

**Center Wellington Minor Hockey**

**Concussion Information & Return to Play Protocol**

**For Parents & Guardians**

**CWMH Return to Play Protocol**

1. A player will only fall into CWMH Return to Play Protocol (RTPP) only if the

player is diagnosed​ ​with a concussion by a physician.

2. A player will fall into the RTPP no matter where the concussion occurs, it is the

responsibility of the parents to notify the Head Coach and Trainer that the player

has been diagnosed with a concussion.

The return to play protocol is gradual, and begins only after a doctor has given the player clearance to return to activity. If any symptoms/signs return during this process, the player must be re-evaluated by a physician. No return to play if any symptoms or signs persist. Remember, symptoms may return later that day or the next, and not necessarily when exercising.

Step 1: No activity, only complete mental and physical rest. Proceed to step 2 only when all symptoms are gone. This includes avoiding both mental and physical stress.

Step 2: Light aerobic exercise, such as walking or stationary cycling. Monitor for symptoms and signs. No resistance training or weight lifting.

Step 3: Light skating and hockey drills (Skate #1) Player can incorporate light off ice resistance/weight training.

Step 4: Higher tempo skate, no body contact. (Skate #2) Player may also continue off ice training with higher resistance.

**Only go to step 5 after medical clearance. (Reassessment and note)**

Step 5: Begin drills with body contact if applicable (Skate #3)

Step 6: Game play. (The earliest a concussed athlete should return to play is one week).

**Never return to play if symptoms persist!**

**Concussion Information**

**What is a concussion?**

A concussion is a type of traumatic brain injury that is caused by a blow to the head or body, a fall, or another injury that jars or shakes the brain inside the skull. Concussion disrupt the chemical balance in the brain, therefore, if proper rest and rehabilitation protocols are not followed, symptoms may persist longer than anticipated.

**Treatment options for concussions**

Rest is the most important part of the immediate post-concussion regime. Complete rest from all activities, school, screens, reading, etc. However, studies are showing that the athlete needs start a rehabilitation program sooner than some are thinking. Most (if not all) concussions will be associated with some mild neck trauma which can be treated to alleviate some symptoms. The visual and vestibular systems in the brain can also be seriously compromised after a concussion and needs to be addressed with the athlete.

**What can happen if you come back too soon?**

Returning to play while still experiencing symptoms or not properly cleared by a medical professional of a concussion is dangerous and can lead to a longer recovery time, more severe symptoms or the Second Impact Syndrome. The Second Impact Syndrome is rare but may occur if a player suffers a second concussion before the first one is healed. In this case the brain may swell inside the skull and in rare instances has resulted in death.

Individuals should consult a doctor for further information.

**What is the possible RTPP?**

Remember, symptoms may return later that day or the next, not necessarily when exercising! This RTPP was recommended at the 2012 Zurich Concussion Conference. It is to be a gradual increase in exercises usually over a period of 5 to 10 days. This is to be supervised by a health care professional. It will be up to the physician when you return to play based upon how well you do at this RTPP.

**Graduated Return to Play Protocol (As per 2012 Zurich concussion conference)**

1. No activity Symptom limited and cognitive rest

2. Light aerobic exercise Walking with heart rate below 70% maximum

3. Sport specific exercise Skating drills on ice (no contact)

4. Non-contact training drills Progression to more complex training drills (passing, etc)

5. Full contact practice Only following full m

If you have any questions or concerns, you can contact the CWMH Head Trainer – cwheadtrainer@gamil.com