



TEAM CANADA

CONCUSSION

GUIDELINES





SECTION 1

TEAM CANADA

CONCUSSION STATEMENT

1. INTRODUCTION & RESOURCES

At FISU Universiade Games and Championships, Team Canada expects that all sports follow the recommendations of the 2016 Concensus Statement on Concussion in Sport which can be accessed at <http://bjsm.bmj.com/content/early/2017/04/26/bjsports-2017-097699>

2. REMOVAL OF AN ATHLETE

Removal - When a player shows any symptoms or signs of a Sport-related Concussion (SRC):

- The player should be evaluated by a physician or other licensed healthcare provider on site using standard emergency management principles, and particular attention should be given to excluding a cervical spine injury.
- The appropriate disposition of the player must be determined by the treating healthcare provider in a timely manner. If no healthcare provider is available, the player should be safely removed from practice or play and urgent referral to a physician arranged.
- Once the first aid issues are addressed, an assessment of the concussive injury should be made using the SCAT5 or other sideline assessment tools.
- The player should not be left alone after the injury, and serial monitoring for deterioration is essential over the initial few hours after injury.
- A player with diagnosed SRC should not be allowed to return to play on the day of injury.

3. IMPLEMENTATION & RESPONSIBILITIES

Implementation of these guidelines is usually the responsibility of the team physician, tournament doctor or emergency physician but may involve other healthcare providers and officials.





SECTION 2

TEAM CANADA CONCUSSION GUIDELINES

This document applies to all Canadian competitors while participating at the Winter/Summer Universiade FISU events (training, competition, or at any point during the Games duration).

1. CONCUSSION: DEFINITION & ASSESSMENT

An impact by either a direct blow to the head/body or indirect transmission of force can be associated with a serious brain injury. If there are significant concerns of major trauma, then activation of emergency procedures and urgent transport to the nearest hospital should be arranged. (Davis et al, 2017). An assessment for concussion can be made by a Team Canada physician, athletic therapist or physiotherapist. In the event that one of these staff are not present, host medical staff can be utilized to assist in the initial assessment for concussion.

The Team Canada Health Services Team (HST) have the medical authority to pull an athlete from competition if there is a mechanism of injury and symptoms consistent with a potential concussion. These symptoms will fall in accordance with the Sport Concussion Assessment Tool-version 5 (SCAT5), which was developed by the Concussion in Sport group at the International Consensus on concussion in sport (Berlin, 2016). The HST will follow the general protocol “if in doubt, sit them out”, so that a thorough assessment of their history, mechanism of injury and current symptoms can be properly completed.

2. WITHDRAWAL FROM COMPETITION

A participant is “Withdrawn from Competition” when an authorized member of the Canadian FISU HST officially determines that an athlete is at risk of further injury to themselves or others. This can occur at the training or competition venues, or the Canadian health centre/clinic.

The designated Canadian HST medical staff will assess the participant following the injury/condition resulting in the withdrawal from competition and provide the participant with a full explanation of the objective findings that support the need for the participant to remain “Withdrawn from Competition” or be “Returned to Competition”. This will be documented in the athlete chart and EMR with any related investigations and forwarded to the Chief Therapist (CT) & Chief Medical Officer (CMO). The physician on site and/or the CMO should also conduct a thorough history and physical examination and report their findings to athlete regarding next management steps and Return to Play (RTP) status.

Once “Withdrawn from Competition”, the participant may not return until he/she has obtained “Return to Competition” clearance. This status of the athlete will be changed in the EMR and communicated with the athlete, team and CMO.





3. RETURN TO COMPETITION PROTOCOL

An athlete that has been diagnosed with a concussion while participating at the FISU Universiade Games must complete a validated return to play protocol to ensure that they are asymptomatic prior to return to competition. This must start no sooner than 24 hours after the initial injury. If an athlete has been removed from competition but their symptoms improve rapidly and the initial concussion diagnosis may no longer be accurate, this must be reviewed with the physician & therapist initially involved, and the CMO before return to play decisions can be made.

The return to play protocol is a validated 5-day minimum protocol to ensure that an athlete is returning to possible contact competition in a safe, symptom free manner. Each step must be completed, and the athlete remain asymptomatic for 24 hours before moving forward.

In the event that a minor (under age 18) athlete is competing for team Canada at the FISU Universiade Games, their Parent/Guardian should be notified of the initial injury and completion of the return to play progress before returning to competition.

Example of a return to play protocol can include:

Generic Stage	Domain-Specific Stage	Physical
1 - Rest	1 - No activity	No sports. No working out. Isometric neck rehab.
2 - Reintroduction of Stressors	2 - Aerobic exercise with no head movement	Stationary bicycle - gradual progression of intensity and duration. No movement of head.
3 - Low Level Stress	3 - Sport-specific skills with no cognitive burden	Sport-specific drills that involve gradual progression of head movements while maintaining intensity & duration achieved in previous stage.
4 - Intermediate Stress	4 - Added visual tracking & cognitive burden	Continue sport specific drills with additional visual tracking and cognitive components. Light resistance training including floor and body weight exercises.
5 - Submaximal Stress	5 - Near normal participation	Heavy resistance training with Valsalva. Full participation in controlled-risk, non-contact practices.
6 - Full Activity	6 - Unrestricted participation	Full participation in sports.





Once the athlete has been returned to competition, the CMO, CT, and Chef de Mission shall be notified of this change in status, which can also be noted in the EMR being utilized. It is also important to include the details of the concussion in the Athlete Exit Medical Letter to ensure communication with the home institution, adequate follow up care and ongoing management once the athlete returns home.





SECTION 3

TEAM CANADA

CONCUSSION ALGORITHM

