



HOCKEY EASTERN ONTARIO MINOR

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Memorandum

6.12 CONCUSSION RETURN TO PLAY PROTOCOL

i) PREAMBLE

Children and adolescents are actually at a higher risk of developing concussions than adults and we also know that children are at a higher risk of having prolonged symptoms; therefore, there is need for recommendations specifically covering children five to 18 years old since existing guidelines often focus on adults.

ii) PURPOSE

The purpose of this policy is to provide guidance to our associations, leagues, teams, players and parents on the importance of a properly conducted evaluation of a participant who has suffered a concussion before the person returns to play.

iii) EFFECTIVE DATE

Rev. 0

2011

Rev. 1

January 2015

iv) APPLICATION

These guidelines do not apply to children under 5 years. According to the Ontario Neurotrauma Foundation (ONF), diagnosing concussion in children under five years is controversial because it relies heavily on the child's ability to recognize and/or communicate his/her symptoms. Most preschoolers have not developed that capacity yet. As well, there are no validated tools for this age group. These guidelines also do not apply to children/adolescents who have moderate-to-severe closed head injuries, moderate-to-severe developmental delays, neurological disorders, penetrating brain injuries or brain damage from other causes, such as injuries at birth or in infancy.

v) GUIDELINES

Hockey Eastern Ontario (HEO) follows and will continue to follow the Hockey Canada Six-Step method for return to play for Concussion in Sport. When a potential concussion has occurred, the team Trainer is the first point of contact with the injured player. The Trainer will evaluate the player in question, using appropriate protocols and will make a determination based on their assessment of the player. If the Trainer determines that the player may be concussed or is showing symptoms of a possible concussion, then they **WILL** deem that player unfit to play until assessed by a Physician.

No player can return to play until the attending Physician has given the player clearance to do so in writing.

The Trainer's decision is final and cannot be overturned by the Coaching staff or the Parents until the above mentioned criteria have been met.

Return to Play Process

The return to play process is gradual and begins after a doctor has given the player clearance to return to activity. If any symptoms/signs return during this process, the player must be re-evaluated by a physician. No return to play is permissible if any symptoms or signs persist. Remember, symptoms may return later that day or the next, and not necessarily when exercising!

Step 1: No activity, only complete mental and physical rest. Proceed to step 2 only when all symptoms are gone. This includes avoiding both mental and physical stress.

Step 2: Light aerobic exercise, such as walking or stationary cycling. Monitor for symptoms and signs. No resistance training or weight lifting.

Step 3: Sport specific activities and training (e.g. skating).

Step 4: Drills without body contact. May add light resistance training and progress to heavier weights. The time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the player.

Only go to step 5 after medical clearance. (Reassessment and note)

Step 5: Begin drills with body contact.

Step 6: Game play. (The earliest a concussed athlete should return to play is one week).

Note: Players should proceed through the return to play steps only when they do not experience symptoms or signs and the physician has given clearance. Each step should be a minimum of one day. If symptoms or signs return, the player should return to step 1, and be re-evaluated by a physician.

Never return to play if symptoms persist!