



CONCUSSION INCIDENT REPORTING FORM

Section 1: General Information

Party Injured: Player Coach Official

Name: _____ DOB: _____

Date of Injury: _____ Association: _____

Division: _____ Level: _____ Game/Practice Location: _____

Injury Description:

Point of Contact: _____ Relation: _____

Contact Email: _____

Head Coach: _____ Email: _____

Section 2: Injury Information

Date of Diagnosis: _____ Physician: _____

Contact: _____

Anticipated Days Missed: _____ Actual Days Missed: _____

General Principles for Recovery:

- ✓ Each stage (including activities and exercises) should be completed without symptom production either during, or following the exercises
- ✓ In the event that symptoms arise with any stage, the injured party MUST return to the previous symptom-free stage. As long as you are able to complete 24 – 48 hours of symptom-free exercises then you may resume the Return to Play protocol with caution



Frequency:

- ✓ Exercise progressions are limited to once daily following a concussion
- ✓ Exceptions will be based on clinical judgement of your supervising health individual. As this is dependent on the severity of injury and duration of symptoms, you may be further limited to exercising on alternate days OR if you have experienced mild injuries with fleeting symptoms, you may be allowed to exercise twice daily.

Duration:

- ✓ The length of time that you are allowed to exercise is variable and dependent on which stage you are in, and increases as you recover.

Rate of Progression:

- ✓ There is no specific timeline for concussion recovery
- ✓ The rate at which the injured party moves through each stage is based on ‘milestones’. For a stage milestone to be reached, **you must be able to successfully complete the activity or exercises symptom-free**

RETURN TO PLAY PROTOCOL

Stage 1: Rest and energy conservation – NO activity (at least 24 hours)
<ul style="list-style-type: none">• AVOID cognitive-heavy activities. Rest your mind, and body (no playing, practicing, studying, or work)• Absolutely no screen time during this stage• AVOID brightly lit spaces or noisy areas if they exacerbate your symptoms• NO physical activity that raise your heart rate above resting rate• This stage is important in allowing your body and brain to heal for recovery and future training
Stage 2: Light aerobic exercise (at least 24 hours)
<ul style="list-style-type: none">• Off-ice activities• Include aerobic activities that require no head movements. This is to indicate that Heart Rate (HR) measurement cause symptoms, rather than head/neck movement• Always begin with light warm-up (stretching/flexibility) for approximately 10 minutes. Only progress through the following substages if you are symptom free• Subject should be supervised by someone who can help monitor signs and symptoms
Stage 3: Sport-Specific Exercise (at least 24 hours)
<ul style="list-style-type: none">• Off-ice activities• NO resistance training• RE-INTRODUCE Ringette specific drills with no “cognitive burden” (i.e. decision-making, pattern recognition).• Always begin with warm-up (stretch/flexibility) for approximately 10 minutes• Increase intensity and workout duration to 20 – 30 minutes• 50 – 60% intensity
Stage 4: Non-contact training drills (at least 24 hours)
<ul style="list-style-type: none">• Establish the capacity for at least 30-minutes daily of sport-specific training that includes decision-making drills, co-ordination of set plays, and bodyweight resistance exercises, but does not exacerbate symptoms



- Can begin to incorporate on-ice practice of Ringette skills
- Can begin on-ice activities (i.e. warm-ups etc.)
- Begin resistance training and include exercises to strengthen the neck and core muscles
 - Add 15 minutes per day of body-weight floor exercises such as plank, sit-ups, push-ups, squats, seated stability exercises on BOSU
- DO NOT HOLD BREATH

PROCEED TO STAGE 5 ONLY AFTER YOU HAVE BEEN CLEARED BY A MEDICAL PROFESSIONAL (*attach medical clearance with submission of this form*)

Stage 5: Full contact practice (*at least 24 hours*)

- Establish freedom of symptoms in situations that stimulate all aspects of normal training, EXCEPT for the risk of collision
- Drills with increased complexity simulating game-specific situations
- Resistance training may now use additional weights or machines
- If subject is still experiencing symptoms, return to rest until they have cleared.
- If symptoms persist, consult a physician

Stage 6: Return to Ringette!

*Acknowledgement: Montreal Children's Hospital "Return To Hockey Following A Concussion"

*McCrorry P, Meeuwisse W, Johnston K et al. Consensus Statement on Concussion in Sport: The 4th International Conference on Concussion in Sport Held in Zurich, Nov. 2012. British Journal of sports medicine 2013 47: 250-258

*All information collected on this form of a personal nature is strictly confidential and will only be shared as per RO Privacy Policy Guidelines