

CONCUSSION INFORMATION FORM FOR ATHLETES, PARENTS/GUARDIANS

During a ringette activity, an impact has resulted in the team staff becoming concerned the athlete may have suffered a concussive injury. Information about concussion has been included with this information material.

We encourage you to take the following steps:

Step 1: The athlete should not be left unattended, and should be monitored closely for any deterioration related to the impact they have suffered. More specifically, any of the following signs or symptoms should be considered dangerous and immediate medical care sought (call 911, proceed to nearest Emergency Department):

- a headache that gets worse
- drowsiness and can't be woken up
- inability to recognize people or places
- repeated vomiting
- unusual behavior or confusion
- signs of being irritable
- a seizure
- weak or numb arms or legs
- unsteadiness on your feet
- slurred speech

<u>Step 2</u>: The athlete has <u>not</u> been diagnosed with a concussion. A qualified physician must assess the athlete and make a diagnosis. The team staff will provide you with an "Athlete Concussion Medical Report Form". Due to the nature of the injury, the athlete will not be permitted to resume on-ice activities until this form is returned to the team staff. There is a release of medical information section with the form so the physician can complete the form for use by the team staff.

Step 3: Follow the advice of the diagnosing physician. If the athlete is diagnosed with a concussion, a very specific and important treatment plan must be followed to ensure the recovery of the injury and successful return to school and sport. The return to play guidelines have been included with this information material for your reference.

<u>Step 4</u>: Inform the team staff of the status of the athlete's concussive injury by returning the "Athlete Concussion Medical Report Form". After this form is received by the team staff, the athlete will either return to play immediately (in the case a concussion has not occurred) or be placed under treatment and follow the return to play guidelines.



If the athlete has NOT been diagnosed with a concussion, the process stops here.

<u>Step 5</u>: Once the athlete has become symptom free and has returned to school/work with no return of symptoms, another visit to a qualified physician is required prior to resuming ringette specific activities (Step 2 in the return to play guidelines). This clearance can be a simple note stating "This athlete may resume ringette specific training". Bring this note to the team staff.

Step 6: Once cleared to return to ringette specific activities, the return to play guidelines will be followed by the team staff (e.g. skating during a training session, followed by training in short intervals, followed by full training, followed by competition). If the athlete remains symptom free through Steps 2-5 of the return to play guidelines, no further interaction with a qualified physician is required (but certainly can be sought by the athlete or parent/guardian on an as needed basis at any time).



Concussion Information:

Definition:

An alteration in thinking and behaving as a result of a physical impact.

Signs and Symptoms:

THINKING/ REMEMBERING	PHYSICAL	# EMOTIONAL/	SLEEP DISTURBANCE
 Difficulty thinking clearly Feeling slowed down Difficulty concentrating Difficulty remembering new information 	 Headache Nausea or vomiting (early on) Balance problems Dizziness Fuzzy or blurry vision Feeling tired, having no energy Sensitivity to noise or light 	 Irritability Sadness More emotional Nervousness or anxiety 	 Sleeping more than usual Sleeping less than usual Trouble falling asleep

REMEMBER:

- A concussion can result from direct or indirect impact to the head
- Loss of consciousness is not required for a concussion to occur.
- Concussion signs and symptoms may appear after 24-48 hour following an impact.



Return to Play Recommendations

An individual with a diagnosed concussion should not return to ringette until they have become symptom free and a physician has given the player clearance to return to activity (as per defined below).

Step 0:

No activity, only complete rest. Proceed to step 1 only when symptoms are gone. Proceed to the next step ONLY if symptom free. If symptoms occur, drop back to the step where you do not have symptoms, then allow AT LEAST 24 hours between steps¹.

Step 1:

Light aerobic exercise, such as walking or stationary cycling. Monitor for symptoms and signs. No resistance training or weight lifting. Students must have returned to school or full studies at their pre-injury level of performance and adults must have returned to their normal education or work.

Medical clearance is required in order to move to the next step. Doctor's clearance must be submitted to your Team Trainer/Safety Person.

Step 2:

Sport specific activities and training (e.g. skating).

Step 3:

Drills in training without contact with teammates. May add light resistance training and progress to heavier weights. The time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the player.

Step 4:

Begin drills in training involving contact with teammates.

<u>Step 5:</u>

Game play.

¹ Department of Neurosurgery, Dalhousie University Concussion Card.