

LMFA Concussion Education and Awareness Program

Reviewed and updated for the 2019 season.

CONCUSSION IN SPORT

All players who are suspected of having a concussion must be seen by a physician as soon as possible. A concussion is a brain injury. A concussion most often occurs without loss of consciousness. However, a concussion may involve loss of consciousness.

HOW CONCUSSIONS HAPPEN

Any impact to the head, face or neck or a blow to the body which causes a sudden jolting of the head and results in the brain moving inside the skull may cause a concussion.

COMMON SYMPTOMS AND SIGNS OF A CONCUSSION

Symptoms and signs may have a delayed onset (may be worse later that day or even the next morning), so players should continue to be observed even after the initial symptoms and signs have returned to normal.

***A player may show any one or more of these symptoms or signs:**

Symptoms

- Headache
- Dizziness
- Feeling dazed
- Seeing stars
- Sensitivity to light
- Ringing in ears
- Tiredness
- Nausea, vomiting
- Irritability
- Confusion, disorientation

Signs

- Poor balance or coordination
- Slow or slurred speech
- Poor concentration
- Delayed responses to questions
- Vacant stare
- Decreased playing ability
- Unusual emotions, personality change, and inappropriate behaviour
- Sleep disturbance

RED FLAGS – If any of the following are observed or complaints reported following an injury, the player should be removed from play safely and immediately and your Emergency Action Plan initiated. Immediate assessment by a physician is required.

- Neck pain or tenderness
- Severe or increasing headache
- Deteriorating conscious state
- Double vision
- Seizure or convulsion
- Vomiting

- Loss of consciousness
 - Increasingly restless, agitated or combative
 - Weakness or tingling/burning in arms or legs
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CONCUSSION - KEY STEPS

- Recognize and remove the player from the current game or practice.
- Do not leave the player alone, monitor symptoms and signs.
- Do not administer medication.
- Inform the coach, parent or guardian about the injury.
- The player should be evaluated by a medical doctor as soon as possible.
- The player must not return to play in that game or practice, and must follow the 6-step return to play strategy and receive medical clearance by a physician.

6-STEP RETURN TO PLAY

The return to play strategy is gradual, and begins 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, not necessarily when exercising!

**IMPORTANT – CONSULT WITH THE TREATING PHYSICIAN ON RETURN TO LEARN PROTOCOLS.
IMPORTANT – FOLLOWING A CONCUSSION AND PRIOR TO STEP 1, A BRIEF PERIOD OF PHYSICAL AND MENTAL REST IS RECOMMENDED.**

1. Light activities of daily living which do not aggravate symptoms or make symptoms worse. Once tolerating step 1 without symptoms and signs, proceed to step 2 as directed by your physician.
2. Light aerobic exercise, such as walking or stationary cycling. Monitor for symptoms and signs. No resistance training or weight lifting.
3. Sport specific activities and training (e.g. skating).
4. Drills without body contact. May add light resistance training and progress to heavier weights. The time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the player.
Go to step 5 after medical clearance (reassessment and written note).

5. Begin drills with body contact.

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

Note: Players should proceed through the return to play steps only when they do not experience symptoms or signs and the physician has given clearance. Each step should be a minimum of one day (but could last longer depending on the player and the situation). If symptoms or signs return, the player should return to step 2 and be re-evaluated by a physician.

IMPORTANT – Young players will require a more conservative treatment. Return to play guidelines should be guided by the treating physician.

PREVENTION TIPS

Players

- Make sure your helmet fits snugly and that the chin strap is tightly fastened
- Get a custom fitted mouthguard
- Respect other players
- No hits to the head
- No hits from behind
- Strong skill development

Coaches/Trainers/Safety Person/Referee

- Eliminate all hits to the head
- Eliminate all hits from behind
- Recognize symptoms and signs of concussion
- Inform and educate players about the risks of concussion

Visit the Concussion Education page on the LMFA web site for more information:
<http://www.lmfafootball.ca/index.php/policies/concussion-education/>