Return to Play Guidelines after Head Injuries USA Hockey Safety and Protective Committee (Summary by Dr. Michael Stuart, Chief Medical Officer, USA Hockey)

The evaluation of an athlete with a suspected concussion should be prompt and thorough. Treatment is individualized according to patient age, concussion history, symptoms, signs and type of sport. All concussed athletes should be *cleared for return to play by a sports medicine professional*.

Based on the Summary and Agreement Statement of the First International Conference on Concussion in Sport, Vienna 2001 (www.bjsportmed.com http://www.bjsportmed.com)

Concussion in Sport Group (CISG) Protocol

Acute Response: When a player shows ANY symptoms or signs of a concussion-

- *The player should not be allowed to return to play in the current game or practice.
- *The player should not be left alone; and regular monitoring for deterioration is essential.
- *The player should be medically evaluated after the injury.
- *Return to play must follow a medically supervised stepwise process.
- *A player should never return to play when symptomatic. "When in doubt, sit them out!"

Symptoms	*	unaware of situation
• •	*	confusion
	*	amnesia
	*	loss of consciousness
	*	headache
	*	dizziness
	*	nausea
	*	loss of balance
	*	flashing lights
	*	ear ringing
	*	blurred or double vision
	*	vision
	*	sleepiness
	*	feeling dazed
Signs	*	loss of consciousness
	*	altered mental status
	*	poor coordination
	*	slow to answer
	*	poor concentration
	*	nausea or vomiting
	*	vacant stare
	*	slurred speech
	*	personality changes
	*	inappropriate emotions

Return to Play Protocol

Return to play after a concussion follows a stepwise process:

- *Proceed to the next level if free of symptoms at the current level
- *If any symptoms or signs occur, drop back to the previous level and progress to the next level again after 24 hours
 - 1.No activity, complete rest.
 - 2. Light aerobic activity, exercise such a walking or stationary cycling.

abnormal behavior

- 3. Sports specific training- skating.
- 4. Non-contact training drills.
- 5.Full-contact training after clearance by a sports medicine professional
- 6.Return to competition
