



RETURN TO PLAY GUIDELINES AND INJURY REPORT FORM

Queen City United Soccer Club

www.qcsoccer.ca

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INJURY REPORT FORM

This form must be completed for all injuries sustained during a QC-related activity that requires an evaluation by a Physician or Health Practitioner (e.g. 911 is called, player taken to hospital/clinic, concussion suspected, etc). A Team Official (Coach, Assistant Coach, Manager, Trainer, Gender Representative, etc) who witnessed the incident must complete this form and submit it to QC within 24 hours. The form should be emailed to hugh@qcsoccer.ca.

☐ Please check this box and complete the relevant section of this form if the player sustained a concussive injury outside of a QC-related activity (ie. at home, at school, during another activity, etc.) and email to hugh@qcsoccer.ca; concussion protocol will need to be followed before the player can return to play.

Date of Injury: _____ Time: _____

Player's Full Name: _____ Player's Age: _____

Player's Team Name: _____ Stream: _____

Location of Injury (Field Name, City, etc.): _____

Injuries Sustained (ie. head injury – list symptoms; fracture, sprain; etc):

Describe Incident (ie. Head on collision, fell awkwardly on right ankle, etc):

Emergency Medical Services called? Yes _____ No _____

Hospital/Medical Clinic (where player is being or was transported): _____

Mode of Transportation to Hospital/Medical Clinic: _____

Parent(s)/Guardian(s)/Caregiver(s) of Player: _____

Advised: Yes _____ No _____

Name of Team Official completing this form: _____

Team Official's position: _____ Team Official's Ph #: _____

Team Official's Signature: _____

(1) Witness Name: _____ Witness Ph #: _____

(2) Witness Name: _____ Witness Ph #: _____



CONCUSSION AND RETURN TO PLAY PROTOCOL

QC has adopted the Canada Soccer Association's Concussion Guidelines as established by the Canada Soccer Sports Medicine Committee.

SUMMARY

- A concussion is a brain injury.
- All concussions should be regarded as potentially serious.
- Most concussions recover completely with correct management.
- Incorrect management of a concussion can lead to further injury.
- Concussions should be managed according to current guidelines.
- Anyone with any concussion symptoms following an injury must be immediately removed from playing or training and must not return to playing, or training for soccer in the same day.
- Concussions are to be diagnosed and managed by health care professionals working within their scope of practice and expertise.
- Concussions are managed by physical and brain rest until symptoms resolve.
- Return to education or work must take priority over return to playing soccer.
- Concussion symptoms must have completely resolved, and medical clearance must be received before resuming training or playing soccer.
- A progressive exercise program that re-introduces an individual to training for, and ultimately playing soccer is recommended following concussion recovery.
- The recurrence of concussion symptoms during a progressive exercise program requires removal from training or playing and reassessment by health care professionals.

Please refer to the QC Concussion Return to Play Protocol document for full details.

GRADUATED RETURN TO PLAY PROTOCOL

- Start Stage 1 ONLY if free of concussive symptoms, off medications for concussive symptoms, back to work and/or school, and cleared by a qualified healthcare professional.
- Stages 1-4 take a minimum of 24 hours in adults, 48 hours in those aged 18 and under.

	EXERCISE ALLOWED	% MAX HEART RATE	DURATION	OBJECTIVE
REST & RECOVER	<ul style="list-style-type: none">• None• "Rest the body, rest the brain"	No training	Until symptoms clear	<ul style="list-style-type: none">• Recovery• Symptom Free
STAGE 1 Light Exercise	<ul style="list-style-type: none">• Walking, light jogging, swimming, stationary cycling or equivalent• No football, resistance training, weight lifting, jumping or hard running	< 70%	< 15 min	<ul style="list-style-type: none">• Increase heart rate
STAGE 2 Soccer-Specific Exercise	<ul style="list-style-type: none">• Simple movement activities ie. running drills• Limit body and head movement• NO head impact activities• NO heading	< 80%	< 45 min	<ul style="list-style-type: none">• Add movement



STAGE 3 Non-Contact Training	<ul style="list-style-type: none"> • Progression to more complex training activities with increased intensity • Coordination and attention e.g. passing, change of direction, shooting, small-sided game • May start resistance training • NO head impact activities including NO heading • Goalkeeping activities should avoid diving and any risk of the head being hit by a ball 	< 90%	< 60 min	<ul style="list-style-type: none"> • Exercise, coordination and skills/tactics
STAGE 4 Full-Contact Practice	<ul style="list-style-type: none"> • Normal training activities ie. tackling, heading diving saves 			<ul style="list-style-type: none"> • Restore confidence and assess functional skills by coaching staff
STAGE 5 Game Play	<ul style="list-style-type: none"> • Player is rehabilitated 			<ul style="list-style-type: none"> • Return to game play