



Concussion Information Return to Learn and Return to Play Guidelines

Concussion information

We invite you to access the following link and watch two very informative videos and download a Concussion 101 information sheet and checklist.

<http://www.evanshealthlab.com/concussions/>

- 1) Video: Concussions: What are they? What to do? (10:02 min)
- 2) Downloadable PDF: Concussion: The First Week
- 3) Video: Concussions 101, a Primer for Kids and Parents (5:51 min)

We also invite you to access the following link to get information about the Sport Concussion Assessment Tool or SCAT.

<http://www.ontariosoccer.net/player/sports-medicine/concussions>





Return to Learn and Return to Play Guidelines

The Cumberland United Soccer Club (CUSC) has adopted the following return to play guidelines from the Youth Sports Concussion Program located at <http://youthsportsconcussionprogram.com/wp-content/uploads/2011/10/Return-To-Play-Protocol.pdf>.

These guidelines consist of 6 steps. There must be a minimum of 24 hours before each step is assessed, Depending on the severity of the concussion, some steps may take longer than 24 hours. The shortest possible time to return to game play after a concussion is 6 days.

It is recommended that the injured player continue to be under the care and observation of a medical professional until he or she has reached step 6 and returns to regular game play or until he or she receives medical clearance whichever happens first.

The 6 steps are as follows:

1. No activity, complete rest. Once the player is asymptomatic, they proceed to level two.
2. Gradual reintroduction of schoolwork. Light aerobic exercise such as walking or stationary cycling, no resistance training. Performing step two without symptoms allows the athlete to proceed to level three. If symptoms return, the athlete moves back one stage then continues.
3. Sport specific training, progressive addition of resistance training at steps three or four. Performing step three without symptoms allows the player to proceed to level four.
4. Non-contact training drills. Players should be "Yellow shirted" so other players know not to come in contact with the player. Performing step four without symptoms allows the player to proceed to level five.
5. Full contact training after medical clearance. Performing step five without symptoms allows the athlete to proceed to level six. Medical Note sent to appropriate Director for clearance.
6. Regular Game play.



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Rehabilitation Stage	Functional Exercise or Activity	Objective	Tests Administered before advancing to next stage
1. Rest. No structured physical or cognitive activity	<ul style="list-style-type: none"> • Only basic activities of daily living • When indicated, complete cognitive rest followed by gradual reintroduction of schoolwork 	<ul style="list-style-type: none"> • Rest and recovery • Avoidance of overexertion 	<ul style="list-style-type: none"> • Initial post-injury test battery: • Symptom check list (scat2) • Ccat
2. Light aerobic activity	<ul style="list-style-type: none"> • Non-impact aerobic activity at <70% estimated max hr for up to 30 minutes as symptoms allow • Recommend stationary cycling 30 min <70% max hr Walking, swimming, stationary biking, no resistance training 	<ul style="list-style-type: none"> • Increase heart rate • Maintain condition • Assess tolerance to activity 	Symptom checklist
3. Moderate aerobic activity and non-contact training drills at half speed	<ul style="list-style-type: none"> • Non-contact sport specific drills at reduced speed ("yellow shirt" the player) • Aerobic activity at 70-85% estimated max hr • Light resistance training (eg. Weights at <50% previous max ability) • Skating drills in ice hockey, running drills in soccer • No head impact activities • Recommend interval bike testing for hockey 	<ul style="list-style-type: none"> • Begin assimilation into team dynamics • Introduce more motion and non-impact jarring 	Symptom checklist



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4. Non-contact training drills at full speed	<ul style="list-style-type: none"> •Progression to more complex training drills •Regular non-contact training drills (“yellow shirt” the player) •Aerobic activity at maximum capacity sprints, regular weight lifting routine, passing drills in football and hockey •May start progressive resistance training 	<ul style="list-style-type: none"> •Exercise, coordination and functional load •Ensure tolerance of all regular activities short of physical contact 	<ul style="list-style-type: none"> •Symptom checklist. •Ccat •Bess balance protocol
5. Full contact practice	<ul style="list-style-type: none"> •Full contact practice •Normal training activities 	<ul style="list-style-type: none"> •Restore confidence •Assess functional skills by coaching staff •Ensure tolerance of contact activities 	Symptom checklist
6. Return to play	Regular game competition	Assess tolerance to full physical and cognitive game demands	Monitor

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 by the CUSC Board of Directors
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