

Pocket Guide **STEPS FOR**
Return to Play
IF A PLAYER SUSTAINS
A CONCUSSION



**Concussion
Management
Program**

2012

**RECOMMENDED RETURN TO
PLAY CONCUSSION PROTOCOL
FOR SCHOOLS AND TEAMS**

This recommended protocol has been provided as a template for organizations to implement a Return to Play Protocol. CMRG Ltd. has provided these guidelines as information only and assumes no liability with regard to athletes who are treated following this protocol.

RECOGNIZE:

Point of Injury



A CONCUSSION IS SUSPECTED

Role of Trainer :

1. Loss of consciousness, assume c-spine injury – Activate 911
2. Any suspicion of concussion remove from play. Do not allow RTP that day.



Severe or worsening signs & symptoms of concussion –
GO TO EMERGENCY

Mild to moderate signs and symptoms of concussion –

- * Administer **SCAT2**
- * Monitor for any worsening of Signs and Symptoms
- * **NO RTP** that day



PROCEED TO STEP 2

EVALUATE: ***Medical Follow-Up***



**As soon as possible,
contact Family
Physician for medical
follow-up**

STEP

2

**Signs & Symptoms
continue or
slowly resolving –
PROCEED TO STEP 3**

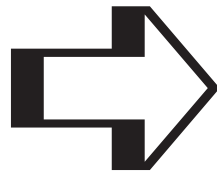


**Signs & symptoms
resolved – schedule
ImPACT Test with
certified CMRG medical
consultant or physician
PROCEED TO STEP 4**



MANAGE:

Complete Physical/Cognitive Rest



STEP

3

Complete rest until resolution of symptoms.

This includes full physical cognitive rest (including academic modification).

Signs & Symptoms resolved –

PROCEED TO STEP 4



MANAGE: **Return to Play**

ImPACT Test and
evaluation with CMRG
sports medicine
physician or certified
medical consultant



Asymptomatic:
ImPACT Test **NOT**
returned to baseline –
RETURN TO STEP 3

Asymptomatic:
ImPACT Test
returned to baseline –
PROCEED TO STEP 5



STEP

4

* We allow steps 1 - 4 even if cognitive test not fully completed.

MANAGE: ***Return to Play***

Remember to leave 24 hours between steps. Symptoms may return later that day or the next, not necessarily when exercising! (This RTP was recommended at the Zurich Concussion Conference.¹)

Step 1: Rest

Step 2: Light exertion (below 70% of max)

Step 3: Increase exertion, weight training, interval training, etc.

Step 4: Sport specific non-contact activity

MEDICAL CLEARANCE

Step 5: Contact Practice

Step 6: RTP.

IMPORTANT!

For urgent assessments or concerns, go directly to ER, NOT to CMRG Concussion Management affiliated physicians

CMRG Concussion Management affiliated physicians assist with RTP advice and it is important to remain on complete rest until seen by the physician.

¹ Reference for RTP needed here - please provide.

STEP

5

Pocket SCAT2



Concussion should be suspected in the presence of **any one or more** of the following: symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behaviour.

1. Symptoms

Presence of any of the following signs & symptoms may suggest a concussion.

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

2. Memory function

Failure to answer all questions correctly may suggest a concussion.

“At 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?”

3. Balance testing

Instructions for tandem stance

*“Now stand heel-to-toe with your **non-dominant** foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes.”*

Observe the athlete for 20 seconds. If they make more than 5 errors (such as lift their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more than 5 seconds) then this may suggest a concussion.

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.

MANAGE:

Steps of Return To Play (RTP) if a player sustains a concussion

- 1.** Player sustains a suspected concussion.
- 2.** If there is a loss of consciousness, assume C-spine injury, immobilize, initiate EAP and call an ambulance.
- 3.** If there is no loss of consciousness (player returns to bench), assess for concussion and associated injury and continue serial assessment with SCAT2 pocket card.
- 4.** Remove the player from the game. If a concussion is suspected, they **CANNOT RTP** in that game. **WHEN IN DOUBT, SIT THEM OUT.**
- 5.** Do not leave the player alone. Monitor signs and symptoms and if there are **ANY** concerns, they must be taken to ER.
- 6.** Do **NOT** administer medication.
- 7.** Inform coach and parent/guardian about the injury and advice to monitor the athlete. Symptoms could appear hours later.

- 8.** The player should be seen by a healthcare professional with knowledge of concussion. If there are ANY concerns, they should be taken to ER to rule out serious injury.
- 9.** Initial treatment for a concussion is 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). If the athlete is deemed to have a non-complicated sport concussion, initial management is REST only. Assessment with a CMRG Concussion Management affiliated physician can be booked within 1 to 2 weeks.
- 10.** Once symptoms have subsided, contact CMRG Concussion Management affiliated physician (see below). Symptoms may take several days to weeks to go away as all patients react differently.