

# Concussions and Return to Play Protocol

**What is a concussion and how do we recognize and manage it in minor hockey?**

A concussion is a brain injury that can't be diagnosed through imaging. Concussions are caused by blows to the head, face, neck or body that causes the head to be bounced rapidly back and forth.

While not every hit to the head automatically causes a concussion, it is important to note that after sustaining a significant hit concussion symptoms may develop over the course of minutes to hours (long after the game is over), which is why we say "when in doubt, sit them out."

A concussion can cause a variety of symptoms and affects the way a person thinks, remembers, and functions.



# How To Recognize A Concussion Using The Concussion Recognition Tool

This tool is used to recognize a concussion along immediately following a suspicious hit to the head or body.

## CONCUSSION RECOGNITION TOOL 5<sup>©</sup>

To help identify concussion in children, adolescents and adults



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### RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

#### STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

#### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

#### STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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#### STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

#### STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

#### Athletes with suspected concussion should:

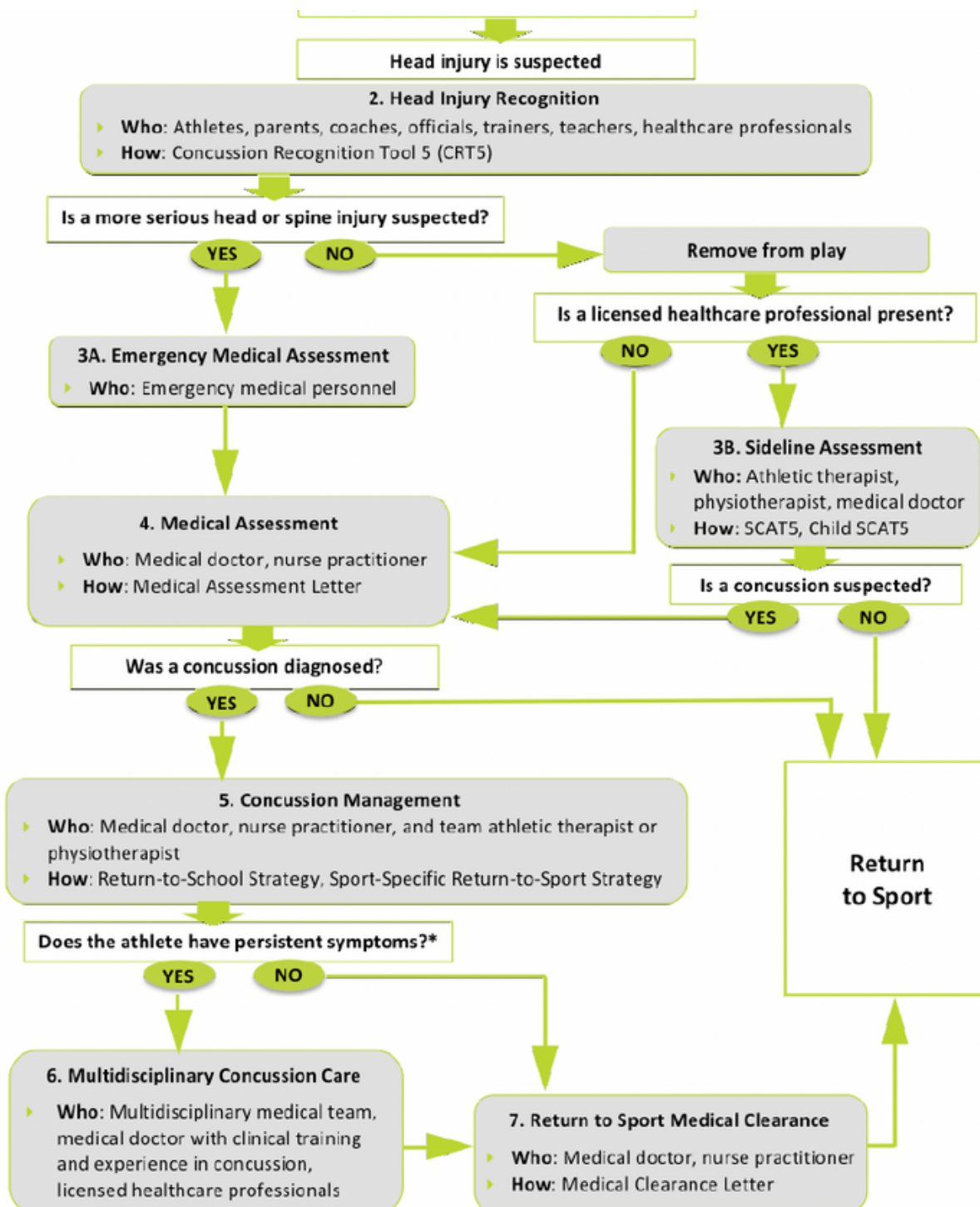
- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

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**ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE**

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# How To Manage Concussion: Protocol For Minor Hockey



\*Persistent symptoms: lasting > 4 weeks in children & youth or > 2 weeks in adults

# Return To School And Return To Sport Protocol

## Return-to-School Strategy

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4	Return to school full-time	Gradually progress.	Return to full academic activities and catch up on missed school work.

## Return-to-Sport Strategy

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, i.e. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	

# What Is Your Role As A Hockey Trainer In Concussion Management?

- 1) Recognize signs and symptoms of a concussion and remove athlete from play: **When In Doubt, Sit Them Out!**
- 2) Help facilitate finding a medical professional to diagnose and manage concussion return to school and return to sport
- 3) Complete the Hockey Canada Injury Report form
- 4) Get a medical clearance note before the athlete can participate in full-contact practice/gameplay





# When To Refer Athletes

As a hockey trainer, you are not expected to make all return-to-play decisions. If you are unsure if an athlete should continue playing it is recommended that you refer to a qualified medical professional.

This can include but is not limited to:

- Registered Physiotherapists specializing in sports injuries and/or concussion management
- Family Doctor or Physician
- Nurse Practitioners
- Chiropractors specializing in sports injuries
- Certified Athletic Therapists

All of the above professionals are qualified in making return-to-play recommendations and can help safely facilitate athletes back to sports. You are well within your right to ask for a cleared-to-play note from any of the above medical professionals before allowing kids to continue participating in hockey. While every practitioner will have slightly different methods, in my experience the best providers are ones that will take an active, hands-on approach to the management of your athlete.

