



## *Sample Template*

# For the Development of Concussion Management Guidelines

*This is a sample of 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 the SMSCS 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 or the consultant that may be facilitating an educational and/or resource development session.*

*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.*

# **YOUR PROFESSIONAL ORGANIZATION**

## **Concussion Guidelines**

# What is a Sports Concussion?

According to the *Consensus statement on Concussion in Sport: the 4th International Conference on Concussion in Sport, Zurich 2012*, 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

# Pre-Season Concussion Assessment

The preseason assessment includes:

## Concussion Management

### **Recognize** the Concussed Athlete

#### Field of Play

- Professional staff will be aware of the forces that cause concussion in athletes, and be vigilant in recognizing signs and symptoms of concussion in an athlete who has suffered a blow to the head or body. Any athlete suspected of suffering a concussion must be immediately removed from play.

#### Clinic

- Professional staff will be aware of the forces that cause concussion in athletes, and be vigilant in recognizing signs and symptoms of concussion. Athletes who have suffered a blow to the head or body, who display the signs and symptoms of concussion, will be evaluated for a possible concussion in the clinic.

### **Remove** the Athlete from Play

#### Field of Play

- An athlete can be removed from play by
- 

#### Clinic

- Athletes who have a concussion and remain symptomatic will be removed from physical and cognitive activities.

## **Evaluate** the Concussed Athlete

### Field of Play

- If serious head or spine trauma is suspected, immobilize and activate EMS.
- If no serious head or spine trauma is suspected, the athlete will be removed from play.
- Evaluation of the concussed athlete procedures will include:

- Notification will be made to : \_\_\_\_\_
- The athlete will have an appointment with their physician for assessment and to begin the Return to Learn and Play Protocols.
- The athlete will have an appointment with your physiotherapist/chiropractor/athletic therapist for assessment and treatment as indicated.

### Clinic

- Evaluation of the concussed athlete procedures will include:
  - MOI
  - Concussion History and Modifiers
  - Symptoms
  - Neurological Exam
  - Mental Status
  - Cognitive Function
  - Gait
  - Balance
  - Vestibular
  - Cervical

## **Treatment** of the Concussed Athlete

The first step in concussion management is symptom limited physical and cognitive rest.

- Physical Rest

- Cognitive Rest

A multimodal approach will be used in the symptom management of an athlete with a concussion.

- Medical Management
- Physiotherapy/Athletic Therapy
- Massage Therapy
- Chiropractic
- Vestibular Rehabilitation

## Return to Play and Learn Protocol

An athlete will not be allowed to activity when symptoms are present.

The Professional Health Care Team will use the following criteria for return to learn:

The Professional Health Care Team will use the following criteria to start return to play:



## Return to Learn suggestions:

### Return to Play Protocol:

All athletes will follow the **Return to Play Protocol** outlined below (from *Consensus statement on Concussion in Sport: the 4th International Conference on Concussion in Sport, Zurich 2012*). The RTP Protocol is a stepwise progression with at least 24 hours between each step. The athlete may progress to the next step if asymptomatic at the current step. If any post concussion symptoms occur, that athlete should discontinue RTP progressions, wait until symptoms resolve, and begin RTP progression from the previous asymptomatic step.

#### 1. No activity

- Symptom limited physical and cognitive rest
- Objective: Recovery

#### 2. Light aerobic exercise

- Activities such as walking, swimming or biking
- Intensity should be < 70% predicted heart rate
- No resistance training
- Objective: Increase heart rate

#### 3. Sport specific exercise

- Example: skating drills in hockey, running drills in soccer
- Not yet participating in practices, doing drills off to side
- No head impact activities
- No resistance training
- Objective: Add movement

#### 4. Practice, no contact (Noncontact training drills)

- Progression to more complex training drills
- Example: Passing drills in football or hockey
- May start progressive resistance training
- Objective: Exercise, coordination and cognitive load

#### 5. Full contact practice (*must have medical clearance*)

- After medical clearance participate in normal training activities
- Objective: Restore confidence and assess functional skills by coaching staff

#### 6. Game play

- Normal game play

Modifications Based on Specific Population Needs:

# Tools and Resources

Sport Medicine and Science Council of Saskatchewan website – [www.smscs.ca](http://www.smscs.ca)

This Resource was Developed In Partnership with:



*Your Logo here and Date of Policy*