

LRA Concussion Management Program

The LRA has implemented a concussion policy that all member teams must follow. Every adult involved directly with our athletes must be proactive in identifying those athletes who demonstrate symptoms of a sports-related concussion. In order to address this pertinent and critical issue, LRA has drafted the following:

Any athlete who exhibits symptoms, signs or behaviors consistent with concussion following head trauma (as per the POCKET CONCUSSION RECOGNITION TOOL card located in each teams' First Aid Kit) shall be immediately removed from the game and shall not return to play until cleared by an appropriate healthcare provider as per the LRA Athlete Return to Play Policy.

Athlete well-being is the primary focus of this policy and as such it is mandatory that all team officials review and understand this policy. LRA has taken the necessary steps to educate all team First Aid designates so that they are familiar with the symptoms of concussion and the necessary steps to be taken when dealing with an athlete who displays possible concussion symptoms. Concussions are a very serious health issue and coaches are encouraged to always err on the side of caution.

Please refer to the "LRA Return to Play Form" that must be used for any athlete returning from a suspected concussion. This form must be completed by a health care professional for any athlete who has been removed from play by a coach for concussion symptoms. A copy of this form must be retained by the team coach/manager and a copy sent to the LRA Registrar.

It is imperative that all coaches comply with this policy and follow the return to play guidelines to ensure our athletes are not put into game situations before fully recovering from a concussion.

Concussion Injury Advice for the Player and Parents/Caregivers

This child has had an injury to the head and needs to be carefully watched for the next 24-48 hours by a responsible adult.

If you notice any change in behavior (changed speech, disorientation, poor balance), vomiting, dizziness, worsening headache or neck pain, double vision or excessive drowsiness, please call HealthLink for advice, or call an ambulance to take the child to hospital immediately.

Following concussion, the child should rest for at least 24 hours.

- The child should not use a computer, internet or play video games if these activities make symptoms worse.**
- The child should not be given any medications, including pain killers, unless prescribed by a medical doctor.**
- The child should not go back to school until symptoms are improving.**
- The child should not go back to sport or play until a doctor gives permission.**

Graduated Return to School/Sport Strategy

NOTE: An initial period of a few days of both cognitive (“thinking”) and physical rest is recommended before beginning the Return to School/Sport progression. Once they are able to do their usual daily activities without symptoms, the child should gradually increase activities in steps, guided by the healthcare professional (see charts below). If mental activity does not cause any symptoms, the child may be able to return to school part-time without doing school activities at home first. The athlete should not return to play/sport the day of injury.

Concussion may affect the ability to learn at school. The child may need to miss a few days of school after a concussion, but the child’s doctor should help them get back to school after a few days. When going back to school, some children may

need to go back gradually and may need to have some changes made to their schedule so that concussion symptoms don't get a lot worse. If a particular activity makes symptoms a lot worse, then the child should stop that activity and rest until symptoms get better. To make sure that the child can get back to school without problems, it is important that the health care provider, parents/caregivers and teachers talk to each other so that everyone knows what the plan is for the child to go back to school.

Return to School Protocol:

Mental Activity	Activity at Each Step	Goal of Each Step
1. Daily activities that do not give the child symptoms	Typical activities the child does during the day as long as they do not increase symptoms (reading, screen time); start with 5-10 minutes each session then progress	Gradual return to regular activities
2. School activities	Homework, reading	Increase tolerance to cognitive work
3. Return to school part-time	Gradual introduction of school work; may need to start with partial school day or with regular breaks	Increase academic activities
4. Return to school full-time	Gradually progress to full school days as tolerated	Return to full academic activities and catch up on missed work

If the child continues to have symptoms with mental activity, some other things that can be done to help with return to school may include:

- Starting school later, only going for half days, or going only to certain classes
- More time to finish assignments/tests
- Quiet room to finish assignments/tests
- Not going to noisy areas like the cafeteria, assembly halls, sporting events, music class, shop class, etc.
- Taking lots of breaks during class, homework, tests
- No more than one exam/day
- Shorter assignments
- Repetition/memory cues
- Use of a student helper/tutor
- Reassurance from teachers that the child will be supported while getting better

Return to Sport Protocol:

Exercise Step	Functional Exercise at Each Step	Goal of Each Step
1. Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2. Light aerobic exercise	Walking or stationary cycling at slow to medium pace, no resistance training	Increase heart rate
3. Sport-specific exercise	Running or skating drills, no head impact activities	Add movement
4. Non-contact training drills	Harder training drills ie. passing drills, may start progressive resistance training	Exercise, coordination and increased thinking
5. Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play/sport	Normal game play	Return

There should be at least 24 hours (or longer) for each step of the progression.

If any symptoms worsen while exercising, the athlete should go back to the previous step. Resistance training should be added only in the later stages (Stage 3 or 4 at the earliest). The athlete should not return to sport until the concussion symptoms have gone, they have successfully returned to full school/learning activities, and the health care professional has given the child written permission to return to sport.

If the child has symptoms for more than a month, they should ask to be referred to a healthcare professional who is an expert in the management of concussion. Please refer to the Sports Medicine Centre (4401 University Drive West, Level 1 First Choice Savings Centre) where there is a self-referral specialized concussion clinic. Phone: 403-329-2114