



## U.S. Soccer Recommendations for Implementing Members and all Organization Members –

### Games and Practices Where No HCP is Present

a. U.S. Soccer recommends to the Implementing Members and all Organization Members that where no HCP is present at a game or practice, any player who sustains a significant blow to the head or body, who complains about or is exhibiting symptoms consistent with having suffered a concussion or is otherwise suspected of having sustained a concussion, must be evaluated by an HCP before the player will be allowed to return to practice or play.

(1) No coach shall permit a player who has been removed from a game for a concussion assessment to RTP until cleared to do so by an HCP.

(2) If a coach seeks to allow a player who been removed from a game for a concussion assessment to re-enter the game, the referee shall allow the player to return to the field but shall

(a) immediately stop play,

(b) direct the player to leave the field of play and

(c) direct the coach to remove the player and select a substitute.

(3) If a coach seeks to allow a player to re-enter the game who been removed from a game for a concussion assessment, the referee shall issue a warning to the coach. If a coach persists in seeking to allow such player to re-enter the game after having been issued a warning, the referee shall be entitled to take such other disciplinary measures as are permitted. b. Unless an HCP determines that the player has not suffered a concussion and clears the player to RTP, the player will not be permitted to return to practice or play until the player has successfully completed the graduated RTP protocol described below and has been cleared to RTP by a physician.

### Return To Play (RTP) Protocol

a. For any player removed from practice or play who has been diagnosed as having suffered a concussion, the player will not be permitted to return to practice or play until the player has successfully completed a graduated RTP protocol under the guidance of an HCP.

b. The graduated RTP protocol will consist of at least the following steps:

(1) the player must be symptom free at rest for 24 hours before commencing the protocol;

(2) the player must be symptom free after moderate activity for 24 hours;

(3) the player must be symptom free after heavy activity for 24 hours;

(4) HCP must confirm that the player has completed the RTP process and a physician must make the final RTP decision.

## HEADING

### U.S. Soccer Recommendations

1. U11 and younger - U.S. Soccer recommends that players in U11 programs and younger shall not engage in heading, either in practices or in games.

2. U12 and U13. a. U.S. Soccer further recommends for players in U12 and U13 programs, that heading training be limited to a maximum of 30 minutes per week with no more than 15-20 headers per player, per week.

3. All coaches should be instructed to teach and emphasize the importance of proper techniques for heading the ball.