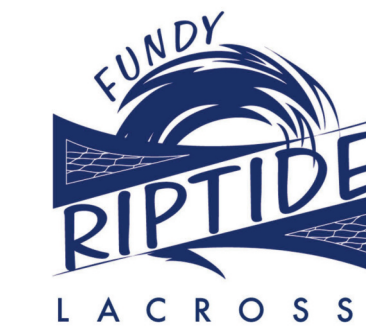


Sport Concussion Guide



PRIORITY 1 – LONG TERM HEALTH AND SAFETY OF THE PLAYER

If a player is concussed and returns immediately to the game or activity before proper healing of the brain, they jeopardize their immediate and long term health. They also increase the risk of not being able to play in the future because of that decision.

WHEN IN DOUBT, SIT THEM OUT !!

Priority 2 – Long Term Participation and Enjoyment of Lacrosse

If a player follows the proper steps for recovery management they improve their chances of return to play

Prevention

- Education
 - Educate Players, Parents, Coaches, Associations
 - Younger players are more susceptible to concussions
 - **Players that have had previous concussions have a higher risk of subsequent concussions.**
 - Educate players on playing within the rules and proper skills/techniques.
 - Educate parents at first of the season so there is no misunderstanding of policy later in the season.
 - Promote player respect for themselves and fellow players. No head contact or intent to injure.
 - Accept that concussions may end contact sports for a player. The alternative of long term brain damage is far more life affecting
 - Coaches/Team staff should prepare incident reports for any concussion and do follow up checks with the player and parents.
 - Concussed player may need additional support from teachers and school administration. Be prepared to discuss this.
- Equipment
 - Proper fit – Secure and comfortable. If it is not secure and comfortable there is a good chance it will not protect properly because of the fit or it is not worn properly.
 - Helmet
 - **Helmets cannot prevent concussions.**
 - Not all helmets protect equally. Do your research.
 - Mouth guards
 - Mandatory in minor lacrosse.
 - Do mouth guards reduce chance of concussions? There is varying results in research as to whether they reduce chances of concussions, but they do protect teeth and jaw.

Identification

-You **DO NOT** have to lose consciousness to have a concussion. Symptoms are often subtle.
 -Symptoms **may not show immediately** be aware/observe anyone who has sustained a substantial impact to head and/or body.
-NEVER return to play while symptomatic and follow steps to
 A concussion may be caused by a direct blow to the head, face, neck or anywhere else on the body that causes a severe and sudden movement to the head.
 A concussion alters the way your brain functions and can cause significant impairment. Concussions can cause various symptoms.

SIGNS AND SYMPTOMS

| SIGNS OBSERVED BY COACHING STAFF | SYMPTOMS REPORTED BY ATHLETE |
|---|--|
| <ul style="list-style-type: none"> ● Appears dazed or stunned ● Is confused about assignment or position ● Forgets sports plays ● Is unsure of game, score, or opponent ● Moves clumsily ● Answers questions slowly ● Loses consciousness (even briefly) ● Shows behavior or personality changes ● Can't recall events prior to hit or fall ● Can't recall events after hit or fall | <ul style="list-style-type: none"> ● Headache or "pressure" in head ● Nausea or vomiting ● Balance problems or dizziness ● Double or blurry vision ● Sensitivity to light ● Sensitivity to noise ● Feeling sluggish, hazy, foggy, or groggy ● Concentration or memory problems ● Confusion ● Does not "feel right" |

1. Remove a player from play that you suspect may have been concussed or had loss of consciousness.
2. Loss of consciousness is an immediate removal from further play until cleared by medical physician.
3. Observe for physical and cognitive signs of concussion – Refer to tables and seizures, uneven pupil dilation, recognition of people or places, unusual behaviour change. Question player for cognitive signs. Questions such as "How do you feel?", "Do you know what the score is?", "Who drove you to the game today?", "Can you count backwards from 20 to 0?", etc.
4. Collect information from others that may have seen the cause or observed the player after the impact (fellow team staff, players, parents, officials, etc.). Be prepared, medical personnel will want this information and should be contained in an incident report.
5. Coaches, parents, teachers, medical clinicians should all collaborate, and communicate, to identify symptoms long term.
6. **When in Doubt, Sit Them Out !!**

Management

When a player shows **ANY SYMPTOMS** or **SIGNS** of concussion:

1. The player **SHOULD NOT** be allowed to return to play in the current game or practice.
2. The player **SHOULD NOT** be left alone: regular monitoring for deterioration is essential. If there is any deterioration seek immediate medical attention.
3. The player **SHOULD** be medically evaluated following the injury.
4. Return to play **MUST** follow a medically supervised step-wise process.

| Physical | Cognitive | Emotional | Sleep |
|---|--|--|--|
| <ul style="list-style-type: none"> ● Headache ● Nausea ● Vomiting ● Balance problems ● Dizziness ● Visual problems ● Fatigue ● Sensitivity to light ● Sensitivity to noise ● Numbness/ Tingling ● Dazed or stunned | <ul style="list-style-type: none"> ● Feeling mentally "foggy" ● Feeling slowed down ● Difficulty concentrating ● Difficulty remembering ● Forgetful of recent information or conversations ● Confused about recent events ● Answers questions slowly ● Repeats questions | <ul style="list-style-type: none"> ● Irritability ● Sadness ● More emotional ● Nervousness | <ul style="list-style-type: none"> ● Drowsiness ● Sleeping less than usual ● Sleeping more than usual ● Trouble falling asleep |

RETURN TO PLAY STEPS

IMPORTANT: At least 1 day between each step and if symptoms reoccur during any of these steps seek medical advice. When medically cleared restart at Step 1

- Step 1** - As close to possible **COMPLETE** rest until asymptomatic – no symptoms. Physical and mental rest – No, physical exertion, TV, video games, studying, etc., following medical advice)
- Step 2** – Light aerobic exercise such walking or light stationary cycling.
- Step 3** – Moderate sport specific training (e.g. running, no weight lifting or major exertion)
- Step 4** – Non-contact training drills and light resistance training.
- Step 5** – Full-contact **controlled** training after medical clearance.
- Step 6** – Return to Game Play

References

- Tables and other information used and / or adapted from:
- Think First Canada
 - Centre for Disease Control (USA)
 - American Academy of Pediatrics

Recommended Viewing

- Centre for Disease Control (USA) www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html

Information Links

- American Academy of Pediatrics www.aapolicy.aapublications.org/cgi/content/full/pediatrics.126/3/597
- Think First Canada website www.thinkfirst.ca/programs/concussion.aspx
- Centre for Disease Control (USA) www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html
- Clinical Journal of Sports Medicine (some information requires purchases) www.cjsportmed.com/
- Dr. Tom Pashby Sports Safety Fund www.drashby.ca/