

CONCUSSION SAFETY PROGRAM

Home Instructions

Dear Parent/Guardian:

Your child or billet has suffered a concussion during participation. To make sure that they recover as quickly as possible, please follow these important recommendations:

- Remind your child/billet to report to the Athletic Trainer the next day for a follow up examination (If access to an ATC/CAT is not available, please make arrangements to follow up with your physician for further evaluation).
- Review the items outlined below (Physician Referral Checklist). If any problems develop prior to a follow-up evaluation you should contact your team ATC/CAT, local emergency room or family physician. Otherwise, you can follow the general instructions outlined below:

It is OK to:

- Go to sleep
- Use ice pack as needed
- Eat a light diet
- Return to school
- Rest from strenuous physical activity

There is NO need to:

- Check eyes with flashlight
- Wake up every hour
- Test reflexes
- Stay in bed

Do NOT:

- Drink alcohol
- Use drugs
- Eat spicy foods
- Exercise or lift weights
- Take any medications unless directed by a physician

A concussion is a complex injury process that affects the brain. It may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head and brain. Loss of consciousness is not necessary for a concussion to occur; symptoms are typically short-lived but some may last longer. Concussion symptoms usually result from a functional disturbance of brain activity rather than a structural injury to tissue. Along with the athlete's complaints of various symptoms other measurable deficits can also occur including balance, memory and problem-solving difficulties. Other common diagnostic tests, such as head CT or MRI, may be conducted to rule out structural lesions but are typically insensitive to the functional disturbances of a concussion.

Any athlete with a suspected concussion should be monitored for deterioration, i.e., not left alone, and should not drive a motor vehicle.

Physician Referral Checklist

Symptoms that require prompt medical attention

1. Deterioration of neurological status
2. Decreasing consciousness
3. Irregular breathing
4. Unequal or dilated pupils
5. Blood or clear fluid draining from the ears or nose
6. Slowed thinking, declining memory or agitation
7. Seizure activity
8. Vomiting
9. Increased movement, sensation or balance deficits
10. Worsening of initial post-injury symptoms
11. Increase in the number of post-injury symptoms
12. Post-injury symptoms interfere with daily activities

Return to Play: *What is to be expected.*

Concussions typically result in the rapid onset of short-lived impairments that resolve spontaneously over time. The athlete can expect to be rested from strenuous activity until they are determined to be completely symptom-free. When returning athletes to play, a structured and graded exertion protocol is typically followed, which is individualized based on factors that include symptom presentation, age and concussion history. Exercise or training should begin only after the athlete is asymptomatic with physical and occasionally cognitive rest. The final clearance to return to play will be made by the team physician and will ideally include input from the athletic trainer and the Neuropsychologist when available.

Once asymptomatic in all areas:

1. Rest from exertion
2. Light aerobic activity (e.g., stationary cycling)
3. Sport-specific exercise, such as skating
4. Non-contact drills and light resistance training
5. Full contact drills
6. Return to game play

The rate of progression through these steps will be determined individually – any return of symptoms halts the task for additional rest.

This information is compiled from the Consensus statement on concussion in sport, Zurich, 2008, the Agreement Statement of the Second International Symposium on Concussion in Sport, Prague, 2004 and the National Athletic Trainers' Association Position Statement: Management of Sport Related Concussion, Sept. 2004.