

TSMHA 2016-2017 Concussion Management Policy

The following TSMHA Concussion Management Policy has been updated to provide guidance to members and coaching staffs of TSMHA about the proper procedures in managing concussions, and outlines the TSMHA policy for return to play protocols for concussed players. The procedures and recommendations were developed for the safety of every child playing hockey in the TSMHA.

Research into the management of concussions has evolved significantly over the past few years. It is important that sporting associations, especially those involved in contact sports such as hockey, develop a concussion policy to ensure the safety for all its athletes. The following policy outlines the procedures for TSMHA members/participants to follow in the event a child sustains a minor head injury (concussion), and the appropriate steps involved for safe return to play.

The TSMHA Concussion Management Policy has been developed in accordance to the recommendations provided by the Canadian Concussion Collaborative¹ and the consensus statement provided at the 4th International Conference on Concussion in Sport held in Zurich², and the new law passed by the Canadian government "Rowan's Law", along with the most recent concussion research.

Content: 1. *Baseline Testing*
 2. *TSMHA Concussion Protocol*
 3. *Return to Play Protocol*
 4. *Game Play Clearance Procedure*

1. Baseline Testing

Within the scope of this policy, TSMHA will be offering all players aged 12 years and older a **free** computerized neurocognitive baseline evaluation using ImPACT (Immediate Post-Concussion Assessment & Cognitive Testing)³. ImPACT is an online program that was developed to help evaluate neurocognitive recovery following a concussion. This test is currently being used by the NHL, NFL, NBA, MLB and other professional and collegiate sporting teams. It can help provide objective information regarding the severity of a concussion and help with return to play decisions. It is ideally administered before the beginning of the season and is not mandatory, but **highly recommended by the TSMHA**.

Although the TSMHA is providing this service free of charge, it does not rely solely on ImPACT as an indicator of whether a player has sustained a concussion. ImPACT is **not** a tool capable of diagnosing a concussion, which must be done by a qualified health professional. ImPACT is **not** a substitute for medical evaluation and treatment. ImPACT is a tool to help track recovery of

¹ <http://casem-acmse.org/education/ccc/> Canadian Concussion Collaborative

² <http://bjsm.bmj.com/content/47/5/250.full.pdf+html> Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012

³ <https://www.impacttest.com/> ImPACT Computerized Neurocognitive Test

cognitive processes following a concussion and also to help with return-to-play decisions⁴.

2. TSMHA Concussion Protocol

Concussions can be a serious cause for concern and should be managed appropriately. If a TSMHA player is suspected of sustaining a concussion during a game or practice, the following protocol needs to be followed.

Type of Head Injury

1. If there is a **loss of consciousness**, initiate emergency action plan and call an ambulance.
2. If there is **NO** loss of consciousness (player can return to bench with or without assistance), have the trainer assess the child and **remove from play immediately** if a concussion is suspected. Trainer should follow instructions provided by *Pocket Sport Concussion Assessment Tool*.
3. If a player has symptoms of a concussion after removal from play, **but their condition is deteriorating** (refer to 'Red Flags' below), initiate emergency action plan and call an ambulance.

++IF ANY RED FLAG SYMPTOMS EVOLVE following a concussion, bring child to Emergency Room immediately or call 9-1-1++

- Red Flags:**
- Headache that worsens
 - One pupil larger than the other
 - Repeated vomiting or nausea
 - Slurred speech
 - Convulsions or repeated seizures
 - Weakness, numbness, or balance problems
 - Drowsiness or can't be awakened from sleep
 - Difficulty recognizing people or places
 - Loss of consciousness
 - Unusual behavior

Concussion Protocol

1. After removal from play, inform coach, parent/guardian about the injury.
2. Do not leave player alone = monitor signs and symptoms for next 24-72 hours. Look for any changes in Signs and Symptoms (especially Red Flags described above).
3. Do not give child medications...not even ibuprofen (Advil) or acetaminophen (Tylenol). They may continue with regular medications.

⁴ <https://www.impacttest.com/about/> ImPACT Computerized Neurocognitive Test

4. The child should be taken to Emergency Room, walk-in clinic, family physician or concussion specialist within the first 24hrs to be further evaluated and to determine the severity of the concussion.
5. Once evaluated by one of the aforementioned health professionals and diagnosed with a concussion, the child needs to **REST**. No physical or mental activities for at least 24 hours. Mental rest means eliminating tasks that require focus and concentration (i.e. no school, no computers/tablets/phones, no television, and no video games).
6. Implement Return to Play⁵ (RTP) protocol.

3. Return to Play (RTP) Protocol

The following RTP protocol is proposed for any player recovering from a concussion. Each step should take approximately 24-48 hours or more depending on the severity of the concussion.

1. **No Activity** – physical and mental rest
2. **Light Aerobic Exercises** – walking or stationary bike. Light exertion. No practice.
3. **Sport Specific Activities** – may practice (only if asymptomatic), but only light skating and stickhandling. No regular drills. No contact = yellow shirt.
4. **Non-Contact Regular Drills** – regular practice drills at full speed. No contact = yellow shirt.

NOTE: No child will be allowed to return to full contact practice or game play without written medical consent (please follow instructions on medical clearance form – attached below).

It is recommended that a child should not return to game play for at least 2 weeks, based on current medical research studies^{6,7,8}.

5. **Full-Contact Practice** – regular practice with full contact.
6. **Game Play**

⁵ Keith et al. Int J Sports Phys Ther. 2014 Apr; 9(2):242-255 Pediatric Sports Specific Return to Play Guidelines Following Concussion

⁶ McClincy et al. Brain Inj. 2006 Jan; 20(1):33-39 Recovery from sports concussion in high school and collegiate athletes.

⁷ Majerske et al. J Athl Train. 2008 May-June; 43(3): 265-274 Concussion in sports: postconcussive activity levels, symptoms, and neurocognitive performance.

⁸ Covassin et al. Physician and Sportsmedicine 2010;4(38):1-6 Examination of recovery time from sport-related concussion in high school athletes.

4. Game Play Clearance Procedure

The child must meet **all** of the following criteria in order to be allowed to return to game play competition.

1. Asymptomatic at rest and with exertion (including mental exertion) and,
2. Have normal ranges of baseline and post-injury ImpACT scoring (free re-assessment to TSMHA players) and,
3. Have written medical clearance from a medical physician who has personally evaluated the child (TSMHA recommends a health care provider with concussion training).

This policy was developed for the safety of every child playing for the TSMHA.

Concussion Information:

CDC Heads up Initiative

<http://www.cdc.gov/headsup/youthsports/>

- Website from Centre of Disease Control that has great informational resources (handouts, videos, etc..) on concussions.

Concussion Awareness Training Tool

<http://www.cattonline.com/>

- Website dedicated to providing online courses, resources and information on concussions. Sections dedicated to health professionals, parents, coaches, teachers and children.

If you have any questions, please contact Dr. Mark Dubreuil DC, Certified Concussion Specialist at care4concussion@gmail.com or at (519) 903-3846.

Sincerely,
TSMHA Board