



Concussion Policy and Protocol Guidelines

1. Policy Statement

- 1.1. Alberta Basketball is committed to protecting the health and safety of all participants. This Concussion Policy establishes province-wide standards for the prevention, recognition, management, and return-to-play following concussions.
- 1.2. This policy applies to all athletes, coaches, officials, parents/caregivers, and staff involved in Alberta Basketball activities.

2. Policy Alignment

- 2.1. This policy is guided by:
- 2.2. Canadian Guideline on Concussion in Sport (2nd Edition, 2024)
- 2.3. Canada Basketball's safe sport framework
- 2.4. Parachute Canada's harmonized national concussion protocol

3. Key Policy Components

3.1. Pre-Season Education

- 3.1.1. Annual mandatory concussion education for athletes, parents, coaches, officials, and trainers.
- 3.1.2. Education materials will be distributed before each season (e-learning modules, fact sheets, videos).

3.2. Recognition & Immediate Removal

- 3.2.1. All participants must be trained to recognize signs and symptoms of concussion.
- 3.2.2. Any athlete suspected of a concussion will be immediately removed from play.
- 3.2.3. No athlete may return to play the same day of a suspected concussion.

3.3. Medical Assessment & Documentation

- 3.3.1. Athletes with suspected concussion must be referred to a licensed healthcare professional.
- 3.3.2. A Medical Assessment Letter must confirm diagnosis.
- 3.3.3. A Medical Clearance Letter is required before returning to contact stages of sport.

3.4. Return-to-Play Protocol

- 3.4.1. Athletes must progress through the following stages:

<i>Stage</i>	<i>Description</i>
0. Rest	24–48 hours of physical and cognitive rest.
1. Light Aerobic	Walking, stationary bike, light cardio. No contact.
2. Basketball Skills – Non-Contact	Shooting, dribbling, footwork at low intensity.
3. Controlled Practice – Non-Contact	Moderate effort drills. No scrimmages.
4. Team Practice – Non-Contact	Full practice at game pace. No contact.
5. Full Team Practice – Contact	Contact drills and scrimmages permitted only after medical clearance.
6. Return to Competition	Full participation in games.

- 3.4.2. Minimum 24 hours per stage.
- 3.4.3. If symptoms return, revert to previous stage.

3.4.4. Written clearance from a physician or nurse practitioner is mandatory before contact stages.

3.5. Return-to-Learning

3.5.1. A gradual return-to-school plan will support academic success during recovery:

3.5.2. Rest and limited cognitive activity.

3.5.3. Begin short homework sessions or partial school days.

3.5.4. Increase workload and attendance gradually.

3.5.5. Full-time school when symptom-free.

3.6. Documentation & Communication

3.6.1. Incident reports, medical assessments, and clearance letters must be submitted to Alberta Basketball.

3.6.2. Coaches must communicate recovery plans to parents, schools, and clubs.

3.7. Roles & Responsibilities

3.7.1. Coaches/Clubs: Implement education, recognize/remove athletes, track recovery, collect medical forms.

3.7.2. Athletes/Guardians: Report symptoms honestly, comply with care plans, provide documentation.

3.7.3. Healthcare Professionals: Diagnose, treat, and clear athletes.

3.7.4. Alberta Basketball: Supply tools, oversee compliance, and review annually.

4. Implementation Tools & Resources

4.1. Forms (see Appendices):

4.1.1. Concussion Incident Report

4.1.2. Medical Assessment Letter

4.1.3. Medical Clearance Letter

4.2. Tools: Concussion recognition resources are available online(SCAT6, Child SCAT6, CRT6).

4.3. Education: Fact sheets and e-learning modules for preseason training.

5. Review & Updates

5.1. This policy will be reviewed annually by Alberta Basketball.

6. Updates will reflect:

6.1. Canadian Guideline on Concussion in Sport

6.2. Canada Basketball's safe sport framework

6.3. International consensus statements on concussion in sport

7. Appendices

7.1. Appendix A – Concussion Incident Report Form

7.1.1. (Includes athlete info, description of incident, signs/symptoms observed, immediate action taken, removal confirmation, coach signature, date)

7.2. Appendix B – Medical Assessment Letter

7.2.1. (To be completed by physician/nurse practitioner: diagnosis confirmed/not confirmed, recommendations, restrictions)

7.3. Appendix C – Medical Clearance Letter

7.3.1. (To be completed by physician/nurse practitioner: confirmation athlete has completed return-to-play steps and is cleared for full participation)

Section 1: Athlete and Incident Information

Athlete Name:	Date of Birth / Age:
Team / Division:	Location (Gym / Facility):
Game / Practice / Other:	

Mechanism of Injury (check all that apply):

☐ Collision with player/object ☐ Fall ☐ Hit by ball ☐ Whiplash

☐ Other: _____

Description of Incident: _____

Section 2: Observed Signs and Reported Symptoms

Check all that apply:

Physical Signs:

- | | |
|--|---|
| <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Dazed or confused look |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Balance problems |
| <input type="checkbox"/> Seizure | <input type="checkbox"/> Clutching head |
| <input type="checkbox"/> Slow to get up | <input type="checkbox"/> Disorientation |
| <input type="checkbox"/> Other: _____ | |

Reported Symptoms:

- | | |
|--|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Vision problems |
| <input type="checkbox"/> Ringing in ears | <input type="checkbox"/> Sensitivity to light/noise |
| <input type="checkbox"/> Feeling foggy | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Memory issues | <input type="checkbox"/> Other: _____ |

Section 3: Immediate Actions Taken

<input type="checkbox"/> Athlete removed from play immediately	<input type="checkbox"/> Incident report filed with league
<input type="checkbox"/> EMS / Medical aid called	<input type="checkbox"/> Observation period initiated (15–30 minutes)
<input type="checkbox"/> Parent/guardian notified	<input type="checkbox"/> Athlete did not return to play same day

Describe immediate care provided: _____

Section 4: Follow-Up / Notification

Parent/Guardian Name & Contact Info:	
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Medical Provider / Clinic Referred To:	
Date / Time of Notification:	
Follow-up Appointment Scheduled (Y/N):	

Section 5: Signatures and Acknowledgement

I confirm that the information recorded above is accurate to the best of my knowledge and that the athlete was removed from play following concussion protocol guidelines.

Coach/Official Name (print): _____

Signature: _____ Date: _____

Witness Name (if applicable): _____

Signature: _____ Date: _____

Parent/Guardian (if athlete under 18): _____

Signature: _____ Date: _____

Section 6: Return-to-Play Restriction

The athlete named above must not return to play, practice, or any physical activity until medically assessed and cleared using the Alberta Basketball Association Concussion Medical Assessment & Return-to-Play Form.

Section 7: Disclaimer

This document is for incident reporting and concussion recognition purposes only. It does not replace professional medical evaluation or treatment. All suspected concussions must be referred to a qualified healthcare provider for assessment.



Alberta Basketball Association Concussion Policy - Appendix B
Medical Assessment Letter

Section 1: Athlete & Incident Information

Athlete Name:	Date of Birth / Age:
Sport / Team:	Date & Time of Injury:
Mechanism / Description of Incident:	Prior History of Concussion(s) (Yes/No):
If yes, list approximate dates:	

Section 2: Initial / Sideline Assessment (if applicable)

Check all that apply:

Red flag signs requiring emergency referral:

- | | |
|--|--|
| <input type="checkbox"/> Neck pain/tenderness | <input type="checkbox"/> Seizure/convulsion |
| <input type="checkbox"/> Double/blurred vision | <input type="checkbox"/> Loss of consciousness > 30s |
| <input type="checkbox"/> Weakness or tingling in limbs | <input type="checkbox"/> Persistent vomiting |
| <input type="checkbox"/> Severe/increasing headache | <input type="checkbox"/> Severe balance problems |
| <input type="checkbox"/> Other: _____ | |

Preliminary Recommendation:

- | | |
|---|--|
| <input type="checkbox"/> Remove from play immediately | <input type="checkbox"/> Do not clear for return today |
| <input type="checkbox"/> Other: _____ | |

Section 3: Ongoing Clinical / Medical Assessment

Date of Assessment:	Name/Title (MD, NP, etc.):
Clinic/Facility:	Contact:

Clinical Findings:

Symptoms:	Balance/coordination tests:
Neurological/Vestibular exam:	Other tests (imaging, etc.):
Cognitive testing:	

Section 4: Return-to-Sport (RTS) Clearance or Progression

Medical determination (check one):

☐ Athlete does not have a concussion; may resume full participation.

☐ Athlete has a concussion; not cleared for contact sport.

☐ Athlete partially cleared to begin Step 1 under supervision.

Gradual Return-to-Sport Protocol (each step ≥ 24 hours, progress only if symptom-free):

Step	Activity Level	Example Activities / Restrictions	Planned progression dates*
1	Light aerobic	Walking, stationary bike, light movement	
2	Moderate exercise	Running, skating drills, no resistance	
3	Sport-specific non-contact	Drills without contact, agility work	
4	Full training with contact	Full practice with contact allowed	
5	Full return to play	Competition once medically cleared	

* each step ≥ 24 hours, progress only if symptom-free, if symptoms return, consult your physician.

Section 5: Medical Clearance & Physician Signature

I have evaluated the above athlete and recommend the outlined management and progression. If symptoms recur, **the athlete should revert to the previous step and be re-evaluated.**

Physician Name (print): _____

Signature: _____ Date: _____

Clinic Address/Stamp: _____

Section 6: Parent/Guardian Acknowledgement (for athletes under 18)

I have read and understand the medical recommendations for my child's safe return to play. I agree to follow the stepwise process and report any symptoms to a medical professional or coach immediately.

Parent/Guardian Name (print): _____

Signature: _____ Date: _____

Section 7: Disclaimer

This document is for medical assessment and return-to-sport documentation purposes only. It does not replace professional medical advice, diagnosis, or treatment. All medical decisions should be made by a qualified healthcare provider.



**Alberta Basketball Association Concussion Policy - Appendix C
Medical Clearance Letter**

Date: _____ Athlete's name: _____

To whom it may concern,

Athletes who are diagnosed with a concussion should be managed according to the *Canadian Guideline on Concussion in Sport, 2nd edition*, including the *Return-to-School* and *Return-to-Sport Strategies* (see page 2 of this letter). Accordingly, the above athlete has been medically cleared to participate in the following activities as tolerated effective the date stated above (please check all that apply):

- ☐ Return-to-Sport Step 4: Non-contact training drills and activities with risk of inadvertent head impact (Exercises with no body contact at high intensity)
- ☐ Return-to-Sport Step 5: Return to all non-competitive activities, full-contact practice and physical education activities
- ☐ Return-to-Sport Step 6: Unrestricted sport and physical activity

What if symptoms recur?

Athletes who have been medically cleared must be able to participate in full-time school, if applicable, as well as high intensity resistance and endurance exercise without symptom recurrence. Any athlete who has been medically cleared and has a recurrence of symptoms, should immediately remove themselves from play and inform their coach, teacher or parent/caregiver.

Medical clearance is required before progressing to step 4 of the Return-to-Sport Strategy again.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*.

Other comments:

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print M.D. / N.P. (circle appropriate designation)*

**In rural or northern regions, the Medical Clearance Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.*

We recommend that this document be provided to the athlete without charge.

Return-to-School Strategy

The *Return-to-School Strategy* should be used to help students make a gradual return to school activities. Progression through the steps will look different for each student. It is common for symptoms to worsen **mildly and briefly** with activity. If the student's symptoms worsen more than this, pause and adapt activities as needed.

Step	Activity	Description	Goal of each step
1	Activities of daily living and relative rest (first 24- 48 hours)	Typical activities at home (e.g. preparing meals, social interactions, light walking). Minimize screen time.	Gradual reintroduction of typical activities
2	School activities with encouragement to return to school (as tolerated)	Homework, reading or other light cognitive activities at school or home. Take breaks and adapt activities as needed. Gradually resume screen time, as tolerated.	Increase tolerance to cognitive work and connect socially with peers
3	Part-time or full days at school with accommodations	Gradually reintroduce schoolwork. Part-time school days with access to breaks and other accommodations may be required. Gradually reduce accommodations related to the concussion and increase workload.	Increase academic activities
4	Return to school full- time	Return to full days at school and academic activities, without accommodations related to the concussion.	Return to full academic activities

Return-to-Sport Strategy

The Return-to-Sport Strategy should be used to the athlete to make a gradual return to sport activities. The athlete should spend a minimum of 24 hours at each step before progressing to the next. It is common for symptoms to worsen **mildly and briefly** with activity and this is acceptable through steps 1 to 3. If the athlete's symptoms worsen more than this, they should stop the activity and try resuming the next day at the same step. It is important that athletes return to full-time school activities, if applicable, and provide their coach with a Medical Clearance Letter before progressing to step 4.

Step	Activity	Description	Goal of each step
1	Activities of daily living and relative rest (first 24- 48 hours)	Typical activities at home (e.g. preparing meals, social interactions, light walking). Minimize screen time.	Gradual reintroduction of typical activities.
2	2A: Light effort aerobic exercise 2B: Moderate effort aerobic exercise	Walking or stationary cycling at slow to medium pace. May begin light resistance training. Gradually increase intensity of aerobic activities, such as stationary cycling and walking at a brisk pace.	Increase heart rate.
3	Individual sport-specific activities, without risk of inadvertent head impact	Add sport-specific activities (e.g., running, changing direction, individual drills). Perform activities individually and under supervision.	Increase the intensity of aerobic activities and introduce low-risk sport-specific movements.
Medical clearance			
4	Non-contact training drills and activities	Exercises with no body contact at high intensity. More challenging drills and activities (e.g., passing drills, multi-athlete training and practices).	Resume usual intensity of exercise, co-ordination and activity-related cognitive skills.
5	Return to all non- competitive activities, full- contact practice and physical education activities	Progress to higher-risk activities including typical training activities, full-contact sport practices and physical education class activities. Do not participate in competitive gameplay.	Return to activities that have a risk of falling or body contact, restore confidence and assess functional skills by coaching staff.
6	Return to sport	Unrestricted sport and physical activity	

Tables adapted from: Patricios, Schneider et al., 2023; Reed, Zemek et al., 2023