

APPENDIX VI

RETURN TO PLAY GUIDELINES

The following guidelines have been adopted from Ophea Guidelines - Appendix C – Physical Activity and Sport Related Concussion. For a detailed copy of the guidelines please visit www.ophea.net

Common Symptoms and Signs of Concussion

It is important to know that an athlete does not need to be “knocked out” (lose consciousness) to have had a concussion. After the concussion, the athlete may experience many different kinds of symptoms, and it is important to remember that some symptoms may appear immediately and others later. Athletes may be reluctant to report symptoms of concussion because of a fear that they will be removed from the game, or jeopardize their status on a team. But it is important to consider the permanent repercussions of a concussion.

Without proper management, a concussion can result in permanent problems and even death.

Concussion should be suspected in the presence of any one or more of the following symptoms and signs:

Thinking Problems

- Does not know time, date, place, class, type of activity in which he/she was participating
- General confusion
- Cannot remember things that happened before and after the injury
- Knocked out

Student’s Complaints

- Headache
- Dizziness
- Feels dazed
- Feels “dinged” or stunned;
- “having my bell rung”
- Sees stars, flashing lights
- Ringing in the ears
- Sleepiness
- Loss of vision
- Sees double or blurry

Other Problems

- Poor coordination or balance Blank stare/glassy-eyed Vomiting Slurred speech
- Slow to answer questions or follow directions Easily distracted Poor concentration
- Strange or inappropriate emotions, (e.g., laughing, crying, getting mad easily)
- Stomach ache/pain/nausea
- Not playing as well

Note: All athletes need to consult a physician after a suspected concussion. A student who has suffered a physician-diagnosed concussion outside of school time must be diagnosed as symptom-free by a physician before returning to activity.

Concussion - Initial Response

1. If there is a loss of consciousness, initiate Emergency Action Plan and call 911. Assume there is a possible neck injury and, *only if trained*, immobilize the student before ambulance transportation to hospital. Otherwise, do NOT move athlete or remove athletic equipment e.g. helmet.
2. If there is not a loss of consciousness, but a concussion is suspected due to a direct blow to the head or a major physical trauma to other parts of the body (causing a whiplash effect on the head and neck):
 - remove the student/player from the current game or practice;
 - do not leave the athlete alone;
 - monitor signs and symptoms;
 - do not administer medication: and
 - i. the athlete needs to be evaluated by a medical doctor;
 - ii. the athlete must not return to play in the game or practice that day;
 - iii. inform the parent/guardian about the injury and of the importance of an evaluation by a medical doctor.

How long does it take for the student to get better?

The signs and symptoms of a concussion often last for 7 – 10 days, but may last much longer. The exact length of this period is unclear, but the brain temporarily does not function normally, and during this time it is more vulnerable to a **second head injury**. In some cases, athletes may take many weeks or months to heal.

Significant cognitive symptoms may result from concussion including (e.g., poor attention and concentration, reduced speed of information-processing and impaired memory and learning). There may also be a significant negative effect on educational and social attainment as these functions are critical for learning new skills and attending to school work.

When can an athlete with a concussion return to sport?

Physician Visit #1

*If **NO CONCUSSION** is determined by a doctor:*

Using the ‘Request to Resume Interscholar Athletic Activities: Concussion Related Injuries Form’:

- Doctor checks the box ‘**No Concussion - student may return to:**’ plus the other appropriate activity boxes and signs and dates the form.
- Student returns the completed form to teacher/coach in order to be allowed to participate in interschool athletic activities.

Note: Teacher files the completed form from the doctor in student’s O.S.R.

*If **CONCUSSION** is determined by a doctor:*

Using the ‘Request to Resume Interscholar Athletic Activities: Concussion Related Injuries Form’:

- Doctor checks the box ‘**Concussion - no activity until symptoms and signs have gone**’ and signs and dates the form.
- Athlete returns the completed form to teacher/coach and if applicable to the Health and Physical Education teacher to be informed that the athlete is not to participate in vigorous activities until symptoms and signs are gone.
- Form is returned to the athlete as this form is to be used for the parent permission and second

doctor assessment.

The athlete and parents/guardians monitor symptoms and signs of a concussion. As part of this monitoring, ongoing communication must occur between the teacher and parent/guardian throughout Steps 1-4. It is very important that an athlete not do vigorous physical activity if he/she has any signs or symptoms. The 'return to play' process is gradual and must follow the steps as outlined below. **Note: Each step must take a minimum of one day.** If symptoms or signs of the concussion return (e.g. headache, feeling nauseated) either with activity or later that day, the athlete needs to rest for 24 hours, and return to the previous step. An athlete should **never** return to play if symptoms persist.

Parent/Guardian Responsibility

Step 1: No activity, complete rest. Once the athlete is asymptomatic (concussion symptoms and signs have stopped), proceed to Step 2.

Step 2: Light aerobic exercise, such as walking or stationary cycling, for 10-15 minutes, no resistance training.

Using the 'Request to Resume Interschool Athletic Activities: Concussion-Related Injuries Form', the parent/guardian signs and dates the form to give permission for the student to proceed to Step 3.

School Responsibility

Step 3: Sport specific activities (e.g. skating in hockey, running in soccer) for 20-30 minutes. No resistance training or weight lifting.

Step 4: On field/court/ice activity such as ball drills, shooting drills and other activities with NO CONTACT (e.g., no checking, no heading the ball). May add light resistance training and progress to heavier weights.

Teachers initial the form to indicate that the student has completed Steps 3 and 4.

Note: The time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the player. Proceed to Step 5 after second clearance by a doctor.

After Step 4, and before

Step 5 (returning to full-contact training/practice), the athlete must return to the physician, for final approval to engage in full contact activity.

Physician Visit #2

Doctor assesses that all symptoms and signs of a concussion are gone after Step 4:

Using the 'Request to Resume Interschool Athletic Activities: Concussion-Related Injuries Form':

- Doctor checks the box '**Concussion symptoms and signs have gone – athlete may return to:**' and checks the appropriate box and signs and dates the form.
- The athlete brings the completed form to the teacher/coach and if applicable to the Health and Physical Education teacher. The teacher/coach allows the athlete to participate in contact activity progressing through Step 5 and Step 6:

School Responsibility

Step 5: Full contact training/practice

Step 6: Game play.

Note: Each step must take a minimum of one day. If symptoms or signs of the concussion

return (e.g. headache, feeling nauseated) either with the activity or later that day, the athlete needs to rest for 24 hours, and return to the previous step. An athlete should **never** return to play if symptoms persist.

Note: Teacher/coach files the completed form 'Request to Resume Athletic Participation: Concussion Related Injuries' from the doctor in student's O.S.R.

If the teacher/coach is unsure if an athlete should play, remember... *when in doubt, sit them out.*