



NATA INTERCOLLEGIATE
COUNCIL *for* SPORTS MEDICINE

Reminders and Recommendations for Sport Following Transition Periods

As many levels of college return to sport after increased periods of inactivity, transition periods become essential for student athlete health and safety. It takes the body seven to 10 days to fully acclimatize to physiologic and environmental stresses after a period of inactivity. During the first four days, athletes are especially vulnerable to exertional injuries and illnesses. Remember, proper acclimatization can only occur through repeated exposure while progressively increasing volume and intensity.

Below are factors to consider and resources for institutions to use as they prepare for their upcoming seasons. Make sure to follow guidelines put forth by your governing body as those will supersede any of the following recommendations:

- Share educational information with coaches and administrators regarding transition periods, ensuring adequate time for training schedules to be planned. Talking points should include exertion caused by new activities and/or unaccustomed volume and intensity, which are the most common causes of exertional rhabdomyolysis. Most exertional rhabdomyolysis cases are characterized by too much activity, too soon and too fast without proper acclimatization and physiologic progression. The basis of exercise science, sport specificity and proper periodization are the cornerstones of safe physical activity.
- Develop a transition period return-to-activity plan in conjunction with your strength and conditioning coach(s) and/or sport coaches utilizing the Collegiate Strength and Conditioning Coaches Association (CSCCa) and National Strength and Conditioning Association (NSCA) Joint Consensus Guidelines for Transition Periods: Safe Return to Training Following Inactivity. Conditioning periods should be phased in gradually and progressively to encourage proper exercise acclimatization and minimize the risk of adverse effects on health.
- Set meetings with coaches and medical staff to review health and safety concerns, including athletes who have a history of exertional heat illness, sickle cell, asthma, diabetes and exertional rhabdomyolysis. At this time, emergency action plans for each specific venue should be reviewed and practiced.

Helpful documents:

[NCAA Sport Science Institute Preventing Catastrophic Injury Inter Association Recommendations](#)
[NATA Intercollegiate Council for Sports Medicine Guidance on Inter-Association Recommendations](#)
[CSCCa and NSCA Joint Consensus Guidelines for Transition Periods](#)
[Exertional Heat Illness During Training and Competition](#)
[Intra-Association Task Force for Preventing Sudden Death in Collegiate Conditioning Sessions](#)
[NATA Consensus Statement: Sickle Cell Trait and the Athlete](#)