

Return-to-Play (RTP) Protocols and Procedures

Return-to-play guidelines ensure athletes recover safely and fully before resuming training or competition. Thrive Physio follows evidence-based RTP models aligned with current sports medicine standards and the Ontario Athletic Therapy Association's recommendations.

Common Injury RTP Pathways

Injury Type	RTP Focus	General Criteria
Ankle Sprain	Gradual reintroduction of load and change of direction	Full pain-free ROM, 90% strength compared to opposite limb, successful single-leg hop and balance testing
Knee (ACL/MCL)	Neuromuscular control and dynamic stability	Clearance by physiotherapist and surgeon, completion of functional strength and agility tests, no swelling or instability for 2+ weeks
Hamstring Strain	Progressive sprinting and eccentric strength	Pain-free at rest and during resisted contraction, equal strength and flexibility to opposite limb, successful sprint progression
Groin/Adductor Strain	Controlled adduction loading	Pain-free adduction, hip ROM within 5° of non-injured side, completion of graded cutting drills
Concussion	Symptom-free graded exertion	24-hour stepwise progression through symptom-limited stages, physician clearance required

RTP Procedures

1. **Assessment & Clearance:** Comprehensive evaluation by physiotherapist and/or relevant health professional.
2. **Rehabilitation Milestones:** Objective criteria-based progression (pain, ROM, strength, function).



3. **Functional Testing:** Sport-specific drills, endurance testing, and positional movements before team reintegration.
4. **Communication & Documentation:** RTP readiness shared with coaches, medical staff, and the athlete.
5. **Ongoing Monitoring:** Post-return follow-up during initial training weeks to ensure sustained recovery.