



# CONCUSSION PROTOCOL

The safety of our Athletes is a priority and practicing or playing with concussion symptoms can prolong a recovery. Concussions can be serious and any additional concussions can be very serious and subsequent or continual concussions may cause brain damage.

An Athlete **should be removed from Practice(s) and Competition(s)** until they are symptom free and completes the **Return to Play Protocol** ( *see below* ).

It is important that the Athlete seek medical attention and that the Athlete stays out of play until symptoms subside.

**Remember ... It is better to miss one game than to miss the entire season.**

## **When should the Athlete Return to Play?**

Athletes should never return to play or competition if they still have ANY symptoms.

The following **Return-to-Play Protocol** has been designed for a safe & gradual return to sport ensuring that an increase in activity level does not cause a re-occurrence of symptoms. It is expected that each athlete will start in stage 1 on the last day the Athlete has ANY symptom and not progress to any further Stage until they are able to complete their current stage symptom free. There must be a **24-hour** window between each successfully completed stage, before the next stage is attempted. If symptoms occur during any stage then stop activity. That stage may be attempted again in 24 hours. If a single stage cannot be passed symptom-free within 2 attempts, then it is recommended that the athlete should return to a Medical/Healthcare Professional and report symptoms.

A player's parent(s) or legal guardian(s) shall be responsible for overseeing the completion of the Return-to-Play Protocol unless a Medical/Healthcare Profession is chosen to do so. Parents/legal guardians may seek assistance for the Return-to-Play Protocol, but liability for an accurate and completed protocol resides with the parents/legal guardians.

Once the protocol has been completed and the athlete has received the final signature from the Parents/legal guardians or Medical/Healthcare Professional, this information must be emailed or delivered to the Club Director in writing before returning back to Practice or Competition.

## **Gradual Return to Play Protocol**

Return to play should occur in gradual steps. Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day (after 24 hours). Move to the next level of activity only if you do not experience any symptoms at the present level. If your symptoms return, let your health care provider know, return to the first level and restart the program gradually.

# Gradual Return to Play Protocol

Athletes should not have **ANY** concussion symptoms to start the Protocol.

**Day 1:** No Activity until Athlete experiences **NO SYMPTOMS**.

\*\*\* 24 Hours \*\*\*

**Day 2:** Low/Light levels of physical activity only to increase an athlete's heart rate. This means about 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point. (i.e. symptoms do not come back during or after the activity).

\*\*\* 24 Hours \*\*\*

**Day 3:** Sport-specific / Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and or reduced weight from your typical routine).

\*\*\* 24 Hours \*\*\*

**Day 4:** Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement).

\*\*\* 24 Hours \*\*\*

**Day 5:** Full Sport Specific "controlled" practice and/or "controlled" drills

\*\*\* 24 Hours \*\*\*

**Day 6:** Athlete may return to competition.

\* Athletes should only progress to the next step if they do not have any symptoms at the current step. 24 Hours must have passed before Athlete begins the Next Day / Stage **and** Athlete has not experienced any return of symptoms in the previous 24 hours.

If an athlete's symptoms come back or they get new symptoms when becoming more active at any step, this is a sign that the athlete is pushing too hard. The athlete should stop these activities (and the athlete's health care provider be contacted).



**Athlete / Parent / Guardian should keep track of Symptoms each Day for each Stage.**

and provide a copy of the tracked Symptoms each day with the **Clearance and Release Form**

**Directions:** After reading each symptom, please circle the number that best describes the way the athlete has been feeling today. A rating of 0 means they have not experienced this symptom today. A rating of 6 means they have experienced severe problems with this symptom today.

|  |             |             |   |                 |   |               |   |
|--|-------------|-------------|---|-----------------|---|---------------|---|
| Date tested                                    |             |             |   |                 |   |               |   |
| Date of Last known concussion(s)               |             |             |   |                 |   |               |   |
| <b>SYMPTOM</b>                                 | <b>None</b> | <b>Mild</b> |   | <b>Moderate</b> |   | <b>Severe</b> |   |
| Headache                                       | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Nausea   | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Vomiting                                       | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Balance Problems                               | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Dizziness                                      | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Fatigue  | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Trouble Falling Asleep                         | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Sleeping More Than Usual                       | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Sleeping Less Than Usual                       | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Drowsiness                                     | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Sensitivity to Light                           | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Sensitivity to Noise                           | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Irritability                                   | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Sadness  | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Nervousness                                    | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Feeling More Emotional                         | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Numbness or Tingling                           | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Feeling Slowed Down                            | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Feeling Mentally "Foggy"                       | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Difficulty Concentrating                       | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Difficulty Remembering                         | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| Visual Problems (double vision, blurring, etc) | 0           | 1           | 2 | 3               | 4 | 5             | 6 |
| TOTAL SYMPTOM SCORE:                           |             |             |   |                 |   |               |   |
| GRAND TOTAL OF ALL SYMPTOMS:                   |             |             |   |                 |   |               |   |