

## **Grizzly Hockey Concussion Protocol**

Sport related concussions (SRC) can be a significant injury and must be treated with respect. The Glenwood Springs Youth Hockey Association as an organization needs a defined protocol for concussion management. In SRC the diagnosis and progression is mostly determined by self-reporting symptoms by the athlete. SRC is a frustrating injury that can be very emotional for the athlete. Often the athlete will feel like they can play with symptoms of a SRC, it is up to the parents and coaches to educate athletes and support them in their recovery.

It is not the responsibility of coaches or the athletic trainer to diagnose concussions, instead they identify the need to remove athlete from the field of play. If the need to immediately see a physician is determined and the parent chooses not to heed this advice, the coaching staff, athletic trainer, and organization are not responsible for any complications that arise afterwards. We will adopt a "better safe, than sorry" attitude towards head injury and truthfully any injury for that matter.

Identifying symptoms of a concussion is the responsibility of every player and coach on the team. Most importantly the player who feels concussion symptoms must be forthright with issues. Keeping a vigilant eye on play is important to identifying possible injuries, but a big hit is not always the cause.

Once any concussion symptoms are identified, the player must be removed from play, and taken to a quiet space for further evaluation. Concussion managers will use the Par-Q app on a phone and rely on the simple mantra, "if they have any symptoms, they don't play." We have attached a copy of the SCAT 5, which is a standard document for initial evaluation of concussion. Please refer to the symptom score section for definition of concussion symptoms.

In the event of an unconscious athlete EMS will be immediately activated. As a group we will determine need for CPR and/or AED intervention by trained individuals. This would include the athletic trainer, coaches and any other licensed medical professionals willing to aid at the time.

If the athlete is conscious and reluctant to move their neck or extremities for fear of any kind, the athletic trainer onsite will coordinate cervical spine stabilization and EMS treatment. If an athletic trainer or other licensed medical is not available, coaches will ask athlete to stay completely still, and secure the area around the player until EMS arrives. If the athlete does not want to move, don't make them move, stabilize, then call EMS.

If the athlete is conscious, is NOT reluctant to move his/her own neck and extremities then the athlete will be given as much time as needed to sit up, then slowly transition to skating off the ice. At this time it's wise to ask a couple teammates or referees to help get the athlete off the ice safely.

Further evaluation will be performed in a quiet place, most likely an empty locker room. The athletic trainer onsite or concussion coordinator/team manager/coaching staff will intervene. Due to the Jake Snakenburg act, all youth coaches and concussion coordinators undergo education in the identification of concussion symptoms.

The athlete's symptoms must be identified and then monitored. The goal of any concussion testing protocol is to perform neurological, cognitive and balance testing, if these tests create or worsen symptoms this will be considered a red flag for concussion.

In the event the athlete demonstrates an inability to perform tests due to worsening symptoms the athlete will be immediately referred to the emergency room. If the athlete shows worsening symptoms, neck pain with movement that is central along the spine, amnesia, shock and/or worsening drowsiness, and pain central in the head that is getting worse, large swelling in the area of the head, this athlete will be referred immediately for physician evaluation.

Athletes released to their custodians (parents, legal guardians, etc.) should be monitored for concussion symptoms. Monitoring is most effective if pain medication is initially withheld so that symptoms are not masked. Awakening the athlete during sleep is no longer recommended, rather simply checking the athlete's breathing and general comfort while they sleep is advised. Parental observation of the athlete's general behavior is very important as parents often know their athlete best and can often spot unusual or distressed behavior. Athletes who exhibit persistent or worsening symptoms should be examined by a physician for immediate evaluation.

If the athlete has continued symptoms the athlete will be considered to have sustained a concussion. The athlete must be seen by their physician for further evaluation and documentation of symptoms and for coordination of recovery with school and/or employment. It is imperative to coordinate the athlete's recovery with their school or employment so that demand of the athlete's performance can be appropriately adjusted to aid in recovery.

Athletes must see a licensed medical professional for clearance after 24 hours of no symptoms in order to begin the return to play protocol. A licensed medical professional is defined in the Jake Snakenberg act of Colorado, this includes a medical doctor, doctor of osteopathy, licensed physician's assistant, nurse practitioner or doctor of psychology. This provider should have specialty training in management of concussions.

The same act gives the right of organizations to employ an athletic trainer and/or coaching staff to manage return to play. Return to play will include five stages and are defined by a separate document. Day one will be mild cardio and day five return to full competition. If any symptoms return during this time we will end the protocol and restart once symptoms subside for 24 hours. Also, the clearing physician will be contacted as needed throughout the progression.

We must refrain from grading concussions, this is not advisable due to the unpredictable nature of the injury. It becomes frustrating when an athlete was told they would be back in 7-10 days and that doesn't happen, let the injury take its own course. In the event of a prolonged injury over 4 weeks we advise the athlete be evaluated by a neurologist.

Athletes should stay away from stimuli during the recovery from a concussion. This includes phones, TV, video games, or bright lights. The athlete must stay inactive during recovery. Again we advise athletes see their physician for formal diagnosis of concussion soon after injury so school can modify demands on the athlete.

Recent research has suggested that continuing activity while recovering from a concussion might be beneficial. Usually these studies are focused on symptom-free exercise and in response to prolonged concussion symptoms over several months. It is not uncommon for a neurologist to allow symptom free activity when treating prolonged SRC. We as an organization will promote a period of inactivity as outlined in most literature published on treatment of concussions. All research is linked in references, and we welcome you reading.

Berlin consensus on concussion: <http://bjsm.bmj.com/content/51/11/838>

Screening tool related to the above: <http://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf>

National Athletic Training Association: [https://www.nata.org/sites/default/files/Concussion\\_Management\\_Position\\_Statement.pdf](https://www.nata.org/sites/default/files/Concussion_Management_Position_Statement.pdf)