

## Climbing following a concussion

Climbing (especially bouldering and lead climbing) presents a risk from falling, which could result in a secondary head injury. It also requires significant balance, concentration, and visual-spatial integration, which can be impaired by concussion.

As such, the return to sport pathway must be followed with a focus on safety, control, and gradually increasing cognitive and physical demand.

Earliest day post-injury	Notes	Activity
Day 8	Can start this stage even when still symptomatic but exercise should not significantly worsen symptoms.	<p><b>Focus on Fitness:</b> Gradual increase in self-directed exercise (treadmill, stationary bike, rowing). Light resistance training with bodyweight exercises and bands (no heavy lifting).</p> <p><b>Climbing Specific Exercise:</b> Fingerboard/hangboard exercises while seated on the floor or a bench. Low-angle planking or core work to rebuild stability. NO climbing on a wall yet.</p>
<b>R2P Doctor Assessment</b> to assess fitness to start a Gradual Return to Sport		
Day 15	Starting with non-impact, low-risk movements, and gradually building up complexity.	<p><b>Gradual Return to Climbing Training</b></p> <p><b>Initially:</b> Easy, low-height bouldering (up to 1m/3ft) on a vertical wall. Focus on static, controlled movements and good technique. NO dynamic moves. Auto-belay routes (top rope) on easy grades only, focusing on the climb and down-climb. NO lead climbing.</p> <p><b>If remains well, progressing to:</b> Higher intensity auto-belay routes. Introduction of short, static traverse routes on a wall to test peripheral vision and balance.</p>
<b>R2P Doctor Assessment</b> to assess fitness to return to unrestricted sport		
Day 21	Only if symptom free at rest for the preceding 14 days AND symptom free during previous stage	<p><b>Full return to lead climbing and higher bouldering grades.</b> Controlled introduction of dynamic movements, testing reaction time and visual tracking.</p>