



# Sport Medicine and Science Council of Saskatchewan Concussion Protocol Summary Template

## Purpose:

This **SMSCS Concussion Protocol Summary Template** is adapted from the [Parachute Concussion Summary Template](#). The purpose of this summary is to provide parents, athletes and others with an overview of your sport organization's concussion protocol. It is intended as a communication tool and does not replace the full protocol document, which should be made available to all stakeholders.

This summary should include a link/address of your organization's website with your sport organization's concussion protocol.

This summary can include the names of documents in your protocol and a link/address for easy access by athletes and parents (either your sport organisation's website, or to *Parachute*).

This summary can be shared along with the *Canadian Guideline Pre-season Concussion Education Sheet* provided to athletes and parents at the beginning of the season (it has been included at the end of the document).

This summary can also be included as the first page of your concussion protocol document (similar to an executive summary).

# [ORGANIZATION NAME] CONCUSSION PROTOCOL SUMMARY

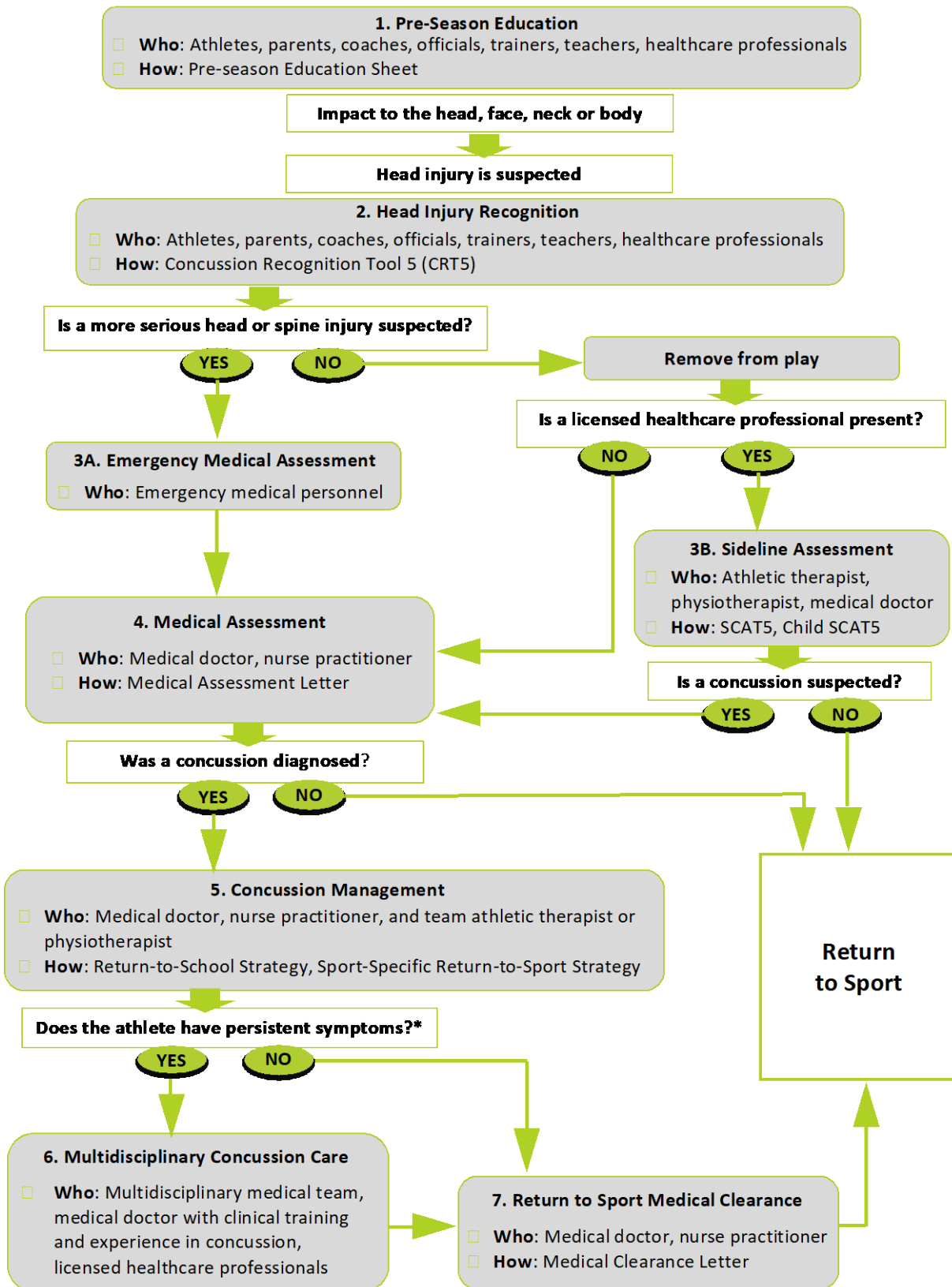
For the full [ORGANIZATION] Concussion Protocol, please visit: [URL]

1. All athletes, parents, coaches, trainers and officials participating in [NAME OF ORGANIZATION] activities are required to review the *Canadian Guideline on Concussion in Sport Pre-season Concussion Education Sheet* prior to the first practice of the season. In addition to reviewing information on concussion, it is also important that all sport stakeholders have a clear understanding of the [ORGANIZATION NAME] Concussion Protocol.
2. In the event that an athlete is suspected to have sustained a concussion or other head injury the following procedures must be followed:
  - a) If a severe head or neck (spine) injury is suspected, an ambulance should be called immediately to transfer the athlete to the nearest hospital for medical assessment.
  - b) If an athlete has signs or symptoms of a concussion, they must be removed from participation (including warm-up, practice and competition) immediately and be medically assessed as soon as possible.
  - c) If the athlete develops delayed concussion symptoms (e.g., in the evening after competition), they should be medically assessed as soon as possible by a medical doctor or nurse practitioner.
  - d) All athletes with a suspected concussion must provide a **Medical Assessment Letter** indicating whether or not they have been diagnosed with a concussion. Completed forms must be presented to the coach.
3. If an athlete has been medically assessed and that assessment confirms the athlete does not have a concussion, they can return to full participation.
4. **If an athlete is diagnosed with a concussion**, they must follow the [SPORT][IF ONE IS AVAILABLE, OR USE RETURN-TO-SPORT STRATEGY]-specific Return-to-Sport Strategy.
5. An athlete diagnosed with a concussion must present a **Medical Clearance Letter** to the coach before returning to full practice and competition/gameplay.

**For more information on concussion please visit:**

- [SPORT ORGANIZATION WEBSITE – concussion protocol/documents/resources page]
- You can find the following documents on the **Parachute** website:  
[www.parachute.ca/concussion](http://www.parachute.ca/concussion)
  - Pre-season Concussion Education Sheet
  - Concussion Recognition Tool 6
  - Concussion Guide for Athletes
  - Medical Assessment Letter
  - Return to School Strategy
  - Return to Sport Strategy
  - Medical Clearance Letter
  - Other valuable and informative concussion education resources

## [NAME OF ORGANIZATION] Concussion Pathway



\*Persistent symptoms: lasting > 4 weeks in children & youth or > 2 weeks in adults

# **Pre-Season Concussion Education Sheet**

## **Canadian Guideline on Concussion in Sport, 2nd edition**

(Adapted from: <https://parachute.ca/canadian-guideline-on-concussion-in-sport>)

### **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 hockey or hitting one's head on the floor in gym class.

### **When should I suspect a concussion?**

A concussion should be suspected if an 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 playing surface
- ▶ 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

### **What are the symptoms of a suspected concussion?**

A person does not need to be knocked out (lose consciousness) to have had a concussion.

Common symptoms include:

- ▶ Headaches or head pressure
- ▶ Feeling more emotional, easily upset or
- ▶ Dizziness
- ▶ Sadness
- ▶ Nausea or vomiting
- ▶ Nervousness or anxiety
- ▶ Blurred or fuzzy vision
- ▶ Difficulty concentrating
- ▶ Sensitivity to light or sound
- ▶ Difficulty remembering
- ▶ Balance problems
- ▶ Feeling like "in a fog"
- ▶ Feeling tired or having no energy
- ▶ Feeling slowed down
- ▶ Not thinking clearly
- ▶ Sleeping more or sleeping less
- ▶ "Don't feel right"
- ▶ 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 a step-wise return to school (if applicable) and sports-related activities that includes the following Return-to-School and Return-to-Sport Strategies. 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 return to sport.

#### **Return-to-School Strategy**

| 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**

| 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<br>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*

### 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.

### How can I help prevent concussions and their consequences?

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

To learn more about concussions visit: [www.parachute.ca/concussion](http://www.parachute.ca/concussion)

**Signatures (Optional):** The following signatures certify that the athlete and their parent or legal guardian has reviewed the above information related to concussion.

|  |                                     |                    |
|--|-------------------------------------|--------------------|
| <b>Printed Name of Athlete</b>         | <b>Signature of Athlete</b>         | <b>Date Signed</b> |
| <b>Printed Name of Parent/Guardian</b> | <b>Signature of Parent/Guardian</b> | <b>Date Signed</b> |