

# Navigating the Return to Sport- Return to Competition Continuum

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# Disclaimer



- ▶ No Conflicts
- ▶ Recognition

# Learning Objectives

- Analyze institutional liability related to inadequate Return to Play decisions
- Recognize the difference of Return to Play v Return to Competition
- Promote the design of RTP/RTC framework to minimize legal and clinical risk

# Injury Continuum



- ▶ Inflammation
- ▶ Repair- Proliferation
- ▶ Remodeling
- ▶ Return to Activity/ Play
- ▶ Return to Competition

# Our Current State



- ACL reinjury can exceed 30% (Webster & Hewett, 2022)
- Athletes with a history of sports-related concussion 2x greater risk of lower extremity injury

# As of Yesterday what was your Plan?

- How do you determine readiness?
- Written RTP policy?
- Who signs off?
- What **objective testing** is included?
- Would your documentation defend you in court?

# Silo's



Who are you  
talking to??



# Silo's



Communication tools

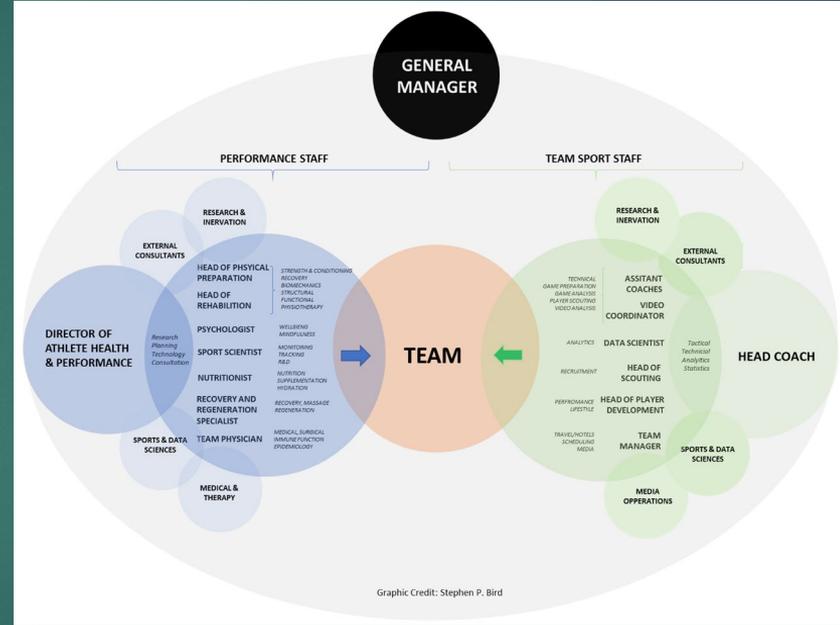


Get out of your Silo-

See the situation from other perspectives

# See the situation from the perspective of:

Physician  
Athletic Director  
Coach  
Parent  
Athlete  
Agent



What are the persons why?  
What do they think your purpose is?

# Liability Perspective-

## *In the time of NIL*

- AT / Physician / Institution risk
- Duty → Breach → Provider Responsibility → Damages

# Liability Perspective-

## In the time of NIL

- AT / Physician / Institution risk
- **Duty**

**Duty of care** is the legal and ethical obligation for a healthcare provider to **act with reasonable skill and diligence** to protect a patient from harm

# Liability Perspective-

## In the time of NIL

- AT / Physician / Institution risk
- Duty → **Breach**

**Breach of duty:** A breach occurs when a provider fails to meet this standard of care, resulting in patient harm

# Current Standards

## ▶ NCAA

- ▶ **Individual Transitions:** Athletes returning after an injury or illness should undergo a transition period to ensure proper acclimatization and minimize risks. This period is considered a time of physiological vulnerability.
- ▶ **Gradual and Progressive Phasing:** Training and conditioning sessions should be introduced intentionally, gradually, and progressively to encourage proper exercise acclimatization and reduce health risks.

# Liability Perspective-

## In the time of NIL

- AT / Physician / Institution risk
- ▶ • Duty → Breach → **Provider Responsibilities**

**Provider responsibility:** This duty applies to all healthcare professionals who have a patient-provider relationship, including doctors, nurses, and surgeons. It is automatically assumed once a professional begins caring for a patient.

# Liability Perspective-

## In the time of NIL

- AT / Physician / Institution risk
- Duty → Breach → Provider Responsibilities →

### Damages

**Loss of future earning capacity** refers to a permanent reduction in a person's ability to earn income due to an injury, which can limit career options, promotion potential, and earning power

# Currently



- ▶ Several Court Cases
- ▶ Multiple Head Injury
- ▶ HS Football Player Miami-
  - ACL-
    - Negligence destroyed future earnings pathway

# Return to Sport vs. Return to Competition

- ▶ Return to Sport: medically cleared...
- ▶ Return to Competition: psychological readiness, full intensity
- ▶ Reinjury risk differences between RTS and RTC
  - Arundale et al., 2024

# Hurdles and Potholes

## ← HURDLE:

- CLINICAL DISCHARGE AT **RETURN TO SPORT** NOT RETURN TO COMPETITION

## ← POTHOLE:

- REHAB → PERFORMANCE IS LINEAR/AUTOMATIC- MEASURED IN TIME

# Systemic Changes Due to Injury

Are they addressed at RTS

## Cardiovascular

VO<sub>2</sub> max drops in 2–4 weeks

↑ Fatigue, ↑ HR, ↓ stroke volume

## Muscular

Atrophy begins 5–7 days

Strength loss 30% in 3 weeks

Neuromuscular deficits common

# Objective vs. Subjective Testing

- Limb Symmetry Index
- Y-Balance
- Force plates
- Triple Hop
- Psych readiness scales
- How Does your knee feel?
- Can you do a Duck Walk?
- 5/5 MMT
- Do you feel like you can play?

# Keys to Testing



- ▶ Standardized Procedures
- ▶ Controlled Environment
- ▶ Reliability
- ▶ Serial Testing
- ▶ Documentation



# Quantity ∨ Quality

- ▶ How **Much** can the athlete move
- ▶ How **Well** do they move it
- ▶ How **Long** *can they move it*

# Evidence-Based RTP Progression

← Walk → Jog → Run → Cut → Sport-Specific →  
Contact

## Early

Isolated quadriceps and hamstring work

- Bilateral squats to 90 degrees.
- Single-leg squats to 90 degrees.

## Full ROM

- Quadriceps strength is  $\geq 80\%$  of the uninjured side
- No effusion (swelling) following exercise.

## Running

Bilateral and single-leg jumps for symmetry in takeoff, landing, peak force, and ground contact time.

- Identify and correct any compensation patterns.
- Symmetry on single-leg drop jumps is within acceptable limits (e.g.,  $< 10\%$  difference in force production).
- Demonstrated single-leg control and optimal mechanics during deceleration.

# Case Study: ACL Reconstruction

- ▶ Timeline: 0–12 months (clinic → gym → field → competition)
- ▶ Milestones tracked by objective and subjective testing
- ▶ Psychological readiness assessed with ACL-RSI
- ▶ McPherson et al., 2019; Webster & Feller, 2020

# Keep it Simple

- Early clearance → increased reinjury
- Criteria-based → successful return

You are not on an island-

We are here to support you

# Documentation & Communication

- Standardized forms
- Objective metrics
- Communicate with MDs/coaches/admin

# Best Practices



- Baseline testing- Normative Data
- Criteria-based decisions
- Interdisciplinary review

# Legal & Ethical Implications

- Case law stresses documentation
  - If it's not documented, it didn't happen

# What if.....

- ▶ Overconfident athlete not passing the eye test
- ▶ Athlete passing the eye test but reluctant to Return
- ▶ Why do I need Physical Medicine and Rehabilitation---Creating By IN!!!

# Learning Lab Expectations



- ▶ Outline of Tests
  - Demonstration of tests
  - Eye Test
  - Athlete Confidence
  - Simplified Documentation

# Summary



- Proper & Documented  
RTP/ RTC protects athlete + institution
- Reconditioning is essential
- Systems must be evidence-based

# References

- ← Arundale et al. (2021)
- ← Buckthorpe & Della Villa (2020)
- ← Dingenen & Gokeler (2020)
- ← Logerstedt et al. (2022)
- ← NATA (2022)
- ← NCAA (2025)
- ← Swartz & Van Lunen (2023)
- ← Webster & Hewett (2022)

# Questions/ Comments



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