



## RESUME TO PLAY PROTOCOL FOLLOWING A CONCUSSION RELATED INJURY

If any hockey player is suspected of having a concussion, this form must be given to the parents and a physician must sign this form before the player is allowed to return to training, practices or games. CYGHA recommends seeing a doctor, athletic therapist or medical professional who has received training around concussion management with athletes. (see CYGHA website for further information).

**PLAYER'S NAME:** \_\_\_\_\_

*The player must complete a minimum 2 visits with a physician and have the physician complete the designated areas of this form before the student can return to any hockey related physical activity.*

### PHYSICIAN – INTIAL ASSESSMENT:

☐ **No concussion** – player may return to:

- ☐ regular team practices
- ☐ all scheduled games
- ☐ all team training

**Physician signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **Suspected concussion** – no activity until symptoms & signs have gone.

**Physician signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RETURN TO PLAY PROCESS:

**Note:** *The player/parent/guardian must show this completed form to the team trainer and/or coaching staff.*

When a concussion is suspected by a physician, the player and parent(s)/guardian(s) monitor symptoms and signs of a concussion. As a part of this monitoring, the parent/guardian should communicate regularly with the trainer and coaching staff throughout Steps 1-4. It is very important that a player not do any physical activity if she has any signs or symptoms. The 'return to play' process is gradual and must follow the steps as outlined here:

- Each step must take a minimum of one day.
- If symptoms or signs of the concussion return (e.g. headache, feeling nauseated) either with activity or later that day, the student needs to rest for 24 hours, and return to the previous step.
- A player should never return to play if symptoms persist.
- The player may not participate in any hockey based physical activities until Step 1 and Step 2 have been completed.
- Prior to beginning Step 3, the parent/guardian signature is required.

**STEP 1:** No activity, complete rest. Once the player is asymptomatic (concussion symptoms and signs have stopped) proceed to Step 2.

**STEP 2:** Light aerobic exercise, such as walking or stationary cycling, for 10-15 minutes, no resistance training.

In signing below, I give permission for my daughter to proceed to Step 3 and participate in very limited reintroduction to physical activity at practices or training sessions.

**Parent/Guardian Signature:** \_\_\_\_\_

**STEP 3:** Sport-specific, **non-contact** exercises for 20-30 minutes. No resistance/weight training. If returning to the ice all skating must start with easy skating and close monitoring at practices.

The time needed to progress through Steps 3 and 4 will vary with the severity of concussion and the individual player.

**STEP 4:** Return to scrimmages and full practice activities where there is **no opportunity for physical contact** with team-mates or opposing players. Resistance training may begin and progress slowly to heavier weights.

The parent/guardian should speak to their daughter's coach and trainer to decide when to schedule the second physician visit to determine permission for return to unrestricted participation.

## PHYSICIAN VISIT FOR RETURN TO UNRESTRICTED PARTICIPATION:

### Concussion symptoms & signs have gone

With the approval of the physician, the player may return to full participation in all physical activities.

**Physician signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**STEP 5:** With the approval of the physician, the player may return to full participation in all hockey team activities. This form must be returned to the team Trainer who will inform relevant personnel. This sheet must be kept on file with the team.

# WHEN IN DOUBT, SIT THEM OUT!!