

Durham District School Board

**CONCUSSION
HANDBOOK
For Parents**



Revised November 2013

Some of the material in the booklet was originally created by the Halton District School Board.

**CONCUSSION PROTOCOL
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Concussion Information for Parents

1. CONCUSSION INFORMATION

i. Definition and Causes of a Concussion

A concussion is a brain injury that causes changes in how the brain cells function, leading to symptoms that can be physical (e.g. headache, dizziness), cognitive (e.g. memory problems, decreased concentration), or emotional (e.g. feeling depressed). A concussion is the most difficult sports' injury to diagnose. The brain injury cannot be seen on x-rays or CT scans. A concussion can occur even if there has been no loss of consciousness; in fact, most concussions occur without a loss of consciousness. A concussion can occur from a direct blow to the head, but may also occur from a major physical trauma to other parts of the body (e.g., a sideways check to the body) that cause a whiplash effect on the head and neck. Ignoring a potential concussion has grave risks. (Adapted from ThinkFirst Position Statement on Concussion).

ii. Common Signs and Symptoms of a Concussion

It is important to know that a student does not need to be "knocked out" (lose consciousness) to have had a concussion. After the concussion, the student may experience many different kinds of symptoms and it is important to remember that some symptoms may appear immediately and others later. Students may be reluctant to report symptoms of concussion because of a fear that they will be removed from the activity, or jeopardize their status on a team or in a game. But it is important to consider the permanent repercussions of a concussion. Without proper management, a concussion can result in permanent problems and even death. Concussion should be suspected in the presence of any one or more of the following symptoms and signs:

<u>Thinking Problems:</u>	<ul style="list-style-type: none"> • does not know time, date, place, own name, class, type of activity in which he/she was participating, score of the game • general confusion • cannot remember things that happened before and after the injury • knocked out
<u>Student's Complaints:</u>	<ul style="list-style-type: none"> • headache • dizziness • feels dazed • feels "dinged" or stunned • "having my bell rung" • see stars, flashing lights • ringing in the ears • sleepiness • loss of vision • sees double or blurry
<u>Other Problems:</u>	<ul style="list-style-type: none"> • poor coordination or balance • blank stare/glassy-eyed • vomiting • slurred speech • slow to answer questions or follow directions • easily distracted • poor concentration • strange or inappropriate emotions (e.g., laughing, crying, getting mad easily) • stomach ache/pain/nausea • not playing as well

Note: All students need to consult a physician after a suspected concussion. A student who has suffered a physician-diagnosed concussion outside of school time must be diagnosed as symptom-free by a physician before returning to activity.

iii. Risks:

a. Post Concussion Syndrome:

Without early detection, a medical examination, rest and appropriate recovery steps an initial concussion may lead to the following chronic cognitive and neurobehavioral difficulties which in some cases can be permanent and disabling:

- chronic headaches, fatigue, sleep difficulties
- personality change (e.g. increased irritability, emotionality)
- sensitive to light/noise
- dizziness when standing quickly
- deficits in short term memory, problem solving and general academic functioning.

b. Second Impact Syndrome:

Recent research indicates that “second impact syndrome” may occur when a student is injured and has a second concussion while he/she still has symptoms from a previous concussion. The second injury may immediately initially appear to be very minor, but can progress to have serious consequences and can be fatal. (Adapted from: “Identification and management of children with sport-related concussion”, *Paediatrics and Child Health* 2007; 11(7): 420-428)

*** (After a concussion the brain stem may lose its ability to automatically regulate pressure inside the skull. If a second injury is sustained, the added pressure squeezes the cortex of the brain down onto the brain stem resulting in further damage to automatic functions like pulse, breathing and consciousness.)*

For more information on Concussions and Second Impact Syndrome, see Appendix A: *Study: Kids Competing Too Soon After Concussions* (Time Magazine article – January, 2009).

2. SPORT-RELATED CONCUSSION: GUIDELINES FOR PARENTS/ GUARDIANS

What is a concussion?

A concussion is a brain injury that causes changes in how the brain cells function, leading to symptoms that can be physical (e.g. headache, dizziness), cognitive (e.g. memory problems, decreased concentration), or emotional (e.g. feeling depressed). A concussion is the most difficult sports' injury to diagnose. Brain scans cannot determine if a concussion exists. However, ignoring a potential concussion has grave risks.

What are the symptoms and signs of concussion?

It is important to know that your child does not need to be knocked out (lose consciousness) to have had a concussion. A variety of problems may happen after a concussion, including:

Thinking Problems	Student's Complaints	Other Problems
<ul style="list-style-type: none">• Does not know time, date, place, period of game, opposing team, score of game• General Confusion• Cannot remember things that happened before and after the injury.• Knocked out	<ul style="list-style-type: none">• Headache• Dizziness• Feels Dazed• Feels 'dinged' or stunned;• 'having my bell rung'• Sees stars, flashing lights• Ringing in the ears• Sleepiness• Loss of Vision• Sees double or blurry• Stomach ache/pain/nausea	<ul style="list-style-type: none">• Poor coordination or balance• Blank stare/glassy eyed• Vomiting• Slurred speech• Slow to answer questions or follow directions• Easily distracted• Poor concentration• Strange or inappropriate emotions (e.g. laughing, crying, getting mad easily• Not playing as well

What causes a concussion?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (ie. a ball to the head, being checked into the boards in hockey).

What should you do if your child gets a concussion?

Your child should stop playing his/her sport right away. He/she should not be left alone and should be seen by a Physician as soon as possible that day. If your child is knocked out, call an ambulance to take him/her to a hospital immediately. Do not move your child until the paramedics arrive.

How long will it take for my child to get better?

The signs and symptoms of concussion (see above) often last for 7-10 days but may last much longer. In some cases, children may take many weeks or months to heal. Having had previous concussions may increase the chance that a child may take longer to heal.

How is a concussion treated?

The most important treatment for a concussion is rest. The child should not exercise, go to school or do any activities that may make him/her worse, like riding a bike, play wrestling with brothers/sisters/friends, video games, or working on the computer. If your child goes back to activities before he/she is completely better, he/she is more likely to get worse, and to have symptoms longer. *Even though it is very hard for an active child to rest, this is the most important step.* Once your child is completely better at rest, he/she can start a step-wise increase in activities (see "**When can my child return to sport?**"). It is important that your child is seen by a Physician before he/she begins the steps needed to return to activity, to make sure he/she is completely better. If possible, your child should be seen by a Physician with experience in treating concussions.

When can my child return to school?

Sometimes children who have a concussion may find it hard to concentrate in school and may get a worse headache or feel sick to their stomach if they are in school. Children should stay home from school if their symptoms get worse while they are in class. Once they feel better, they can try going back to school at first for half days and if they are okay with that, then they can go back full time.

When can my child return to sport?

It is very important that your child not go back to sports if he/she has any concussion symptoms or signs.

Return to sport and activity must follow a step-wise approach:

1. No activity, complete rest. Once back to normal and cleared by a Physician, go to step 2.
2. Light exercise such as walking or stationary cycling, for 10-15 minutes.
3. Sport specific activity (e.g., skating in hockey, running in soccer), for 20-30 minutes.
4. "On field" practice such as ball drills, shooting drills, and other activities with NO CONTACT (ie. no checking, no heading the ball, etc.).
5. "On field" practice with body contact, *once cleared by a Physician.*
6. Game play.

Note: *Each step must take a minimum of one day.* If your child has any symptoms of a concussion (e.g. headache, feeling sick to his/her stomach) that come back either during activity, or later that day, your child should stop the activity immediately and rest for 24 hours. Your child should be seen by a Physician and cleared again before starting the step wise protocol again.

When should I take my child to the Physician?

Every child who gets a head injury should be seen by a Physician as soon as possible. You should take him/her back to the Physician IMMEDIATELY if, after being told your child has a concussion, he/she has worsening of symptoms such as:

1. being more confused
2. has a headache that is getting worse
3. vomits more than once
4. doesn't wake up
5. has any trouble walking
6. has a seizure
7. has strange behaviour

Problems caused by a head injury can get worse later that day or night. The child should not be left alone and should be checked throughout the night. If you have any concerns about the child's breathing or how he/she is sleeping, wake him/her up. Otherwise, let him/her sleep. If he/she seems to be getting worse, you should see your Physician immediately. **No child should go back to physical activity/sport until they have been cleared to do so by a Physician.**

Drafted by Dr. L. Purcell and Dr. J. Kissick on behalf of the ThinkFirst-SportSmart Concussion Education and Awareness Program. July 2005 Version

3. Process Steps for Return to Academic and Physical Activity:

PHYSICIAN VISIT #1

If **NO CONCUSSION** is determined by a Physician:

Using the '***Request to Resume Academic and Physical Activities: Concussion Related Injuries Form***' (Appendix C):

- Physician checks the box "**No Concussion – student may return to:**" plus the other appropriate activity boxes and signs and dates the form.
- The student/parent/guardian returns the completed form to the teacher in order to be allowed to participate in physical education activities/intramural clubs and activities.

Note: Administrator files the completed form from the Physician in student's O.S.R.

If **CONCUSSION** is determined by a Physician.

Using the '***Request to Resume Academic and Physical Activities: Concussion Related Injuries Form***':

- Physician checks the box "**Concussion – no activity until symptoms and signs have gone**" and signs and dates the form.
- The student/parent/guardian returns the completed form to the teacher to be informed that the student is not to participate in any vigorous activities until symptoms and signs are gone. The administrator/ teacher should inform all relevant school personnel (e.g. coach/ intramural supervisor/ playground supervisor)
- **Form is returned to the student as this form is to be used for the parent permission and second Physician assessment. Prior to beginning Step 3, the parent/guardian signature is required. After Step 4 and before Step 5 the student must return to the physician for final approval to engage in regular physical education activity. (see steps below)**

-or-

Using the '***Request to Resume Academic and Physical Activities: Concussion Related Injuries Form***':

- Physician checks the box "**Concussion – may return to modified academic activities**" and signs and dates the form. The Physician will also complete the 'Physician Instructions' box, which will outline the academic activities of which the student can participate.
- The student/parent/guardian returns the completed form to the teacher to be informed that the student is not to participate in any vigorous activities until symptoms and signs are gone. The administrator/ teacher should inform all relevant school personnel (e.g. coach/ intramural supervisor/ playground supervisor)
- **Form is returned to the student as this form is to be used for the parent permission and second Physician assessment. Prior to beginning Step 3, the parent/guardian signature is required. After Step 4 and before Step 5 the student must return to the physician for final approval to engage in regular physical education activity. (see steps below)**

When a concussion is diagnosed, the student and parents/guardians monitor symptoms and signs of a concussion. As a part of this monitoring, ongoing communication must occur between the teacher and parent/guardian throughout Steps 1-4. It is very important that a student not do any physical activity if he/she has any signs or symptoms. The 'return to play' process is gradual and must follow the steps as outlined below:

Note: Each step must take a minimum of one day. If symptoms or signs of the concussion return (e.g., headache, feeling nauseated) either with activity or later that day, the student needs to rest for 24 hours, and return to the previous step. A student should **never** return to play if symptoms persist. The student may not participate in any physical education activities until Step 1 and Step 2 have been completed.

Parent/Guardian Responsibility:

Step 1: No activity, complete rest. Once the student is asymptomatic (concussion symptoms and signs have stopped) proceed to Step 2.

Step 2: Light aerobic exercise, such as walking or stationary cycling, for 10-15 minutes, no resistance training.

Using the '***Request to Resume Academic and Physical Activities: Concussion Related Injuries Form***': the parent/guardian signs and dates the form to give permission for the student to proceed to Step 3.

School Responsibility:

Step 3: Sport-specific exercise (e.g., ball drills, shooting drills) for 20-30 minutes. No resistance/weight training.

Step 4: "In class" physical education activities/intramural activities/clubs in which there is no opportunity for contact (e.g., fitness activities, dance, badminton, volleyball). May add light resistance training and progress to heavier weights.

Note: The time needed to progress from "in-class activities" to "regular physical education activity" will vary with the severity of the concussion and the student. **Each step must take a minimum of one day.** If symptoms or signs of the concussion return (e.g. headache, feeling nauseated) either with the activity or later that day, the student needs to rest for 24 hours, be re-evaluated by a physician, and return to the previous step. A student should never return to play if symptoms persist.

The teacher/coach initials the "*Request to Resume Academic and Physical Activities: Concussion Related Injuries Form*" indicating that the student has completed Steps 3 and 4 and returns the form to the student.

PHYSICIAN VISIT #2

After step 4, Physician assesses that all symptoms and signs of a concussion are gone.

Using the '***Request to Resume Academic and Physical Activities: Concussion Related Injuries Form***':

- Physician checks the box "***Concussion symptoms and signs have gone***" – and checks the other appropriate activity boxes and signs and dates the form.
- This form must be returned to the student's teacher. The teacher allows the student to progress to Step 5.

School Responsibility:

Step 5: Regular academic and physical activity, including intramural activities/clubs.

Note: Teacher / Administrator files the completed form 'Request to Resume Physical Education /Activities: Concussion-Related Injuries' from the Physician in student's O.S.R.

If the teacher/coach is unsure if a student should play, remember...when in doubt, sit them out.

Study: Kids Competing Too Soon After Concussions

By **SEAN GREGORY** TIME MAGAZINE Wednesday, Jan. 21, 2009

Too many kids are returning to the playing field too soon after a concussion. How many? According to an alarming new study, from 2005 to 2008, 41% of concussed athletes in 100 high schools across the U.S. returned to play too soon, under guidelines set out by the American Academy of Neurology. The 11-year-old guidelines say, for example, that if an athlete's concussion symptoms, such as dizziness or nausea, last longer than 15 minutes, he should be benched until he's been symptom-free for a week. The most startling data point--uncovered by the same researchers who in 2007 brought to light the fact that girls have a higher incidence of concussion than boys--is that 16% of high school football players who lost consciousness during a concussion returned to the field the same day.

The consequences of going back early can be dire. Last September, Jaquan Waller, 16, suffered a concussion during football practice at J.H. Rose High School in Greenville, N.C. A certified athletic trainer educated in concussion management wasn't onsite, and the school's first responder who examined Waller cleared him to play in a game two days later. During that game, Waller was tackled. Moments later, he collapsed on the sidelines. He died the next day. A medical examiner determined Waller died from what is called second-impact syndrome, noting that "neither impact would have been sufficient to cause death in the absence of the other impact."

Research indicates that younger, less developed brains are at greater risk of second-impact syndrome, which is why the new concussion study from the Center for Injury Research and Policy at Nationwide Children's Hospital in Columbus, Ohio, is so troubling. Submitted to a scientific journal for peer review, the yet-to-be-published study examined 1,308 concussion incidents reported by athletic trainers and found that in girls' volleyball and boys' basketball and baseball, more than half of concussed players returned to play too soon.

"These levels are way too high," says Dawn Comstock, an Ohio State pediatrics professor and co-author of the new study. She cites several factors that are driving the numbers. Not enough high schools have certified trainers who know how to deal with concussions--just 42% do, according to the National Athletic Trainers' Association. In some instances, over competitive coaches, who are not required to be trained in concussion management, are pushing players back onto the field. And too often the players themselves aren't reporting head trauma, with team spirit giving them too much of a warrior mentality.



Appendix B: Symptoms and Signs of a Concussion

This tool is a quick reference, to be completed by teachers, to help identify a suspected concussion and to communicate this information to parent/guardian.

Identification of Suspected Concussion

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion must be suspected in the presence of **any one or more** of the signs or symptoms outlined in the chart below **and/or** the failure of the Quick Memory Function Assessment.

No signs or symptoms described below were noted at the time. **Note:** *Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours or days later (refer to #4 below).*

The following signs were observed or symptoms reported:

Signs and Symptoms of Suspected Concussion	
Possible Signs Observed <i>A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>	Possible Symptoms Reported <i>A symptom is something the student will feel/report.</i>
<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> vomiting <input type="checkbox"/> slurred speech <input type="checkbox"/> slowed reaction time <input type="checkbox"/> poor coordination or balance <input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look <input type="checkbox"/> decreased playing ability <input type="checkbox"/> loss of consciousness or lack of responsiveness <input type="checkbox"/> lying motionless on the ground or slow to get up <input type="checkbox"/> amnesia <input type="checkbox"/> seizure or convulsion <input type="checkbox"/> grabbing or clutching of head <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating <input type="checkbox"/> easily distracted <input type="checkbox"/> general confusion <input type="checkbox"/> cannot remember things that happened before and after the injury (<i>see Quick Memory Function Assessment on page 2</i>) <input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating <input type="checkbox"/> slowed reaction time (e.g., answering questions or following directions) <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> strange or inappropriate emotions (e.g., laughing, crying, getting angry easily) <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ 	<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> headache <input type="checkbox"/> pressure in head <input type="checkbox"/> neck pain <input type="checkbox"/> feeling off/not right <input type="checkbox"/> ringing in the ears <input type="checkbox"/> seeing double or blurry/loss of vision <input type="checkbox"/> seeing stars, flashing lights <input type="checkbox"/> pain at physical site of injury <input type="checkbox"/> nausea/stomach ache/pain <input type="checkbox"/> balance problems or dizziness <input type="checkbox"/> fatigue or feeling tired <input type="checkbox"/> sensitivity to light or noise <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating or remembering <input type="checkbox"/> slowed down, fatigue or low energy <input type="checkbox"/> dazed or in a fog <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> irritable, sad, more emotional than usual <input type="checkbox"/> nervous, anxious, depressed <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____
If any observed signs or symptoms worsen, call 911.	

Appendix B: Symptoms and Signs of a Concussion - Initial Response (Page 2)

2. Perform Quick Memory Function Assessment

Ask the student the following questions, recording the answers below. Failure to answer any one of these questions correctly may indicate a concussion:

- What room are we in right now? *Answer:* _____
- What activity/sport/game are we playing now? *Answer:* _____
- What field are we playing on today? *Answer:* _____
- What part of the day is it? *Answer:* _____
- What is the name of your teacher/coach? *Answer:* _____
- What school do you go to? *Answer:* _____

3. Action to be Taken

If there are **any** signs observed or symptoms reported, or if the student fails to answer any of the above questions correctly:

- a concussion should be suspected;
- the student must be immediately removed from play and must not be allowed to return to play that day even if the student states that he/she is feeling better; and
- the student must not leave the premises without parent/guardian (or emergency contact) supervision.

In all cases of a suspected concussion, the student must be examined by a medical doctor or nurse practitioner for diagnosis and must follow "[Appendix C - Request to Resume Academic and Physical Activities: Concussion-Related Injuries](#)".

4. Continued Monitoring by Parent/Guardian

- Students should be monitored for 24 - 48 hours following the incident as signs and symptoms can appear immediately after the injury **or may take hours or days to emerge**.
- **If any signs or symptoms emerge**, the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

Adapted from McCroy et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013 and Appendix C-2 – Tool to Identify a Suspected Concussion (OPHEA)



REQUEST TO RESUME ACADEMIC AND PHYSICAL ACTIVITIES: CONCUSSION-RELATED INJURIES

The following student has been diagnosed with/is suspected of having a concussion. He/she must seek a diagnosis from a physician or nurse practitioner before resuming physical activities. If diagnosed as having a concussion, progression through Steps 1 – 7, including a second and third examination by a physician or nurse practitioner is required prior to resuming full physical activities.

Student and Incident Information (To be filled out by the school in a timely fashion. **The student's medical needs are priority**)

Student Name:			
Description of Incident:			
	If there is a loss of consciousness: initiate Emergency Action Plan and call 911. Assume there is a possible neck injury and, only if trained, immobilize the athlete before ambulance transportation to hospital. Otherwise, do NOT move athlete or remove athletic equipment (e.g. helmet)		
Description of Symptoms:			
Principal Signature:		Date:	

Note 1: After completing the above information, photocopy and provide one copy to parent/guardian and file one copy in the student's O.S.R.

Physician Visit #1

Note to the physician/nurse practitioner: Please indicate and sign the box on the left (no concussion) or right (concussion).

<input type="checkbox"/> No concussion – student may return to: <ul style="list-style-type: none"> <input type="checkbox"/> regular physical education class activities <input type="checkbox"/> intramural activities/clubs <input type="checkbox"/> interschool sport activities Medical signature: _____ Date: _____	<u>or</u>	<input type="checkbox"/> Concussion - no activity until symptoms and signs have gone Student is to complete Steps 1-7 on the following page. Medical signature: _____ Date: _____
Physician instructions: _____ _____ _____ _____		

Note 2: The student/parent/guardian must show this form to the Principal, who will inform all teaching personnel of the school and provide a copy of this form to the student's classroom teachers, coaches and other relevant personnel.

Note 3: In the event of "no concussion" the doctor signed form must be filed in the student's O.S.R.

If diagnosed as having a concussion:

When diagnosed, the student and parents/guardians monitor symptoms and signs of the concussion. Ongoing communication between the teacher and parent/guardian throughout Steps 1-7 (on reverse) is essential. It is also very important that the student not do any physical activity if he/she shows any signs or symptoms.

The 'return to learn / play' process is gradual and must follow the steps as outlined below. **Each step must take a minimum of one day.** If at any step in the process, symptoms or signs of the concussion return (e.g., headache, feeling nauseated) either with activity or later that day, the student needs to rest for 24 hours, and return to the previous step. A student should never return to play if symptoms persist. The student may not participate in any physical education activities until Step 1 and Step 2 have been completed. Prior to beginning Step 3, the parent/guardian signature is required.

Parent Responsibility	Step 1:	No activity, complete rest. No school / homework. Once the student is asymptomatic (concussion symptoms and signs have stopped) proceed to Step 2.
	Step 2:	May begin short periods of reading, focusing, and homework. Begin light aerobic exercise, such as walking or stationary cycling, for 10-15 minutes, no resistance training.
	<p>In signing below, I give permission for my son/daughter to proceed to participate in academic and physical activities as described in Step 3, which has been approved by a physician.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>	
School Responsibility	Step 3:	<p>The student is NOT cognitively recovered at this time. Allow the following academic modifications:</p> <ul style="list-style-type: none"> <input type="checkbox"/> shortened day <input type="checkbox"/> rest breaks during classes. Allow student to visit office for naps or to lay his/her head down on the desk <input type="checkbox"/> allow extra time to complete homework, quizzes, and tests. May retake quizzes and tests or redo homework if student performs lower than expected <input type="checkbox"/> no classroom or standardized testing at this time <input type="checkbox"/> permitted to wear sunglasses <input type="checkbox"/> no computer use <input type="checkbox"/> no playing of Wind / Brass Instruments <input type="checkbox"/> scribe required <input type="checkbox"/> have text read to student <input type="checkbox"/> Notes provided for student <input type="checkbox"/> Preferred Seating <input type="checkbox"/> Other (please list below) <p style="text-align: right;">Medical Visit #2:</p> <p style="text-align: right;">Medical signature: _____</p> <p style="text-align: right;">Date: _____</p> <p>Begin sport-specific exercise (e.g., ball drills, shooting drills) for 20-30 minutes. No resistance/weight training.</p>
	Step 4:	<p>Begin limited physical activities (e.g. physical education, intramural activities, clubs, field, court, ice), in which there is no opportunity for body or head contact (e.g. no checking, no heading the ball). May add light resistance training and progress to heavier weights.</p>
	<p>The time needed to progress from limited academic / physical activities to regular academic / physical academic or full contact activities will vary with the severity of the concussion and the student. A Physician's signature is required to proceed beyond Step 4.</p>	
Parent Responsibility	Step 5:	<p>Physician Visit #3: Note to the physician/nurse practitioner: Please indicate and sign only if <u>all</u> concussion symptoms and signs are gone.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Concussion symptoms and signs have gone – student may return to: <ul style="list-style-type: none"> <input type="checkbox"/> regular academic activities <input type="checkbox"/> regular physical education class activities; <input type="checkbox"/> intramural activities/clubs; <input type="checkbox"/> interschool sport activities. <p>Medical signature: _____ Date: _____</p> <p>Medical instructions: _____</p> <p>_____</p> <p>_____</p>
School Responsibility	Step 6:	Regular academic & physical activities, intramural activities, clubs or full contact training/practice.
	Step 7:	Game play (for interschool athletics).

New Concussion Management Guidelines

Dear Physician,

Sport-related concussion is a common presenting problem for primary care physicians, who are increasingly being asked to assess and manage concussed patients, and to provide guidance on safe return to play. In fact, the Greater Toronto Hockey League now requires signed clearance from a physician before a player can return to play after a concussion. It is very likely that other leagues, and sports, will soon follow. In addition, concussion does not only occur in collision sports like hockey, but in many other sports and activities. **It is, therefore, critical that physicians possess current concussion management skills.**

Many physicians have indicated that they do not feel they have sufficient knowledge, or access to appropriate resources to help them manage their concussed patients. Unfortunately, complicating matters further is that many aspects of concussion remain somewhat confusing or controversial. Grading systems (and associated return to play times) are not based on scientific evidence, and are considered obsolete by concussion experts. How, then, should a physician deal with a concussed patient?

ThinkFirst/Pensez D'Abord Canada, a national brain and spinal cord injury prevention program, and its subsidiary, ThinkFirst- SportSmart Sports and Recreational Injuries Research and Prevention Centre (ThinkFirst-SportSmart), are pleased to provide you with this practical, "state of the art" concussion assessment, management, and return to play information. Our new concussion card was developed by Drs. Karen Johnston and Charles Tator. It is adapted from the guidelines developed by the Canadian Academy Of Sport Medicine, and from the "Vienna Guidelines" (a consensus of experts in the field of sport-related concussion, developed at an international symposium in November 2001. These latter guidelines have been endorsed by the International Olympic Committee Medical Commission, the International Ice Hockey Federation, and FIFA (world soccer governing body). Enclosed with this letter is a concussion question and answer document for physicians developed by Dr. Jamie Kissickon behalf of the ThinkFirst-SportSmart Concussion Education and Awareness Committee.

In addition to the information provided here, further information will be easily available on the ThinkFirst web site (www.thinkfirst.ca) in the very near future. This information will include:

- a question and answer document going into more detail on assessment, management, and return to play;
- the Standardized Assessment of Concussion Form;
- the McGill ACE;
- a concussion document for elite students; and
- a concussion card for the general public entitled "Understand Concussions: What Everyone Should Know About Concussions."

We hope that you will find this information helpful in your management of sport-related concussion. You will be instrumental in helping your patient recover, and to guiding them to a safe return to activity.

Yours sincerely,

Jamie Kissick, M.D.

James Carson, M.D.

Charles Tator, M.D.

On Behalf of the ThinkFirst-SportSmart Concussion Education and Awareness Committee