



What is a concussion?

A concussion is a brain injury that cannot be seen on routine X-rays, CT scans, or MRIs. It affects the way a player may think and remember things, and can cause a variety of symptoms.

What are the signs and symptoms of a concussion?

A player does not need to be knocked out (lose consciousness) to have had a concussion.

The player might experience one or more of the following:

Thinking Problems	Player's Complaints	Other Problems
<ul style="list-style-type: none">• Does not know time, date, place, period of game, opposing team, score of game• General confusion• Cannot remember things that happened before and after the injury• Knocked out	<ul style="list-style-type: none">• Headache• Dizziness• Feeling dazed• Feeling “dinged” or stunned; “having my bell rung”• Seeing stars, flashing lights• Ringing in the ears• Sleepiness• Seeing double or blurry vision• Stomach ache, stomach pain, nausea• “Don’t feel right”	<ul style="list-style-type: none">• Poor co-ordination or balance• Blank stare/glassy-eyed• Vomiting• Slurred speech• Slow to answer questions or follow directions• Easily distracted• Poor concentration• Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily)• Not playing as well as usual

Get medical help immediately if a player has any “red flag” symptoms such as neck pain, repeated vomiting, growing confusion, seizures, and weakness or tingling in their arms or legs. These may be signs of a more serious injury.

What causes a concussion?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (e.g., hitting their head on the ice, colliding with another player, being checked into the boards).

What should I do if I think a player might have a concussion?

In all suspected cases of concussion, the player should stop playing right away. Continuing to play increases their risk of more severe, longer-lasting concussion symptoms, and increases their risk of other injury.

Refer to the Concussion Recognition Tool 5 (CRT5) to help recognize the signs and symptoms of a possible concussion.

The player should not be left alone and should be seen by a doctor as soon as possible that day. Older players who have driver's licences should not drive.

If the player loses consciousness or demonstrates any red flag symptoms, call an ambulance to take them to the hospital right away and initiate your Emergency Action Plan. Do not move them or remove any of their equipment, such as their helmet.

The player should not return to training, practice or gameplay the same day.

How long will it take for the player to get better?

The signs and symptoms of a concussion usually last for one to four weeks, but may last longer. In some cases, it may take many weeks or months for the player to heal. If the player has had a previous concussion, they may take longer to recover. No two concussions are the same. Avoid comparing one player's recovery to another's.

If the player's symptoms are persistent (i.e., last longer than four weeks in youth under 18 years old)

they should be referred to a healthcare professional who is an expert in the management of concussion.

How is concussion treated?

After an initial short period of rest (24 to 48 hours), light cognitive and physical activity can begin, as long as these do not worsen symptoms.

As the player is recovering from a concussion, they should not do any activities that may make their symptoms worse. This might mean limiting activities such as exercising, studying, and screen time on their phone or other devices.

Recovering from concussion is a process that takes patience. Going back to activities before the player is ready is likely to make their symptoms worse, and their recovery may take longer.

When should the player go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible.

The player should go back to the doctor immediately if, after being told they have a concussion, they have worsening symptoms, such as:

- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

When can the player return to school?

On average, students with a concussion miss one to four days of school. Each concussion is unique,

so the player may progress at a different rate than others.

The Return-to-School Strategy provides detailed information on the stages of returning to the classroom and can be accessed at parachute.ca/smarthockey.

Return to school must come before full return to sport.

When can the player return to sport?

It is very important that a player does not go back to full participation in sport if they have any remaining concussion signs or symptoms. Returning before full recovery from concussion puts players at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer. Return to hockey and other physical activity must follow a step-wise approach.

In the Return-to-Sport Strategy:

- Each stage is at least 24 hours.
- The player moves on to the next stage when they can tolerate activities without new or worsening symptoms.
- According to Hockey Canada's Concussion Policy, if symptoms return during the return to play process, the player should return to stage 2 and be re-evaluated by a doctor.

Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity can begin, as long as these do not worsen symptoms. The player can start with daily activities, such as moving around the home and simple chores, such as making their bed.

Stage 2: Light aerobic activity such as walking or stationary cycling, for 10 to 15 minutes. The player should not do any resistance training or other heavy lifting.

Stage 3: Individual sport-specific exercise with no contact for 20 to 30 minutes (e.g. running, skating, shooting a puck). The player should not do any resistance training.

Stage 4: Begin practising with no contact. Ensure teammates give the recovering player extra space. Add in more challenging drills (e.g., shooting and passing drills). Start to add in progressive resistance training, if appropriate.

Stage 5: Participate in practice with contact. Players should not progress to this step until they have been cleared by a doctor.

Stage 6: Full game play.

A player should never return to contact practice or gameplay until cleared by a doctor!

How can I help players prevent concussions?

Invest time into pre-season concussion education meetings and use the pre-season team meeting checklist to guide your meetings. Ensure your team understands all necessary concussion information and provide them with the resources available in this kit. Let them know they can ask questions at any time and should always report any concussion symptoms to you, their parents, or another adult they trust.

Enforce the 12 on-ice tips during practice and gameplay. Ensure players are made aware when they are playing unsafe and putting themselves or others at risk of injury. Support enforcement of the rules by officials, especially rules in place to reduce head contact.

Ensure players have all the required equipment to participate in practices and games safely. Skates should fit properly and be in good condition, to prevent falls and crashes. **Helmets do not prevent concussions** but should always be worn properly to prevent other head injuries. **Mouthguards have not been proven to prevent concussions**, but should always be worn to prevent injuries to the mouth and teeth.