Return to Play Policy

CONCUSSION GUIDELINES

Return to play guideline for sport is designed for the safety of the players. It must be remembered that a sport concussion is a form of a mild traumatic brain injury, which is a complex pathophysiological process affecting most brain functions. The Saskatchewan Hockey Association (SHA) is the sport governing body for ice hockey in Saskatchewan and follows the guidelines proposed by the Concussion in Sport Group. These guidelines are based on the most recent consensus statement which is cited in the scientific literature (McCrory et al., 2009).

The SHA proposes that all players that are suspected of having received a concussion should follow the following guidelines:

1. If a player is suspected of having a concussion by the coach, trainer, or parent, they should be immediately removed from further play, and should not go back to play that day and only return on subsequent days after an assessment indicates readiness.
2. The coach or trainer should perform a sideline assessment using the Sport Concussion Assessment Tool (SCAT1 or SCAT2) to determine symptoms and the potential of a concussion. The player should be medically evaluated on-site if a licensed heath care professional (physician, nurse, and paramedic) is available.
3. If the player has experienced unconsciousness assume a neck injury – call 911. If there is a significant loss of awareness and orientation take the player to the emergency room at the nearest hospital for required treatment and follow up by health care professionals. It is expected that a basic assessment would include assessment of vital signs (BP and heart rate), Glascow coma scale assessment and basic cognitive (memory) function. Additional follow up may include neurological testing, and/or CT scan.
4. All suspected concussions are referred to see a physician or nurse practitioner within 24 hours. A follow-up SCAT assessment should be repeated at that time to determine symptoms at rest.
    1. During the next 24-72 hours complete mental and physical rest is needed. Most concussions resolve in 7-10 days, but every player will respond individually.
    2. Remove the player from school or work and rest if symptoms persist. In addition to reduce school or work activates, the player should avoid T.V., video games, cell phone usage, reading, and other activates that require mental activity. A gradual return to school or work is suggested, but an emphasis on taking naps throughout the day is
    3. Coaches and parents should not pressure the player to return until medically cleared.
    4. Once the player is asymptomatic at rest, a gradual and progressive return to activity is encouraged, using the guidelines provided in table 1 (McCrory et al., 2009). This will include light aerobic exercise such as stationary cycling or treadmill walking, and progress to intense exercise to achieve maximal heart rate.

5. The player should then be medically cleared to participate in game play. Health professionals at a university such as an exercise (sport) physiologist or sport neuropsychologist that have conducted research in concussion can also be approached to have objective testing undertaken.

Note: If symptoms arise during exercise, then the player should discontinue immediately and return to the previous level of activity.

Rehabilitation stage: No activity

Functional exercise: Complete physucal and cognitive rest

Objective: Recovery

Rehabilitation stage: Light aerobic exercise

Functional exercise: Walking, swimming or stationary cycling keeping intensity <70% maximum predicted heart rate, no resistance training

Objective: Increase heart rate

Rehabilitation stage: Sport-specific exercise

Functional exercise: Skating drills in ice hockey, running drills in soccer. No head impact activities

Objective: Add movement

Rehabilitation stage: Non-contact training drills

Functional exercise: Progression to more complex training drills, eg passing drills in football and ice hockey, may start progressive resistance training.

Objective: Exercise, coordination, and cognitive load

Rehabilitation stage: Full contact practice

Functional exercise: Following medical clearance participate in normal training activities

Objective: Restore confidence and assess functional skills by coaching staff

Rehabilitation stage: Return to play

Functional exercise: Normal game play