



Concussion Management in Football

Always Assess Airway, Breathing and Circulation

All players who experience a concussion must be seen by a physician. A concussion is a brain injury.

A concussion **may** involve loss of consciousness. However, a concussion **most** often occurs **without** a loss of consciousness.

Mechanism: Contact on the body that causes a shaking or whiplash effect to the head and neck.

Common Symptoms and Signs

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.

Symptoms	Signs
Headache	Poor balance or coordination
Dizziness	Slow or slurred speech
Feeling dazed	Poor concentration
Seeing stars	Delayed responses to questions
Sensitivity to light or sound	Vacant stare
Ringing in ears	Decreased playing ability
Tiredness	Unusual emotions, personality change, and inappropriate behaviour
Nausea, vomiting	
Irritability	
Confusion, disorientation	

Caution: All players should consult a physician after a concussion. Coaches, trainers, players and parents should not attempt to treat a concussion without a physician's involvement.

Initial response

Concussion with loss of consciousness – Initiate Emergency Action Plan and Call an Ambulance. Assume possible neck injury.

Concussion without the loss of consciousness:

- Remove the player from the current game or practice
- Do not leave the player alone; monitor signs and symptoms
- Do not administer medication
- Inform the coach, parent or guardian about the injury
- The player should be evaluated by a medical doctor

The player must not return to play in that game or practice.

Remember: "If in doubt, sit them out!!"



Regina Minor Football 2000 Inc.

Return to Play Protocol

The return to play protocol is gradual, and begins after a doctor has given the player written clearance to return to activity. **If any symptoms/signs return during this process, the player must be re-evaluated by a physician and should be returned to step 1.** No return to play if any symptoms or signs persist. Remember, symptoms may return later that day or the next, not necessarily when exercising! If symptoms recur, return to step 1 after re-evaluation and written clearance from a physician. **There should be 24 hours of being symptom free between each step.**

Step 1 - Complete rest, no mental or physical activity (including reading, calculating, screen time, etc.). Proceed to step 2 only when symptoms are gone (and medication has not been administered).

Step 2 - 10-15 minutes of light aerobic exercise, such as brisk walking or stationary cycling (the goal is to achieve an elevation in heart rate that results in a light sweat). Monitor for symptoms and signs. No resistance training or weight lifting.

Step 3 - Increased intensity exercise such as sprints or plyometrics. This can include a team warm-up and basic footwork drills.

Step 4 - Non-contact drills. This can include running pass patterns and catching balls, doing pass coverage drills, running plays vs. air, etc.

Step 5 - Begin contact drills and thud scrimmage, progressing to full contact.

Take the player to the doctor to get checked and to go over the return-to-play protocol that the player went through.

Step 6 - Game play.

Never return to play if symptoms return or persist!

Prevention Tips

Players	Coach/Trainer/Referee
<ul style="list-style-type: none"> • Make sure your helmet fits snugly and that the strap is fastened • Get a custom fitted mouth guard • Respect other players • Avoid deliberate blows to the head • Never lead with the head 	<ul style="list-style-type: none"> • Ensure all players learn proper technique for tackling • Recognize signs and symptoms of concussion • Inform and educate players about the risks of concussion

Because of the potential serious nature of head injuries, any violation of these rules will result in league discipline.

Encourage all parents and coaches to get the Concussion Ed app (Government of Canada)