



Airdrie Minor Hockey Association

#AMHASafetyFirst
Office: 403 912-2680

Sport Related Concussion Handout

What is a Concussion?

A concussion is a brain injury. A concussion most often occurs without loss of consciousness, however it may involve loss of consciousness. Concussions are caused by the brain moving inside of the skull. The movement causes damage that changes how brain cells function, leading to physical symptoms (headache, dizziness), cognitive symptoms (memory & concentration issues), or emotional symptoms (depression, personality changes).

The majority of people (80-90%) who experience concussions recover with no lingering symptoms.

How do Concussions happen?

Any impact (direct or indirect) to the head, face or neck or a blow to the body which causes sudden jolting of the head and results in the brain moving inside the skull may cause a concussion.

Common Concussion Signs and Symptoms

Important note:

Signs and symptoms may have a delayed onset (may be worse later that day, next morning, or even days later) so players should continue to be observed even after initial symptom/sign onset.

A player may show one or more of these signs/symptoms

Physical

Headache
Nausea
Vomiting
Blurred/Double vision
'Seeing Stars'
Poor balance
Dizziness
Decreased coordination

Cognitive

Feeling 'Slowed Down'
Difficulty concentrating
Feeling dazed
Memory difficulties
Unable to multitask
Not yourself
Sleep disturbances

Behavioural

Frustration
Anger
Depression
Anxiety
Unusual sleep pattern

The first 24-48hrs after Concussion - REST



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What should you do if concussion is suspected?

- Recognize and remove the player from the current game or practice
- Do not leave the player alone; monitor signs and symptoms
- Do not administer medication
- Inform coach/parent/guardian of the injury
- The player should be evaluated by a medical professional as soon as possible, within the first 24-72hrs
- The player must not return to play
- The player must follow the 6 step Return to Play Strategy and receive medical clearance by a professional

If you develop any of the following symptoms, go to the nearest Emergency Department

- Stiff neck
- Fluid and/or blood leaking from nose or ears
- Difficulty waking up
- Difficulty staying awake
- Fever
- Vomiting
- Headache that gets worse, lasts a long time is not relieved by over the counter medicati
- Problems walking and talking
- Problems thinking
- Seizures
- Changes to/unusual behaviour
- Blurred/Double vision
- Changes to speech (slurred, difficult to understand, repetition, or does not make sense)

How is concussion treated?

Your physician and/or other health care provider trained in concussion management will recommend that a player should rest physically and mentally

- Avoid activities that increase any of the player's symptoms, such as general physical exertion, sport, or any vigorous movements
- This rest also includes limiting activities which require thinking and mental concentration, such as playing video games, watching TV, school work, reading, texting or using a computer if these activities trigger the player's symptoms or worsens them
- Symptoms and timelines may be different from player to player so ongoing concussion management and individualized rehabilitation plans are key
- Recent research has shown that most sport related concussions are resolved in less than 2 weeks for adults and less than 4 weeks for children

Return to Learn

A successful return to school must come before a return to play, but a return to physical activity may take place in parallel with a return to school. Slowly returning to school is best. As a student, it may be hard to focus, remember or process information. In conjunction with school staff, adjustments to the player's school work and environment may be needed, with a gradual return to full school activities and performance.



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Return to Play Progression

Step 1

Light activities of daily living which do not aggravate symptoms or make symptoms worse. When able to tolerate Step 1 without signs or symptoms over a 24hr period, proceed to Step 2.

Step 2

Light aerobic exercise, such as walking or stationary cycling. Monitor for signs and symptoms. No resistance training nor weight lifting. When able to tolerate Step 2 without signs or symptoms over a 24hr period, proceed to Step 3.

Step 3

Sport specific activities and training (ie. skating). When able to tolerate Step 3 without signs or symptoms over a 24hr period, proceed to Step 4.

Step 4

Practice and 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. When able to tolerate Step 4 without signs or symptoms over a 24hr period AND medical clearance has been provided to the Team Safety Coach/Trainer, proceed to Step 5.

Step 5

Begin practice and drills with body contact. When able to tolerate Step 5 without signs or symptoms over a 24hr period, proceed to Step 6.

Step 6

Return to Game Play. The earliest that a diagnosed concussed player should return to play is 1 week after injury is sustained.

There should be at least 24hr (minimum) for each step in the progression. If any symptoms worsen during exercise, go back to the previous step and slow down.