



Return to Play Concussions

Sherwood Park Minor Hockey Association has developed specific return to play guidelines pertaining to concussions. This is to be used when a player is removed from play (As instructed by the Team Safety Person/Trainer/Coaching Staff) or when they leave the ice with concussion-like symptoms following an on-ice incident that may have resulted in a possible concussion.

When a Suspected Concussion or Concussion Occurs

Step 1: The *Team Safety Person/Trainer* performs an on-ice injury assessment (see Concussion Recognition Tool).

Step 2: If showing any positive signs or symptoms of concussion, according to the Concussion Recognition tool, the player is safely removed from the ice, removed from play, and returns to the dressing room accompanied by the Team Safety Person/Trainer/Coach or designated Charge Person (If enacting the EAP).

Step 3: The *Team Safety Person* completes the **Hockey Canada Injury Report**. The first page of the report must be sent to the SPMHA *Safety Director* and the appropriate SPMHA *Division Director*.

Step 4: The *Team Safety Person/Trainer* shall provide the player and/or parent with the following documents before the player leaves the rink, if possible:

1. **Return to Play Form**
2. **Sport Concussion Information** (attached)

Step 5: The player sees a physician and/other health care providers for treatment and concussion management.

If Concussion Free

If, after visiting a physician, no concussion is suspected, the player may return to play once the following are completed:

1. The player has returned the completed **Return to Play Form** to the *Team Safety Person/Trainer*
2. The *Team Safety Person/Trainer* submits the **Hockey Canada Injury Report** to the SPMHA *Safety Director* and the SPMHA *Division Director*.

Suspected Concussion or Concussion Diagnosis

A suspected or confirmed diagnosis requires:

1. The *Team Safety Person/Trainer* to notify the SPMHA *Safety Director* and SPMHA *Division Director*.
2. The player to follow the treatment plan as directed by Concussion Specialist(s) (Physician, Chiropractor, and/or Physiotherapist); obtaining signatures on **Return to Play Form** as rehabilitation takes place.





When the player has received the final Physician clearance to return to play without any restrictions, the player may return to play once the following are completed:

1. The Final **Return to Play Clearance** has been submitted to the *Team Safety Person/Trainer*, *SPMHA Safety Director*, and *SPMHA Division Director*

Please Note

If a player believes that they are being unfairly treated regarding the Return to Play process, they have a right to a second opinion.

In the unlikely event of contradictory medical opinion, SPMHA reserves the right to seek the professional recommendation of its *Safety Committee* professionals and other subject matter experts to provide guidance and an alternative Return to Play rehabilitation timeline and Clearance, as required.

SPMHA assumes no liability for a player returning to practice or game without a medical examination/clearance declaring the player is suitable to return to the ice.

All players, coaches, trainers, team personnel and parents must follow the SPMHA Return to Play process. This covers actions to be taken during an injury, along with the guidelines that must be followed for appropriate player recovery. The player's well-being is the primary focus and as such, it is MANDATORY that every team official review and understand the guideline.





Sport-Related Concussion – Information

What is a Concussion?

A concussion is a brain injury. A concussion most often occurs without loss of consciousness. However, a concussion may involve loss of consciousness. Concussions are caused by the brain moving inside the skull. The movement causes damage that changes how brain cells function, leading to symptoms that can be physical (headaches, dizziness), cognitive (problems remembering or concentrating), or emotional (feeling depressed). The majority of people (80-90%) who experience concussions recover with no lingering symptoms.

How Concussions Happen?

Any impact (direct or indirect) to the head, face or neck or a blow to the body that causes a sudden jolting of the head and results in the brain moving inside the skull may cause a concussion.

Common Symptoms and Signs of a Concussion Symptoms:

Important note to parents and players: Signs and symptoms may have a delayed onset (may be worse later that day, next morning, or even days later), so players should continue to be observed even after the initial symptoms and signs have returned to normal.

A player may show any one or more of these symptoms or signs:

Physical

Headache
Nausea
Vomiting
Blurred or double vision
Seeing stars
Poor balance
Dizziness
Poor coordination

Cognitive

Feeling “slowed down”
Difficulty concentrating
Feeling dazed
Memory problems
Unable to multi-task
Not feeling like yourself
Sleep disturbance

Behavioural

Frustration
Anger
Feeling down/depressed
Anxious
Sleeping more than usual
Difficulty falling asleep

The first 24-48 hrs after Concussion - REST

What should you do if concussion is suspected?

- Recognize and remove the player from the current game or practice.
- Do not leave the player alone, monitor symptoms and signs.
- Do not administer medication.
- Inform the coach, parent or guardian about the injury.
- The player should be evaluated by a medical doctor as soon as possible, within 24-72 hrs.
- The player must not return to play in that game or practice and must follow the 6-step return to play strategy and receive medical clearance by a physician.





If you develop any of the following symptoms, go to the nearest Emergency Department:

- Stiff neck
- Fluid and/or blood leaking from the nose or ears
- Difficulty waking up
- Difficulty remaining awake
- Fever
- Headache that gets worse, lasts a long time, or is not relieved by over-the-counter pain relievers
- Vomiting
- Problems walking and talking
- Problems thinking
- Seizures
- Changes in behaviour or unusual behaviour
- Double or Blurred vision
- Changes in speech (slurred, difficult to understand or does not make sense)

How is a Concussion Treated? How long does it take to get better?

Your physician and or other health care provider trained in concussion management will recommend a player should rest physically and mentally.

- Avoid activities that increase any of the player's symptoms, such as general physical exertion, sports, or any vigorous movements.
- This rest also includes limiting activities, which require thinking and mental concentration, such as playing video games, watching TV, doing school work, reading, texting, or using a computer, if these activities trigger a player's symptoms or worsen them.
- Symptoms and timelines may be very different from player to player, therefore, ongoing concussion management and individualized rehabilitation plans are key in player Returning to Learn and Returning to Sport.
- Most recent research notes that most sport-related concussions are resolved in less than two weeks in adults and less than 4 weeks in children.

Return to Learn

- Slowly returning to school is best. As a student, it can be hard for you to focus, remember and process information, which can affect how well a player learns and performs at school. Players and their school staff, including teachers and counselors, can work together to adjust players school work and school environment so a player can gradually return to full school activities and performance.
- A successful return to school must come before a return to play, but a return to physical activity may take place in parallel with a return to school.





Return to Play Protocol

Step 1

Light activities of daily living that do not aggravate symptoms or make symptoms worse. When able to tolerate step 1 without symptoms and signs, proceed to step 2

Step 2

Light aerobic exercise, such as walking or stationary cycling. Monitor for symptoms and signs. No resistance training or weight lifting. When able to tolerate step 2 without symptoms and signs, proceed to step 3

Step 3

Sport-specific activities and training (e.g. skating). When able to tolerate step 3 without symptoms and signs, proceed to step 4

Step 4

Practice and drills without body contact. May add light resistance training and progress to heavier weights. The time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the player. When able to tolerate step 4 without symptoms and signs, medical clearance is required and needs to be provided to the team so that you may proceed to step 5

Step 5

Begin practice and drills with body contact. When able to tolerate step 5 without symptoms and signs, proceed to step 6

Step 6

Return to Game play. (The earliest a concussed athlete should return to play is one week.) There should be at least 24 hrs (or longer) for each step of the progression. If any of the symptoms worsen during exercise, you should go back to the previous step





Return to Play Form

This form is to be given to any player after any injury (game, practice, off-ice) in which a concussion is suspected.

Dear Physician:

Thank you for seeing our player. Your assessment is critical to the safe recovery of our player. SPMHA has a Concussion Policy in place for any player suspected of having a concussion. As per our policy, a physician is required to provide clearance for any player that has suspected or diagnosed concussion criteria to either Return to Play or to proceed with more supervised concussion management.

- Please complete Section 1 below
- Please complete Section 2 only if the player has sustained a concussion and is unable to return to play after 1 week

Section 1

After assessment, it is my impression that the player is medically able to return to play **without restrictions.**

After assessment, it is my impression that the player is medically **not able to return to play** and requires further supervised management prior to returning to play. Section 2 should be completed as the athlete rehabilitates.

Name of Physician: _____

Physician Signature: _____

Date: _____

Section 2 – to be completed by an approved medical provider

1. Follow-Up and Rehabilitation Plan

The Player has had follow-up assessment/testing with a healthcare/medical provider trained in concussion management. An individual rehabilitation plan has been recommended/implemented to support recovery

Date completed: _____

2. Rehabilitation Plan Completed

The player has completed all necessary rehabilitation requirements and is discharged to a physician for further Return to Play recommendations (refer to Concussion Return to Play Procedure)

Date completed: _____

3. Final Physician Clearance

After final assessment, it is my impression that, medically, the player is able to return to play with no restrictions

Name of Physician: _____

Physician Signature: _____

Date: _____

4. Form Submission

The player has returned the completed Clearance Form to SPMHA *Team Safety Person*

Date Completed: _____

The form has been submitted to SPMHA *Safety Director* and SPMHA *Division Director*

Date Completed: _____





SHERWOOD PARK MINOR HOCKEY ASSOCIATION

