



Eastern Shore Hockey Association

www.eastonhockey.org

Concussion Protocol

- A concussion is a traumatic brain injury- ***there is no such thing as a minor brain injury.*** A player does not have to be “knocked-out” to have a concussion- *less than 10% of players actually lose consciousness.*
- A concussion can result from a blow to head, neck or body. Concussions often occur to players who don't have or have just released the puck, from open-ice hits, unanticipated hits, and illegal collisions.
- The youth hockey player's brain is more susceptible to concussion. In addition, the concussion in a young athlete may be harder to diagnose, involves a longer recovery period than an adult, and is more likely to recur and be associated with serious long-term effects.

Diagnosis

Players, coaches, parents and health care providers should be able to recognize the symptoms and signs of a concussion:

Symptoms

- Headache
- Nausea
- Poor balance
- Dizziness
- Double vision
- Blurred vision
- Poor concentration
- Impaired memory
- Light Sensitivity
- Noise Sensitivity
- Sluggish
- Foggy
- Groggy
- Confusion

Signs

- Appears dazed or stunned
- Confused about assignment
- Moves clumsily
- Answers slowly
- Behavior or personality changes
- Unsure of score or opponent
- Can't recall events after the injury
- Can't recall events before the injury

Management Protocol

1. If the player is unresponsive- call for help & dial 911
2. If the athlete is *not breathing*: start CPR
 - DO NOT move the athlete
 - DO NOT remove the helmet
 - DO NOT rush the evaluation
3. Assume a neck injury *until proven otherwise*
 - DO NOT have the athlete sit up or skate off until you have determined:
 - no neck pain
 - no pain, numbness or tingling
 - no midline neck tenderness
 - normal muscle strength
 - normal sensation to light touch
4. If the athlete is conscious & responsive without symptoms or signs of a neck injury...
 - help the player off the ice to the locker room
 - perform an evaluation
 - do not leave them alone
5. Evaluate the player in the locker room:
 - Ask about concussion **symptoms** (How do you feel?)
 - Examine for **signs**
 - Verify **orientation** (What day is it?, What is the score?, Who are we playing?)
 - Check **immediate memory** (Repeat a list of 5 words)
 - Test **concentration** (List the months in reverse order)
 - Test **balance** (have the players stand on both legs, one leg and one foot in front of the other with their eyes closed for 20 seconds)
 - Check **delayed recall** (repeat the previous 5 words after 5-10 minutes)
6. A player with any symptoms or signs, disorientation, impaired memory, concentration, balance or recall has a concussion.

“When in doubt, sit them out”

- Remove immediately from play (training, practice or game)
- Inform the player’s parents
- Refer the athlete to a qualified health-care professional
- Medical clearance is required for return to play

7. If any of the signs or symptoms listed below develop or worsen: go to the hospital emergency department or dial **911**.

- Severe throbbing headache
- Dizziness or loss of coordination
- Memory loss or confusion
- Ringing in the ears (tinnitus)
- Blurred or double vision
- Unequal pupil size
- No pupil reaction to light
- Nausea and/or vomiting
- Slurred speech
- Convulsions or tremors
- Sleepiness or grogginess
- Clear fluid running from the nose and/or ears
- Numbness or paralysis (partial or complete)
- Difficulty in being aroused

8. An athlete who is *symptomatic* after a concussion requires complete **physical** and **cognitive rest**.

- A concussed athlete should not participate in any physical activity, return to school, play video games or text message if he or she is having symptoms at rest.
- Concussion symptoms & signs *evolve over time*- the severity of the injury and estimated time to return to play are unpredictable.

Return to Play Protocol

Return to play after a concussion follows a step-wise process:

1. No activity, complete rest
 2. Light aerobic activity, exercise such a walking or stationary cycling
 3. Sports specific training- skating
 4. Non-contact training drills
 5. Full-contact training after clearance by a sports medicine professional
 6. Return to competition
- Proceed to the next level only when free of symptoms at the current level
 - If any symptoms or signs occur, drop back to the previous level and progress to the next level again after 24 hours