



Mississauga Ringette Association

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RETURN TO PLAY POLICY

Current research now indicates that concussion injuries can be quite harmful with long term affects. For this reason MRA has developed a return to play policy for players who have been diagnosed with a concussion injury. Determining when an athlete returns to play after a concussion should follow an individualized course, because each athlete will recover at a different pace. The family doctor will advise in writing when a player may return to full play.

Under no circumstances should pediatric or adolescent athletes with a concussion or suspected concussion return to play the same day of their concussion. The phrase, “When in doubt, sit them out!” is paramount in the management of a pediatric or adolescent concussion. No athlete will be permitted to return to play while still symptomatic. Recovery from a concussion injury is dependant on many factors. Although the vast majority of athletes with concussion will become asymptomatic within a week of their concussion, numerous studies have demonstrated a longer recovery of full cognitive function in younger athletes compared with college-aged or professional athletes — often 7 to 10 days or longer. Due to the potential for a longer cognitive recovery period, (even though a a younger player may seem they are asymptomatic), the coach must obtain doctor approval prior to the player coming back on the ice. Consider a more conservative approach to deciding when pediatric and adolescent athletes can return to play.

Concussion Rehabilitation

Initially proposed in 2000 by the Canadian Academy of Sport Medicine and endorsed by the CIS group in Vienna, a graded return-to-play protocol after a concussion is recommended. This may also be referred to as “concussion rehabilitation.” When the athlete is asymptomatic at rest, the progression is identified in a step by step fashion identified in the table below. Progression through the protocol is always based on the athlete remaining asymptomatic through each step. This progress may be monitored by the parent or an athletic trainer.. **Each step should take a minimum of 24 hours, and it will take an athlete a minimum of 5 days to progress through the protocol to resume full game participation, provided symptoms do not return.** A return of symptoms indicates inadequate recovery from the concussion. If symptoms return while on the step by step protocol, the athlete must be asymptomatic again for 24 hours, then return to the previous step and attempt it again. Any athlete who continues to have a return of symptoms with exertion should be re-evaluated by his or her health care provider. An athlete who has recovered from prolonged post-concussion syndrome or with a history of multiple concussions may need a longer period of time to progress through each step.



Graded Return to Play Protocol for Athletes with a Concussion

Rehabilitation Stage	Functional Exercise	Objective of each Stage
1. No activity	Complete physical & cognitive rest	Recovery
2. Light aerobic activity	Walking, swimming, stationary cycling at 70% maximum heart rate, no resistance exercises	Increase heart rate
3. Sport specific activity	Specific sport related drills, no head impact drills	Add movement
4. No contact training drills	Progression to more complex drills, may start light resistance training	Exercise, coordination and cognitive load
5. Full contact practice	After medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	

Note: Any athlete with multiple concussions or prolonged symptoms may require a longer concussion-rehabilitation program, which is ideally created by a physician who is experienced in concussion management.

MRA requires completion of the return to play form from the player's physician. Player's will not be permitted to step back onto the ice until the completed form is received by the coach.

As part of MRA's commitment to understanding concussions, we strongly recommend all players aged 10 and up participate in pre-screening and baseline testing so that a benchmark is established for them.

For more information please follow these links to the ORA and Ringette Canada websites:

<http://www.ringette.ca/wp-content/uploads/2016/09/Concussion-Management-Guidelines.pdf>

[http://www.ontario-ringette.com/healthandsportsafety/SCAT2\[1\].pdf](http://www.ontario-ringette.com/healthandsportsafety/SCAT2[1].pdf).



Return to Play Form for Athletes with a Concussion

This information is strictly confidential and will only be used to assist in the injured player's safe return to play.

Player Name	
Date of Injury	
Primary Complaint	

Diagnosis: _____

_____ is able to return to play following injuries sustained on _____

(*player name*)

(*date*)

The following are considerations/ restrictions with respect to return to play:

Name of Treating Physician:

Office Information of Physician (clinic name, address, phone number):

Signature:

Date:

Name of Parent/Guardian:

I agree with the above plan and am knowledgeable about my child's condition and situation.

Signature:

Date: