

This recommended protocol has been provided as a template for organizations to implement a Return to Play Protocol. It is in MS Word format so that team or league specific information can be added. CMRG Ltd. has provided these guidelines as information only and assumes no liability with regard to athletes who are treated following this protocol.

CMRG Concussion Management Program 2011-12 Concussion Recommended Return to Play Protocol for Schools and Teams

Steps of return to play (RTP) if a player sustains a concussion

1. Player sustains a suspected concussion
2. If there is a loss of consciousness, assume C-spine injury, immobilize, initiate EAP and call an ambulance.
3. If there is no loss of consciousness (player returns to bench), assess for concussion and associated injury and continue serial assessment with SCAT2 pocket card.
4. Remove the player from the game. If a concussion is suspected, they **CANNOT** RTP in that game. **WHEN IN DOUBT, SIT THEM OUT.**
5. Do not leave the player alone. Monitor signs and symptoms and if there are **ANY** concerns, they must be taken to ER.
6. Do NOT administer medication
7. Inform coach and parent/guardian about the injury and advice to monitor the athlete. Symptoms could appear hours later.
8. The player should be seen by a healthcare professional with knowledge of concussion. If there are **ANY** concerns, they should be taken to ER to rule out serious injury.
9. Initial treatment for a concussion is rest, rest, rest (Physical and Mental - Mental rest means that the individual with a concussion should not be doing anything which requires focus or concentration, which means no computer use, television or video games). If the athlete is deemed to have a non-complicated sport concussion, initial management is REST only. Assessment with a CMRG Concussion Management affiliated physician can be booked within 1 to 2 weeks.
10. Once symptoms have subsided, contact CMRG Concussion Management affiliated physician (see below). Symptoms may take several days to go away as all patients react differently.
11. The RTP process follows the following guidelines...

RTP guidelines...

Remember, symptoms may return later that day or the next, not necessarily when exercising! This RTP was recommended at the Zurich Concussion Conference.

Step 1: Rest

Step 2: Light exertion (below 70% of max)

Step 3: Increase exertion, weight training, interval training, etc.

Step 4: Sport specific non-contact activity

Medical Clearance

Step 5: Contact Practice

Step 6: RTP.

Important!!

For urgent assessments or concerns, go directly to ER, NOT to CMRG Concussion Management affiliated physicians

CMRG Concussion Management affiliated physicians assist with RTP advice and it is important to remain on complete rest until seen by the physician.

To contact CMRG Concussion Management affiliated physician....

Please contact any of the CMRG Concussion Management affiliated physicians (listed below). **The athlete does NOT need to see the CMRG Concussion Management affiliated physician URGENTLY if there are no medical concerns. If there are URGENT concerns the athlete should be seen in ER.** Any athlete with concerns should be advised to REST completely and book a follow-up appointment with a CMRG Concussion Management affiliated physician. This physician will guide RTP decisions.

The appointment is covered by OHIP, but there may be a charge for the post concussion test and RTP note. At the CMRG Concussion Management affiliated physician's office, the player will undergo a series of tests and, if deemed appropriate by the physician, may take the ImPaCT follow-up test (approximately 30 minutes). This test will be compared to the baseline test score. It is important to understand that the test is only part of an overall concussion evaluation and may or may not be used during the follow-up assessment.

A note from the CMRG Concussion Management affiliated physician must be provided before the athlete is allowed to RTP.

To arrange an appointment at one of the approved CMRG Concussion Management Affiliated physicians please contact

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