

## APPENDIX H: CONCUSSION MANAGEMENT FORMS

The following documents are resources that should be used when instituting the BCLA's Concussion Management Policy and Protocol, noting that the 'attached' reports are only examples and each club should decide which format of report/letter is acceptable for their own needs.

- Head Injury Report (attached)
- Medical Assessment Letter (attached)
- Medical Clearance Letter (attached)
- Concussion Recognition Tools - <http://www.parachutecanada.org/downloads/resources/CRT5.pdf>
- What You Need to Know About Concussion (attached)
- CATT Concussion Pathway (attached)
- Return to Sport Stages (attached)
- Return to School Strategy (attached)
- Concussion Guide for Coaches - <http://www.parachutecanada.org/downloads/resources/Concussion-Coaches.pdf>
- Concussion Guide for Athletes - <http://www.parachutecanada.org/downloads/resources/Concussion-Athletes.pdf>
- Concussion Guide for Parents/Caregivers - <http://www.parachutecanada.org/downloads/resources/Concussion-Parents-Caregivers.pdf>

**PLEASE NOTE:** the referenced 'Parachute Canada' are examples of resources that can be used, but there are many other resources available; members should educate themselves on the various options and resources that exist.



# Head Injury Incident Report

Submit via e mail to [deb@bclacrosse.com](mailto:deb@bclacrosse.com) or fax to 604-421-9775 **within 7 days** of the incident.  
Please provide a copy to your **Team Manager** as well.

DISCIPLINE:  Box  Men's Field  Women's Field  
ASSOCIATION/TEAM: \_\_\_\_\_ DIVISION: \_\_\_\_\_  
DATE & TIME OF INCIDENT: \_\_\_\_\_ LOCATION: (City/Facility) \_\_\_\_\_  
Injured Player Name: \_\_\_\_\_ Player Date of Birth: Mth \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Describe incident in detail (use additional pages if necessary and attach photos):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was any penalty called on the play that caused the injury?  Yes  No

If Yes, what was the penalty?  
\_\_\_\_\_

Did the player receive medical attention?  Yes  No

Did the player go to the hospital?  Yes  No

If so, describe diagnosis and treatment:  
\_\_\_\_\_  
\_\_\_\_\_

What is the make/model of the helmet worn? \_\_\_\_\_

What is the make/model of the facemask worn? \_\_\_\_\_

To the best of your knowledge, was the equipment installed correctly?  Yes  No

Name of individual completing this form: \_\_\_\_\_ Signature: \_\_\_\_\_  
Role (coach, manager, parent, player, etc.) \_\_\_\_\_ Date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Witness to Incident:** Role (coach, manager, parent, player, etc.) \_\_\_\_\_  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Medical Assessment Letter

Date: \_\_\_\_\_ Athlete's Name: \_\_\_\_\_

To whom it may concern,

Athletes who sustain a suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*. Accordingly, I have personally completed a Medical Assessment on this patient.

### Results of Medical Assessment

- This patient has not been diagnosed with a concussion and can resume full participation in school, work, and sport activities without restriction.
- This patient has not been diagnosed with a concussion but the assessment led to the following diagnosis and recommendations:

\_\_\_\_\_  
\_\_\_\_\_

- This patient has been diagnosed with a concussion.

The goal of concussion management is to allow complete recovery of the patient's concussion by promoting a safe and gradual return to school and sport activities. The patient has been instructed to avoid all recreational and organized sports or activities that could potentially place them at risk of another concussion or head injury. Starting on \_\_\_\_\_ (date), I would ask that the patient be allowed to participate in school and low-risk physical activities as tolerated and only at a level that does not bring on or worsen their concussion symptoms. The above patient should not return to any full contact practices or games until the coach has been provided with a *Medical Clearance Letter* provided by a medical doctor or nurse practitioner in accordance with the *Canadian Guideline on Concussion in Sport*.

Other comments:

\_\_\_\_\_  
\_\_\_\_\_

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print \_\_\_\_\_ M.D. / N.P. (circle appropriate designation)\*

*\*In rural or northern regions, the Medical Assessment Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.*

**We recommend that this document be provided to the athlete without charge.**

## Medical Clearance Letter

Date: \_\_\_\_\_ Athlete's Name: \_\_\_\_\_

To whom it may concern,

Athletes who are diagnosed with a concussion should be managed according to the *Canadian Guideline on Concussion in Sport* including the *Return-to-School* and *Return-to-Sport Strategies* (see page 2 of this letter). Accordingly, the above athlete has been medically cleared to participate in the following activities as tolerated effective the date stated above (please check all that apply):

- Symptom-limiting activity (cognitive and physical activities that don't provoke symptoms)**
- Light aerobic activity (Walking or stationary cycling at slow to medium pace. No resistance training)**
- Sport-specific exercise (Running or skating drills. No head impact activities)**
- Non-contact practice (Harder training drills, e.g. passing drills. May start progressive resistance training. Including gym class activities without a risk of contact, e.g. tennis, running, swimming)**
- Full-contact practice (Including gym class activities with risk of contact and head impact, e.g. soccer, dodgeball, basketball)**
- Full game play**

**What if symptoms recur?** Any athlete who has been cleared for physical activities, gym class or non-contact practice, and who has a recurrence of symptoms, should immediately remove himself or herself from the activity and inform the teacher or coach. If the symptoms subside, the athlete may continue to participate in these activities as tolerated.

Athletes who have been cleared for full contact practice or game play must be able to participate in full-time school (or normal cognitive activity) as well as high intensity resistance and endurance exercise (including non-contact practice) without symptom recurrence. Any athlete who has been cleared for full-contact practice or full game play and has a recurrence of symptoms, should immediately remove himself or herself from play, inform their teacher or coach, and undergo medical assessment by a medical doctor or nurse practitioner before returning to full-contact practice or games.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*.

Other comments:

\_\_\_\_\_  
\_\_\_\_\_

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print \_\_\_\_\_ M.D. / N.P. (circle appropriate designation)\*

*\*In rural or northern regions, the Medical Clearance Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.*

**We recommend that this document be provided to the athlete without charge.**



# What You Need to Know About Concussion

This information sheet provides a brief overview on the appropriate care for an individual with a concussion. It outlines the three key steps in dealing with concussion (i.e. recognize, respond and manage) in order to assist your players/athletes in their recovery from this injury. The information included here is meant to supplement what is included in the CATT online courses. Visit [cattonline.com](http://cattonline.com) to take a knowledge course.

## Recognize

A concussion occurs when there is a significant impact to the head or body that causes the brain to move inside the skull. Common causes of concussion include **falls, motor vehicle crashes, and sport and recreational-related activities.**

There is no way to know for certain whether a particular event will lead to a concussion—a relatively minor impact may result in a concussion while a higher-magnitude hit may not. It is important to note that if there is a history of concussion, even a minor hit can trigger symptoms. Signs can be observed while symptoms are experienced by the individual.

The signs and symptoms of concussion in **individuals** include, but are not limited to:

- Headache
- Dizziness
- Nausea
- Blurred vision
- Light/sound sensitivity
- Imbalance
- Ringing in the ears
- Seeing “stars”
- Irritability
- Fogginess
- Fatigue
- Difficulty concentrating
- Poor memory
- Neck pain
- Sadness
- Confusion

Concussion signs to watch for in an **infant or toddler** may include:

- Crankiness and irritability (beyond their usual)
- Any sudden changes in sleeping pattern, eating or playing pattern
- Not interested in their favourite toys or activities
- Forgets a new skill (e.g., toilet training)
- Listless
- Loss of balance, unsteady walking
- Not eating or nursing
- Cannot be comforted

## Respond

Following a potential concussion-causing event, the individual should be removed from activity immediately and assessed for **Red Flags**.

If any of the **Red Flags** are present, call an ambulance or seek immediate medical care.

If no **Red Flags** are present:

- Do not leave the individual alone
- Notify an emergency contact person, parent or caregiver
- Continue to monitor for Red Flags and signs and symptoms of concussion
- Do not let the individual return to their activity
- Do not give the individual any immediate medication
- Do not let the individual leave by themselves
- Do not let the individual drive or ride a bike

**RED FLAGS**

-  Neck pain or tenderness
-  Double vision
-  Weakness or tingling/ burning in arms or legs
-  Severe or increasing headache
-  Seizure or convulsion
-  Loss of consciousness
-  Deteriorating conscious state
-  Vomiting
-  Increasingly restless, agitated, or combative

The individual should be monitored for up to 48 hours before assuming that a concussion has not occurred, including monitoring throughout the night following the initial injury. Only wake the individual if you have concerns about their breathing, changes in skin colour, or how they are sleeping. Call an ambulance or seek immediate medical care if the individual is slow to wake or shows any of the **Red Flags**. Within 48 hours:

- If any signs are detected or symptoms are experienced, seek medical attention from a licensed medical professional such as a physician or nurse practitioner (if applicable in your area).
- If no signs or symptoms appear, the individual can return to normal activity but should be monitored for several days. If no signs or symptoms appear, chances are that a concussion was not sustained. If unsure, see a medical professional for guidance.

## Manage

A concussion can have a significant impact on physical, cognitive, and emotional functioning. The recovery process involves balancing activities such that they do not trigger or worsen symptoms—the key is finding the “sweet spot.”

The recovery process is best done in collaboration with key individuals, such as medical professionals, family members, friends, employers, teachers and school staff, and coaches.

**The first and most important step in recovery from a concussion is to rest for a maximum of 2 days.** The individual will need both physical and cognitive rest in order to allow the brain to heal.

- Physical rest includes participation in activities that do not result in an increased heart rate or breaking a sweat. Restrict: exercise, sports, running, biking, rough play, etc.
- Cognitive activity should be limited, minimizing activities that require concentration and learning. Restrict: reading, electronics (computers, smartphones, video games, TV), work/schoolwork, playing musical instruments, listening to loud music, etc.

**REMEMBER:**  
Recovery is a fluctuating process. The individual can be doing well one day but not the next.

Once symptoms start to improve, or after a maximum of 2 days of rest, the individual should begin a step-wise process to return to regular activity, including school, work, sports, etc.

Symptoms should decrease over the course of time. If you are worried that the individual is not improving, follow-up with a licensed medical professional, such as a physician or nurse practitioner (if applicable in your area).

**On average, an adult takes 7 to 10 days to recover from concussion, while children and youth typically take 2 to 4 weeks.** While most concussions resolve within 3 months, persistent symptoms have the potential to cause long-term difficulties. Individuals dealing with symptoms lasting longer than 2 weeks in adults and longer than 4 weeks in children and youth may require additional medical assessment and multidisciplinary management.

**REMEMBER:**  
CATT resources to support the recovery process include:

- Return to Activity
- Return to School
- Return to Sport

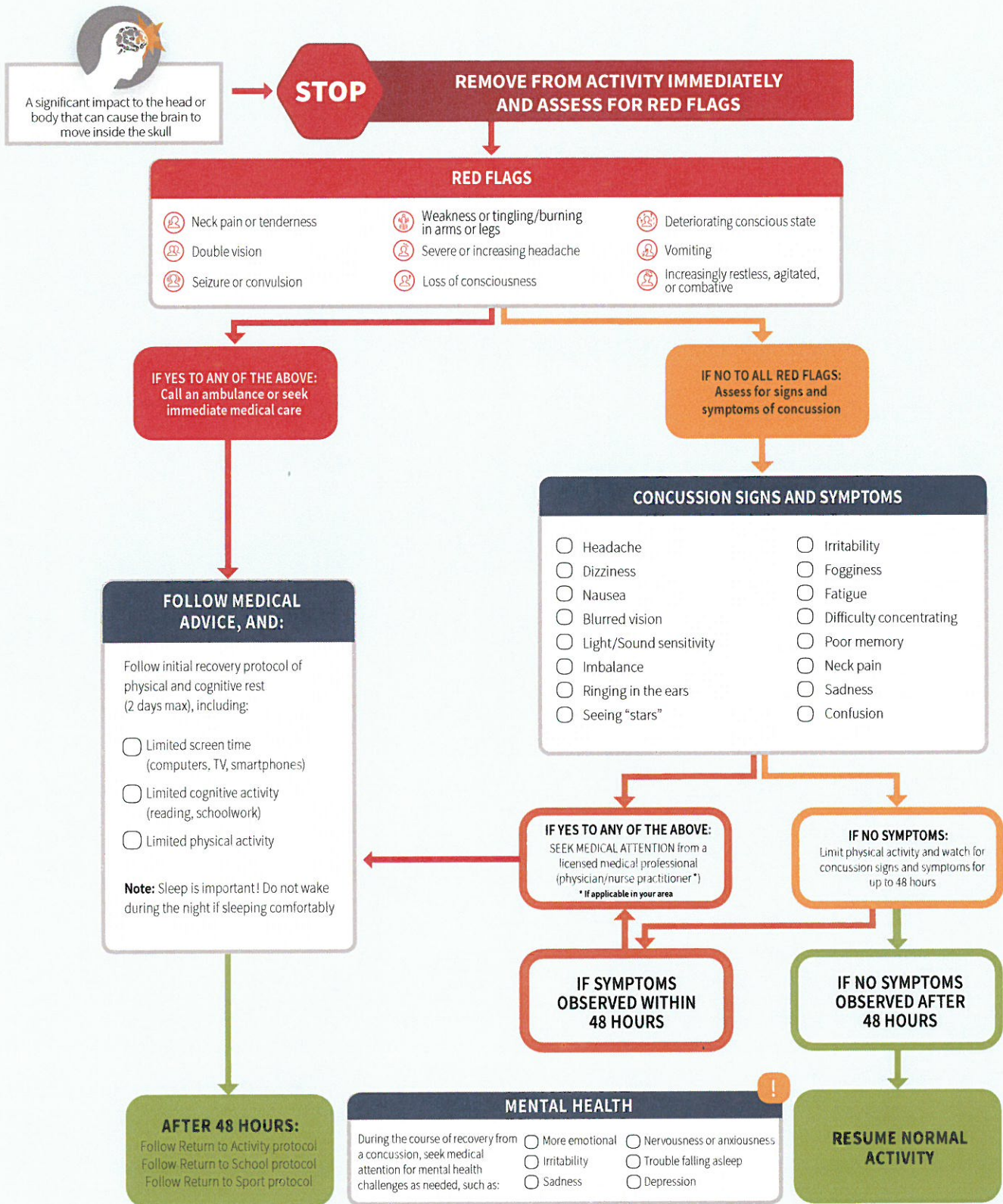
The recovery period may be influenced by:

- Prior concussions
- History of headaches or migraines
- Learning disabilities
- Mental health issues
- ADHD
- Use of drugs or alcohol
- Returning to activities too soon
- Lack of family or social supports

Proper management of a concussion can reduce the risk of complications. It is important that the individual has successfully returned to school or work before fully returning to sport and physical recreation activities. Returning to activity too early may result in more severe symptoms and potentially long-term problems.



# CATT Concussion Pathway



## Return to Sport

This tool is a guideline for managing an individual's return to sport following a concussion and does not replace medical advice. Timelines and activities may vary by direction of a health care professional.

STAGE 1:	STAGE 2:	STAGE 3:	STAGE 4:	STAGE 5:	STAGE 6:
<p><b>No sporting activity</b></p> <p>Physical and cognitive rest until symptoms start to improve OR after resting for 2 days max.</p>	<p><b>Light aerobic exercise</b></p> <p>Walking, swimming, stationary cycling. No resistance training. The pace of these activities should be at the point where you are still able to have a conversation.</p>	<p><b>Sport-specific exercise</b></p> <p>Skating drills (ice hockey), running drills (soccer). No head-impact activities.</p>	<p><b>Non-contact drills</b></p> <p>Progress to complex training drills (e.g. passing drills). May start resistance training.</p>	<p><b>Full-contact practice</b></p> <p>Following medical clearance participate in normal training activities.</p>	<p><b>Back in the game</b></p> <p>Normal game play</p>
Recovery	Increase heart rate	Add movement	Exercise, coordination, cognitive load	Restore confidence; assess functional skills	
<p><b>Symptoms improve or 2 days rest max?</b></p> <p><b>Yes:</b> Move to stage 2 <b>No:</b> Continue resting</p> <p>Time &amp; Date completed:</p>	<p><b>No new or worsening symptoms for 24 hours?</b></p> <p><b>Yes:</b> Move to stage 3 <b>No:</b> Return to stage 1</p> <p>Time &amp; Date completed:</p>	<p><b>No new or worsening symptoms for 24 hours?</b></p> <p><b>Yes:</b> Move to stage 4 <b>No:</b> Return to stage 2</p> <p>Time &amp; Date completed:</p>	<p><b>Symptom-free for 24 hours?</b></p> <p><b>Yes:</b> Move to stage 5 <b>No:</b> Return to stage 3</p> <p>Time &amp; Date completed:</p>	<p><b>Symptom-free for 24 hours?</b></p> <p><b>Yes:</b> Move to stage 6 <b>No:</b> Return to stage 4</p> <p>Time &amp; Date completed:</p>	<p><b>Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.</b></p>

If new or worsening symptoms are experienced at any stage, go back to the previous stage for at least 24 hours. You may need to move back a stage more than once during the recovery process.

Medical clearance required before moving to stage 5

BOTH TOOLS CAN BE USED IN PARALLEL; HOWEVER, RETURN TO SCHOOL SHOULD BE COMPLETED BEFORE RETURN TO SPORT IS COMPLETED

[www.cattonline.com](http://www.cattonline.com)

©ATT | CONCUSSION AWARENESS TRAINING TOOL

BC INJURY research and prevention unit  
[www.injuryresearch.bc.ca](http://www.injuryresearch.bc.ca)

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### Return-to-School Strategy<sup>1</sup>

The following is an outline of the *Return-to-School Strategy* that should be used to help student-athletes, parents, and teachers to partner in allowing the athlete to make a gradual return to school activities. Depending on the severity and type of the symptoms present, student-athletes will progress through the following stages at different rates. If the student-athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage.

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4	Return to school full-time	Gradually progress.	Return to full academic activities and catch up on missed school work.

### Sport-Specific Return-to-Sport Strategy<sup>1</sup>

The following is an outline of the *Return-to-Sport Strategy* that should be used to help athletes, coaches, trainers, and medical professionals to partner in allowing the athlete to make a gradual return to sport activities. Activities should be tailored to create a sport-specific strategy that helps the athlete return to their respective sport.

An initial period of 24-48 hours of rest is recommended before starting their *Sport-Specific Return-to-Sport Strategy*. If the athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the *Sport-Specific Return-to-Sport Strategy*. It is also important that all athletes provide their coach with a *Medical Clearance Letter* prior to returning to full contact sport activities.

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance and complete return to school.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	

<sup>1</sup>Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5<sup>th</sup> international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847. <http://dx.doi.org/10.1136/bjsports-2017->