

HALTON DISTRICT SCHOOL BOARD

CONCUSSION PROTOCOL

**Return to Interschool Competition /
Physical Activity Forms**

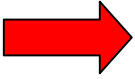
Parent Information

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Revised September 2011

APPENDIX C

Request to Resume Athletic Participation - Concussion Related Injuries



If an athlete has been/is suspected of having a concussion, a physician must sign this form.

Athlete's Name: _____

The athlete must complete the following 2 visits with the physician and follow physician's instructions below:

Physician Visit #1:

No concussion – athlete may return to:

- regular physical education class activities
- intramural activities/clubs
- interschool sport activities

Physician Signature: _____ Date: _____

Comments: _____

OR

Physician Visit #1:

Concussion – no activity until symptoms and signs have gone.

Physician Signature: _____ Date: _____

Comments: _____

Note: The athlete/parent/guardian must show this form to the administrator who will inform all relevant personnel (teacher of Health and Physical Education, coach of interschool team, intramural supervisor, etc.) and provide each with a copy of this form.

When a concussion is diagnosed, the athlete and parents/guardians monitor symptoms and signs of a concussion. As a part of this monitoring, ongoing communication must occur between the teacher and parent/guardian throughout Steps 1-4. It is very important that a student not do any 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. The athlete may not participate in any interschool team activities until Step 1 and Step 2 have been completed. Prior to beginning Step 3, the parent/guardian signature is required.

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.

In signing below, I give permission for my son/daughter to proceed to Step 3 and participate in interschool team activities as described.

Parent/Guardian Signature: _____ **Date:** _____

SCHOOL RESPONSIBILITY:

Step 3: Sport-specific exercise (e.g., running in soccer, ball drills, shooting drills) for 20-30 minutes. No resistance/weight training.

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.

The teacher's initials indicate that the student has completed Steps 3 and 4. _____ (initial here). Return form to student.

PARENT/GUARDIAN RESPONSIBILITY:

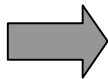
Note: After Step 4 and before Step 5 (return to full contact training, practice), the athlete must return to the physician for final approval to engage in full contact activity. The time needed to progress from "on field/court/ice activity" to "full contact training practice" will vary with the severity of the concussion and the athlete.

Physician Visit #2:	
<i>Concussion symptoms and signs have gone – the athlete may return to:</i>	<input type="checkbox"/> regular physical education class activities
	<input type="checkbox"/> intramural activities/clubs
	<input type="checkbox"/> interschool sport activities
Physician Signature: _____	Date: _____
Comments: _____	

The teacher/coach allows the athlete to participate in contact activity progressing through Step 5 and Step 6.

Step 5: Full contact training/practice.

Step 6: Game play.



Note: This form must be returned to the coach and, if applicable, to the Health and Physical Education teacher and intramural supervisor. The teacher/coach files this form in the athlete's O.S.R.

APPENDIX D

Request to Resume Physical Education/ Activity- Concussion Related Injuries

If a student has been/is suspected of having a concussion, a physician must sign this form.

Student Name: _____

The student must complete the following 2 visits with the physician and follow physician's instructions below:

Physician Visit #1:

No concussion – student may return to:

- regular physical education class activities
- intramural activities/clubs
- interschool sport activities

Physician Signature: _____ Date: _____

Comments: _____

OR

Physician Visit #1:

Concussion – no activity until symptoms and signs have gone.

Physician Signature: _____ Date: _____

Comments: _____

Parent/Guardian Responsibility:

Note: The student/parent/guardian must show this form to the administrator who will inform all relevant personnel (teacher of Health and Physical Education, coach of interschool team, intramural supervisor, etc.) and provide each with a copy of this form.

When a concussion is diagnosed, the student and parents/guardians monitor symptoms and signs of a concussion. As a part of this monitoring, ongoing communication must occur between the teacher and parent/guardian throughout Steps 1-4. It is very important that a student not do any 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 student needs to rest for 24 hours, and return to the previous step. A student should **never** return to play if symptoms persist. The student may not participate in any physical education activities until Step 1 and Step 2 have been completed. Prior to beginning Step 3, the parent/guardian signature is required.

Step 1: No activity, complete rest. Once the student 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.

In signing below, I give permission for my son/daughter to proceed to Step 3 and participate in Intramural/Club activities as described.

Parent/Guardian Signature: _____ **Date:** _____

School Responsibility:

Step 3: Sport-specific exercise (e.g., ball drills, shooting drills) for 20-30 minutes. No resistance/weight training.

Step 4: "In class" physical education activities/intramural activities/clubs in which there is no opportunity for contact (e.g., aerobics routine, dance, badminton and volleyball). May add light resistance training and progress to heavier weights.

The time needed to progress from "in-class activities" to "regular physical education activity: will vary with the severity of the concussion and the student.

The teacher's initials indicate that the student has completed Steps 3 and 4. _____ (initial here).
Return form to student.

Parent/Guardian Responsibilities:

After Step 4 and before Step 5 (return to physical education activities/intramural activities/clubs), the student must return to the physician for final approval to engage in regular physical education activity.

Physician Visit #2:

Concussion symptoms and signs have gone – student may return to:

- regular physical education class activities
- intramural activities/clubs
- interschool sport activities

Physician Signature: _____ Date: _____

Comments: _____

Step 5: Regular physical education/intramural activities/clubs (which involve minimal contact.

Note: This form must be returned to the Health and Physical Education teacher, and if applicable, to the coach and intramural supervisor. The teacher files this form in the student's O.S.R.

APPENDIX E

SPORT-RELATED CONCUSSION: GUIDELINES FOR PARENTS/ GUARDIANS

What is a concussion?

A concussion is a brain injury that cannot be seen on x-rays or CT scans. It affects the way your child may think and remember things, and can cause a variety of symptoms.

What are the symptoms and signs of concussion?

It is important to know that your child does not need to be knocked out (lose consciousness) to have had a concussion. A variety of problems may happen after a concussion, including:

Thinking Problems	Student's Complaints	Other Problems
<ul style="list-style-type: none">• Does not know time, date, place, period of game, opposing team, score of game• General Confusion• Cannot remember things that happened before and after the injury.• Knocked out	<ul style="list-style-type: none">• 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• Stomach ache/pain/nausea	<ul style="list-style-type: none">• 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)• Not playing as well

What causes a concussion?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (ie. a ball to the head, being checked into the boards in hockey).

What should you do if your child gets a concussion?

Your child should stop playing his/her sport right away. He/she should not be left alone and should be seen by a doctor as soon as possible that day. If your child is knocked out, call an ambulance to take him/her to a hospital immediately. Do not move your child until the paramedics arrive.

How long will it take for my child to get better?

The signs and symptoms of concussion (see above) often last for 7-10 days but may last much longer. In some cases, children may take many weeks or months to heal. Having had previous concussions may increase the chance that a child may take longer to heal.

How is a concussion treated?

The most important treatment for a concussion is rest. The child should not exercise, go to school or do any activities that may make him/her worse, like riding a bike, play wrestling with brothers/sisters/friends, video games, or working on the computer. If your child goes back to activities before he/she is completely better, he/she is more likely to get worse, and to have symptoms longer. *Even though it is very hard for an active child to rest, this is the most important step.* Once your child is completely better at rest, he/she can start a step-wise increase in activities (see "**When can my child return to sport?**"). It is important that your child is seen by a doctor before he/she begins the steps needed to return to activity, to make sure he/she is completely better. If possible, your child should be seen by a doctor with experience in treating concussions.

When can my child return to school?

Sometimes children who have a concussion may find it hard to concentrate in school and may get a worse headache or feel sick to their stomach if they are in school. Children should stay home from school if their symptoms get worse while they are in class. Once they feel better, they can try going back to school at first for half days and if they are okay with that, then they can go back full time.

When can my child return to sport?

It is very important that your child not go back to sports if he/she has any concussion symptoms or signs.

Return to sport and activity must follow a step-wise approach:

1. No activity, complete rest. Once back to normal and cleared by a doctor, go to step 2.
2. Light exercise such as walking or stationary cycling, for 10-15 minutes.
3. Sport specific activity (e.g., skating in hockey, running in soccer), for 20-30 minutes.
4. "On field" practice such as ball drills, shooting drills, and other activities with NO CONTACT (ie. no checking, no heading the ball, etc.).
5. "On field" practice with body contact, *once cleared by a doctor.*
6. Game play.

Note: *Each step must take a minimum of one day.* If your child has any symptoms of a concussion (e.g. headache, feeling sick to his/her stomach) that come back either during activity, or later that day, your child should stop the activity immediately and rest for 24 hours. Your child should be seen by a doctor and cleared again before starting the step wise protocol again.

When should I take my child to the doctor?

Every child who gets a head injury should be seen by a doctor as soon as possible. You should take him/her back to the doctor IMMEDIATELY if, after being told your child has a concussion, he/she has worsening of symptoms such as:

1. being more confused
2. has a headache that is getting worse
3. vomits more than once
4. doesn't wake up
5. has any trouble walking
6. has a seizure
7. has strange behaviour

Problems caused by a head injury can get worse later that day or night. The child should not be left alone and should be checked throughout the night. If you have any concerns about the child's breathing or how he/she is sleeping, wake him/her up. Otherwise, let him/her sleep. If he/she seems to be getting worse, you should see your doctor immediately. **No child should go back to physical activity/sport until they have been cleared to do so by a doctor.**

Drafted by Dr. L. Purcell and Dr. J. Kissick on behalf of the ThinkFirst-SportSmart Concussion Education and Awareness Program. July 2005 Version



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ThinkFirst-SportSmart
Concussion Education and Awareness Program

New Concussion Management Guidelines

Dear Doctor,

Sport-related concussion is a common presenting problem for primary care physicians, who are increasingly being asked to assess and manage concussed patients, and to provide guidance on safe return to play. In fact, the Greater Toronto Hockey League now requires signed clearance from a physician before a player can return to play after a concussion. It is very likely that other leagues, and sports, will soon follow. In addition, concussion does not only occur in collision sports like hockey, but in many other sports and activities. **It is, therefore, critical that physicians possess current concussion management skills.**

Many physicians have indicated that they do not feel they have sufficient knowledge, or access to appropriate resources to help them manage their concussed patients. Unfortunately, complicating matters further is that many aspects of concussion remain somewhat confusing or controversial. Grading systems (and associated return to play times) are not based on scientific evidence, and are considered obsolete by concussion experts. How, then, should a physician deal with a concussed patient?

ThinkFirst/Pensez D'Abord Canada, a national brain and spinal cord injury prevention program, and its subsidiary, ThinkFirst- SportSmart Sports and Recreational Injuries Research and Prevention Centre (ThinkFirst-SportSmart), are pleased to provide you with this practical, "state of the art" concussion assessment, management, and return to play information. Our new concussion card was developed by Drs. Karen Johnston and Charles Tator. It is adapted from the guidelines developed by the Canadian Academy Of Sport Medicine, and from the "Vienna Guidelines" (a consensus of experts in the field of sport-related concussion, developed at an international symposium in November 2001. These latter guidelines have been endorsed by the International Olympic Committee Medical Commission, the International Ice Hockey Federation, and FIFA (world soccer governing body). Enclosed with this letter is a concussion question and answer document for physicians developed by Dr. Jamie Kissickon behalf of the ThinkFirst-SportSmart Concussion Education and Awareness Committee.

In addition to the information provided here, further information will be easily available on the ThinkFirst web site (www.thinkfirst.ca) in the very near future. This information will include:

- a question and answer document going into more detail on assessment, management, and return to play;
- the Standardized Assessment of Concussion Form;
- the McGill ACE;
- a concussion document for elite athletes; and
- a concussion card for the general public entitled "Understand Concussions: What Everyone Should Know About Concussions."

We hope that you will find this information helpful in your management of sport-related concussion. You will be instrumental in helping your patient recover, and to guiding them to a safe return to activity.

Yours sincerely,

Jamie Kissick, M.D.

James Carson, M.D.

Charles Tator, M.D.

On Behalf of the ThinkFirst-SportSmart Concussion Education and Awareness Committee