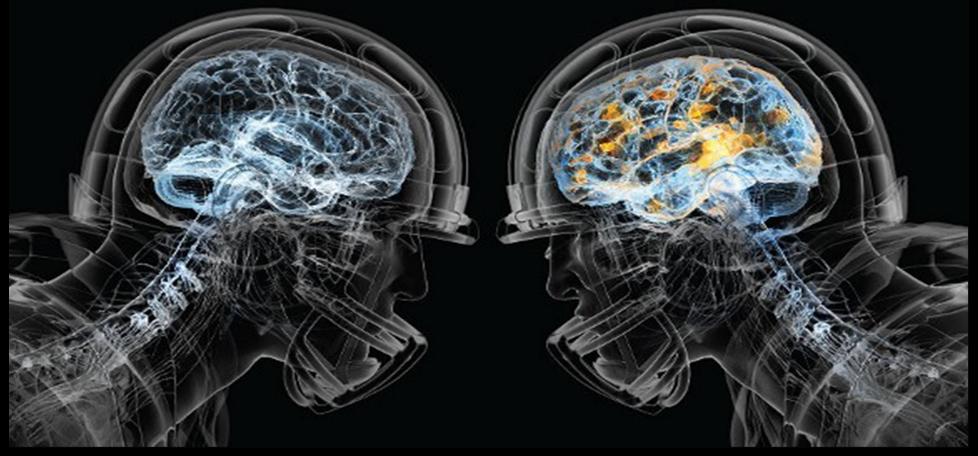


CONCUSSION GUIDELINES



What is a **Sports Concussion**?

A Sports Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces.

- Concussion may be caused either be a direct blow to the head, face, neck or elsewhere on the body with an "impulsive" force transmitted to the head.
- Concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, symptoms and signs may evolve over a number of minutes to hours.
- Concussion may result in neuropathological changes, but the acute clinical symptoms
 largely reflect a functional disturbance rather than structural injury.
- Concussion results in a graded set of clinical syndromes that may or may not involve loss
 of consciousness. Resolution of the clinical and cognitive symptoms typically follows a
 sequential course. However, it is important to note that in some cases symptoms may
 be prolonged.





Your Health Care Team

The Health Care Team involved in the management of concussion includes:

Therapist:

Physician:

Other:

Concussion Prevention and Education

The Health Care Team may work closely with community members as needed to ensure protective equipment should fit properly, be well maintained, and be worn consistently and correctly.

The Health Care Team might assist teams and organizations with:

Teaching athletes safe playing techniques

Encouraging athletes to follow the rules of play

Encourage athletes to practice good sportsmanship

The Health Care Team may be involved with knowledge translation through concussion education. Opportunities for concussion education may include:

- Community Outreach
- Clinic Staff
- Clinic Patients





Symptoms of a Sports Concussion

Concussion symptoms usually fall into four categories:

	Thinking and		Physical	Emotional		Sleep
	Remembering		CHIT			
•	Difficulty thinking	•	Fuzzy/blurry vision •	Irritability		Sleep more than
	clearly	4	Lacking energy •	Sadness		usual
•	Difficulty concen-	•	Balance problems or •	Anxiety	•)	Sleep less than usu-
	trating		dizziness			al
•	Feeling slowed		Headaches			Trouble falling
	down					asleep
						7/
		0			1	





When In Doubt, Take Them Out

Playing with concussion symptoms is dangerous and can lead to a longer recovery and delay in returning to activity. While your brain is healing, you are at a higher risk of having another concussion

1. Recognize

2. Respond

3. Return

Aconcussion should be suspected if an athlete displays signs and symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body.

The emergency medical system should be activated and the athlete not moved when an athlete is unconscious, exhibits neurological, respiratory or mental status changes, or appears to be worsening.

Any athlete who displays signs, symptoms or behaviors consistent with a concussion must be removed immediately from competition or practice and should not be allowed to return to play until cleared by an appropriate health-care professional.

Inform the athlete's parents or guardians that a concussion is suspected. The athlete should be evaluated by a health-care practitioner trained in the evaluation and management of concussion.

After a period of cognitive and physical rest, making the decision that an athlete is ready to begin a graduated return to learn and play protocol is a medical decision. The athlete should not return to activity until cleared by a health-care professional.

As concussion in sport can have an effect on cognition (learning, concentration, attention, memory), time away from school and work may be necessary. Teachers play an integral role in recovery from concussion. Individualized learning accommodations may be necessary. Once a student is ready to return to learn, a return to academics progression, which may include academic accommodations, can prevent the exacerbation of symptoms and lead to a successful recovery.

A graduated return to play protocol begins once the athlete is symptom free and has medical clearance. A progression from light activity, to sport-specific activity, to practice and games is followed in a step-wise protocol.





3 steps to Handling a Sports Concussion

Playing with concussion symptoms is dangerous and can lead to a longer recovery and a delay in returning to activity.

While your brain is healing, you are at a higher risk of another concussion.

- Recognize—a concussion should be suspected if symptoms are shown following an observed blow to the head
- **Respond**—any athlete with a suspected concussions should be removed from competition immediately and not allowed to return until cleared by a medical professional.
- **Return**—after a period of physical and cognitive rest, the athlete should seek clearance to return to play from a health-care professional. A concussion can have effects on other aspects of life and players should not be rushed back to action. A gradual return to play should begin when a player is symptom-free and has medical clearance.





Returning to School Protocol

Time away from school or work may be necessary following a concussion. A gradual return to a learning environment can lead to a more successful transition.

AT HOME

- Total rest—no driving, may use ear and eye protection if needed. Use quiet, dark rooms.
- exertion, 30 minutes or less. Listen to a TV show rather than watching.

AT SCHOOL

- Part time—slowly return to learning environment and homework. Short-ened day with built-in breaks.
- Full time back to regular scheduled activities. May need extra time to complete activities based on educator's recommendations.





Return to Play Protocol

Step 1: No Activity

The athlete needs to have completed physical and cognitive rest and not be experiencing concussion symptoms for a minimum of 24 hours. Keep in mind, the younger the athlete, the more conservative the treatment.

Step 3: Moderate activity

The Goal: Limited body and head movement. The Time: Reduced from typical routine. The Activities: Not yet participating in practices, doing drills off to the side. Moderate jogging, brief running, moderate-intensity stationary biking,

Step 5: Practice & full contact (Must have medical clearance)

The Goal: Reintegrate in full contact practice. Restore confidence and assess functional skills by coaching staff

Step 2: Light aerobic activity

The Goal: Only to increase an athlete's heart rate. Should be <70% of athletes predicted heart rate.

The Time: 5 to 10 minutes.

The Activities: Exercise bike, walking, or light jogging. Absolutely no weight lifting, jumping or hard running.

Step 4: Practice — Heavy, non-contact activity

The Goal: More intense but non-contact

The Time: Close to typical routine

The Activities: Running, high-intensity stationary biking, the player's regular weightlifting routine, and non-contact sport-specific drills. This stage may add some cognitive component to practice in addition to the aerobic and movement components introduced in Steps 1 and 2.

Step 6: Competition

The Goal: Return to competition.





This Resource was Developed In Partnership with:













This is a 'working' template for sport organizations and teams to use to assist them in developing their own Concussion Management Guidelines and Policies. The content and resources contained in this document are intended for educational and resource purposes only. It is not meant to be a substitute for appropriate medical advice or care and is not all encompassing. The collaborators have made responsible efforts to include accurate and timely information. However, Football Saskatchewan makes no representations or warranties regarding the accuracy of the information contained in this document and specifically disclaim any liability in connection with the content.

If you believe that you or someone under your care has sustained a concussion we strongly recommend that you contact a qualified health professional for appropriate diagnosis and treatment.



