



ORHC 2018-19 Concussion Return to Play Protocol

Steps of return to play (RTP) if a player sustains a concussion

1. Player sustains a suspected concussion during game, practice or dry land training.
2. If there is a loss of consciousness, initiate EAP (Emergency Action Plan) and call an ambulance. Assume possible neck injury.
3. If there is no loss of consciousness (player returns to bench with or without assistance), continue assessment with the SCAT (Sports Concussion Assessment Tool) pocket card.
4. If player shows no symptoms and signs, they are allowed to RTP immediately. Monitor for any change throughout rest of game/practice.
5. If player shows **ANY** positive SCAT symptoms and signs, they are deemed to have sustained a possible concussion.
6. Remove the player from the game/practice immediately.
7. Inform coach, parent or guardian about the injury.
8. Do not leave the player alone, monitor signs and symptoms.
9. Do **NOT** administer medication.
10. Provide parent with this RTP**
11. The player should be referred to an emergency room, family physician/pediatrician, walk-in clinic or concussion specialist to be further evaluated. The timing of this will depend upon the severity of symptoms and accessibility of medical services. This will be to rule out major complications and some counseling on concussion management.
12. The team trainer will fill out the Hockey Canada form found on the ORHC website. Please scan and send a copy to Russell Gunner (Head trainer) also.
13. The child is to rest, rest, rest - Physical and Mental - Mental rest means that the individual with a concussion should not be doing anything which requires focus or concentration, which means no computer use, television or video games. No school or homework. It means a quiet brain in a quiet environment. "If they are bored, they are doing it right"
14. Once symptoms have subsided **EITHER**:
 - A. If you did a baseline test:**
 - i. Call the clinic you attended who will then guide you through the RTP process
 - B. If you did NOT get a Baseline test:**
 - i. Contact your family MD for an appointment
15. A medical physician will be the only one that will indicate when the player may return after a RTP process is completed. A chiropractor, physiotherapist, athletic therapist, etc are not allowed to give the final RTP. **A medical note from them will be required before returning to play. You will hand this in to your team trainer who will scan and send a copy to the head trainer.**

**The responsibility for the health and safety of minor hockey players rests with the parents and child. While the ORHC implements policies and procedures to supplement care, the effectiveness of such programs rely on the honesty of both the parent and child to communicate any ailments. Furthermore, beyond fulfilment of any return to play protocols, parents should continue to seek doctor evaluation on an on-going basis for the health and safety of their child.

For further questions or concerns, please contact:
Russell Gunner, C.A.T.(C) – MOHA Head Trainer
trainer@oakvillerrangers.ca or (905) 822-1823

What is a concussion?

A concussion is a type of traumatic brain injury that is caused by a blow to the head or body, a fall, or another injury that jars or shakes the brain inside the skull. Concussion disrupts the chemical balance in the brain, therefore if proper rest and rehabilitation protocols are not followed, symptoms may persist longer than anticipated.

Why should I do a baseline test?

Baseline testing is designed for athletes participating in high collision or impact sports where the likelihood of head or neck trauma is high. It will consist of an assessment of a range of motion, strength of the neck, balance, eye movement/tracking, coordination, memory and reaction speeds. It may or may not involve the computerized imPACT neurocognitive test. The testing should be completed annually as the child's cognitive function is constantly changing as they get older. The goal of baseline testing is to establish the athlete's current abilities and any pre-existing deficits in each category. Should the athlete suffer a concussion throughout the year, having a baseline score will better enable the medical professional to determine the athlete's ability to return to play at the appropriate time.

Please contact the head trainer Russell Gunner for a full list of clinics: trainer@oakvillerrangers.ca

Treatment options for concussions

Rest is the most important part of the immediate post concussion regime. Complete rest from all activities, school, screens, reading, etc. However, studies are showing that the athlete needs to start a rehabilitation program sooner than some are thinking. Most (if not all) concussions will be associated with some mild neck trauma which can be treated to alleviate some symptoms. The visual and vestibular systems in the brain can also be seriously compromised after a concussion and need to be addressed with the athlete. Any of the clinics listed on the baseline facilities also do rehabilitation of concussions. Please contact any of them for further information.

What can happen if you come back too soon?

Returning to play while still experiencing symptoms or not properly cleared by a medical professional of a concussion is dangerous and can lead to a longer recovery time, more severe symptoms or the Second Impact Syndrome. The Second Impact Syndrome is rare but may occur if a player suffers a second concussion before the first one is healed. In this case, the brain may swell inside the skull and in rare instances has resulted in death. Individuals should consult a doctor for further information. The Government of Ontario has recently passed the Rowan's law. See more information here: <http://news.nationalpost.com/sports/ontario-passes-rowans-law-but-its-just-one-step-in-protecting-kids-from-concussions>

What is the possible RTP process?

Remember, symptoms may return later that day or the next, not necessarily when exercising! This RTP was recommended at the 2012 Zurich Concussion Conference. It is to be a gradual increase in exercises usually over a period of 5 to 10 days. This is to be supervised by a health care professional. It will be up to the physician when you return to play based upon how well you do at this RTP process.

Graduated Return to Play Protocol (As per 2012 Zurich concussion conference)

- | | |
|--------------------------------|--|
| 1. No activity | Symptom limited and cognitive rest |
| 2. Light aerobic exercise | Walking with heart rate below 70% maximum |
| 3. Sport specific exercise | Skating drills on ice (no contact) |
| 4. Non-contact training drills | Progression to more complex training drills (passing, etc) |
| 5. Full contact practice | Only following full medical clearance |
| 6. Return to play | Normal game play |
| 7. | |

Remember, RETURN TO LEARN, before RETURN TO PLAY!!

