



Pre-Season Concussion Education Sheet

Team Staff

What is a concussion?

A concussion is a brain injury that can't be seen on x-rays, CT or MRI scans. It affects the way an athlete thinks and can cause a variety of symptoms.

What causes a concussion?

Any blow to the head, face or neck, or somewhere else on the body that causes a sudden jarring of the head may cause a concussion. Examples include getting body-checked in Ringette or hitting one's head on the ice.

When should I suspect a concussion?

A concussion should be suspected if a athlete sustains an impact to the head, face, neck, or body and:

- demonstrates one or more observable signs of a suspected concussion, **OR**
- reports one or more symptoms of suspected concussion.

Some athletes will develop symptoms immediately while others will develop delayed symptoms (up to 48 hours after the injury).

What are the observable signs of a suspected concussion?

Signs of a concussion may include:

- Lying motionless on the ice.
- Unresponsive
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet, balance problems, poor co-ordination, wobbly
- Disorientation or confusion, or inability to respond appropriately to questions
- Blank or vacant stare
- Facial injury

Pre-Season Concussion Education Sheet

What are the symptoms of a suspected concussion?

A person does not need to be knocked out (lose consciousness) to have a concussion. Common symptoms include:

- Headaches or head pressure
- Dizziness
- Nausea or vomiting
- Blurred or fuzzy vision
- Sensitivity to light or sound
- Balance problems
- Feeling tired or having no energy
- Not thinking clearly
- "Don't feel right"
- Feeling more emotional, easily upset or angered
- Sadness
- Nervousness or anxiety
- Difficulty concentrating
- Difficulty remembering
- Feeling like "in a fog"
- Feeling slowed down
- Sleeping more or sleeping less
- Having a hard time falling asleep

What should I do if I suspect a concussion?

In all cases of suspected concussion, the athlete should be removed from the activity immediately and undergo medical assessment as soon as possible. **It is important that all athletes with a concussion receive written medical clearance from a medical doctor or nurse practitioner before returning to sport activities with a risk of contact or falls.**

When can the athlete return to school and sport?

It is important that all athletes diagnosed with a concussion follow the **Return-to-School Strategy** (if applicable) and the **Ringette-Specific Return-to-Sport Strategy**. Note that these strategies begin at the same time, can happen concurrently and the first step of both is the same. It is important that athletes return to full-time school activities, if applicable, and provide a **medical clearance letter before progressing to step 4 of the Ringette-Specific Return-to-Sport Strategy**.

How long will it take for the athlete to recover?

Most athletes who sustain a concussion will make a complete recovery within four weeks. Approximately 15-30% of patients will experience persisting symptoms (>4 weeks) that may require additional medical assessment and management.



Pre-Season Concussion Education Sheet

How can I help prevent concussions and their consequences?

Concussion prevention, recognition and management require athlete to follow the rules and regulations of their sport, respect other participants, avoid head contact and report suspected concussions.

Athletes

- Make sure that your helmet fits snugly & that the strap is fastened.
- Wear a custom-fitted mouthguard.
- Respect other athletes.
- No contact to the head.
- No contact from behind.
- Strong skill development.

Coach / Trainer / Safety Person / Officials

- Eliminate all contacts to the head.
- Eliminate all contact from behind.
- Recognize sign & symptoms of a concussion.
- Inform & educate athletes about the risks of concussion.

To learn more about concussions visit:

www.parachute.ca/concussion

Signatures: The following signatures certify that the team staff member has reviewed the above information related to concussion.

Printed name

Signature

Date

Circle Role:

Coach Manager Safety Person Trainer Other _____

RINGETTE
CANADA



RINGUETTE
CANADA

Pre-Season Concussion Education Sheet

Return-to-School Strategy

Step	Activity	Description
1	Activities of daily living & relative rest (First 24-48 hours)	<ul style="list-style-type: none"> Typical activities at home (e.g. preparing meals, social interactions, light walking). Minimize screen time.
After a maximum of 24-48 hours after injury, progress to Step 2.		
2	School activities with encouragement to return to school (as tolerated)	<ul style="list-style-type: none"> Homework, reading or other light cognitive activities at school or home. Take breaks & adapt activities as needed. Gradually resume screen time, as tolerated.
If the student can tolerate school activities, progress to Step 3.		
3	Part-time or full days at school with accommodations	<ul style="list-style-type: none"> Gradually reintroduce schoolwork. Part-time school days with access to breaks & other accommodations may be required. Gradually reduce accommodations related to the concussion and increase workload.
If student can tolerate full days without accommodations for concussion, progress to Step 4.		
4	Return to school full-time	<ul style="list-style-type: none"> Return to full days at school & academic activities, without accommodations related to the concussion. For return to sport & physical activity, including physical education class, refer to the Ringette-Specific Return-to-Sport Strategy.
Return to School is complete.		

Ringette-Specific Return-to-Sport Strategy

Step	Activity	Description
1	Activities of daily living & relative rest (First 24 - 48 hours)	<ul style="list-style-type: none"> Typical activities at home (e.g. preparing meals, social interactions, light walking). Minimize screen time.
After maximum of 24-48 hours after injury, progress to Step 2		
2	2A: Light effort aerobic exercise 2B: Moderate effort aerobic exercise	<ul style="list-style-type: none"> Walking or stationary cycling at slow to medium pace for 10 - 15 minutes. May begin light resistance training that does not result in more than mild & brief worsening of symptoms. Exercise up to approximately 55% of maximum heart rate. Take breaks & modify activities as needed. Gradually increase tolerance & intensity of aerobic activities, such as walking or stationary cycling at a brisk pace for 10 - 15 minutes. May begin light resistance training that does not result in more than mild & brief worsening of symptoms. Exercise up to approximately 70% of maximum heart rate. Take breaks & modify activities as needed.
If the athlete can tolerate moderate aerobic exercise, progress to Step 3		
3	Individual ringette-specific activities, without risk of inadvertent head impact	<ul style="list-style-type: none"> Add ringette-specific activities (e.g., skating, changing direction, individual drills) for 20 - 30 minutes. Perform activities individually & under supervision from a parent/guardian, coach, or Safety Personnel. Progress to where the athlete is free of concussion-related symptoms, even when exercising. There should be no body contact or other jarring motions, such as high-speed stops. Athletes should wear a "No Contact" identification pinnie.
Medical Clearance If an athlete has completed Return-to-School (if applicable) & has been medically cleared, progress to Step 4.		
4	Non-contact training drills and activities	<ul style="list-style-type: none"> Progress to exercises with no body contact at high intensity, including more challenging drills & activities (e.g., shooting & passing drills, multi-athlete training, & practices). Where possible, give extra space around other athletes to avoid collisions or falls on the ice. Athletes should wear a "No Contact" identification pinnie.
If the athlete can tolerate the usual intensity of activities with no return of symptoms, progress to Step 5.		
5	Return to all non-competitive activities, full-contact practice & physical education activities	<ul style="list-style-type: none"> Progress to higher-risk activities including typical training activities, full-contact ringette practices & physical education class activities. Do not participate in competitive gameplay.
If the athlete can tolerate non-competitive, high-risk activities, progress to Step 6.		
6	Return to sport	<ul style="list-style-type: none"> Unrestricted sport & physical activity Full gameplay
Return to Sport is complete.		

