**

The return to play procedures should be directed through the following process:

1. A player presenting with signs and/or symptoms of a suspected injury or medical condition should be referred to a qualified medical professional to determine an appropriate diagnosis
2. It may be necessary for the medical professional to refer the player for expert opinion for further clinical investigations to determine this diagnosis
3. Once the diagnosis has been made, the medical professional should implement the best evidence-based medical management and rehabilitation strategy for the diagnosed medical condition and/or injuries
4. Within this medical management and rehabilitation strategy, the player should then be referred to appropriate health professionals who will implement the medical/injury management and monitor their progress, e.g. sports physician, general practitioner, physiotherapist, biokineticist
5. Once the initial rehabilitation has been completed, the player first has to be medically cleared by their treating physician/doctor/medical professional to be able to return to play
6. Secondly, where applicable, the player has to be cleared via a functional/fitness assessment by the treating physiotherapist/biokineticist
7. Where appropriate, the player then has to be re-conditioned for the physical demands of the game and his/her position
8. The final phase rehabilitation program should be performed with on-field training, progressively exposing the player and/or his/her injured body part to the rugby specific demands
9. Once the player can adequately tolerate these rugby specific demands, has regained sufficient fitness, confidence and is pain-/symptom-free during contact situations, he/she should undergo a sport/injury fitness assessment for return to play
10. This assessment should be performed before a practice/training session, while the player is not fatigued, and the assessment should be preceded by a progressive warm-up
11. If the player passes the sport/injury fitness test without any complications, the player should then be incorporated into the ensuing rugby practice/training session

12. For the sport/injury fitness test, we rely on the clinical training and/or on-field experience of the health professional performing the assessment to devise the test appropriate to the original diagnosis
13. If the player completes the fitness test and ensuing practice/training session, and experiences no pain and/or symptoms, they should be cleared to return to play
14. However, the return to play process should be a gradual process, whereby the player is progressively exposed to match/game time during the following weeks' matches
15. For example, the player can initially be introduced in the last 10 minutes of the second half for the first week, then for the last 20 min in the second week, the whole (40 minutes) of the second half in the third week, starting the match in the fourth week, etc.
16. Should any weaknesses, e.g. muscle imbalances, inflexibility, biomechanical abnormalities, etc. be identified during any stage of the injury assessments, these should be addressed on an ongoing basis even once the player no longer shows any signs and/or symptoms and/or has returned to play.

The **return to play process** as suggested above will make the game safer for the players involved, and will ultimately add to the longevity of players' rugby careers. Ensuring that players are safer and well managed when presenting with a medical condition/injury, will also encourage more people to play the game.

