

## Rowan's Law Day

In honour of the memory of Rowan Stringer, "**Rowan's Law Day**" is commemorated on the last Wednesday in September to raise awareness about concussions and concussion safety. The first Rowan's Law Day is **September 26, 2018**.

### About Rowan Stringer

Rowan Stringer was a 17-year-old Ottawa rugby player who died tragically in spring 2013 from a condition known as **second impact syndrome (catastrophic swelling of the brain)**. In Rowan's case, she experienced three head injuries in six days while playing rugby. She was concussed but didn't know that her brain needed time to heal. Her parents, her teachers and her coaches had no idea that there was a problem.



### Rowan's Law (Concussion Safety), 2018

On March 7, 2018, Ontario passed **Rowan's Law (Concussion Safety), 2018**. This new legislation is intended to protect amateur athletes by improving concussion safety on the field and at school.



For more information, please visit:

[www.mtc.gov.on.ca/en/sport/rowans\\_law\\_day.shtml](http://www.mtc.gov.on.ca/en/sport/rowans_law_day.shtml)

### ADDITIONAL RESOURCES:

#### Parachute Canada

<http://www.parachutecanada.org/injury-topics/item/concussion>

#### The Sport Information Resource Centre (SIRC)

<https://sirc.ca/concussion>

#### The Ontario Physical and Health Education Association (Ophea)

<http://safety.ophea.net/concussions>

#### Ministry of Tourism, Culture and Sport

[www.mtc.gov.on.ca](http://www.mtc.gov.on.ca)



# Concussion Fact Sheet



## CONCUSSION FACTS

- A concussion can occur from a **blow to the head or body** that causes the brain to move rapidly back and forth within the skull.
- A concussion is a brain injury that **causes changes in how the brain works**.
- Though concussions are common sport injuries, particularly among children and youth, the **sometimes subtle symptoms of a concussion may go unnoticed**.
- If a concussion goes undetected and untreated, an individual is at risk of developing **more severe, longer-lasting concussion symptoms**, as well as an **increased risk for sustaining other injuries**.



## CONCUSSION SYMPTOMS

**Concussion symptoms** vary from person to person and can appear immediately, or days later. Common symptoms include:



### PHYSICAL

- Headaches
- Nausea or vomiting
- Dizziness or blurred vision
- Seizure or convulsion
- Balance problems
- Sensitivity to light and noise
- Loss of consciousness
- Neck pain
- Pressure in the head
- Fatigue or low energy
- Drowsiness
- Sleeping more or less than usual
- Difficulty falling asleep and staying asleep



### COGNITIVE

- Difficulty thinking and foginess
- Feeling slowed down
- Difficulty remembering
- Difficulty concentrating
- Confusion
- Amnesia



### EMOTIONAL

- Irritable
- “Don’t feel right”
- Feeling like in a fog
- Nervous or anxious
- More emotional—sadness, anger or frustration



### Call 9-1-1 if symptoms include:

- Neck pain
- Repeated vomiting
- Deteriorating conscious state or unconsciousness
- Unusual behavior change
- Increasing confusion or irritability
- Seizure or convulsion
- Severe or increasing headache
- Double vision
- Weakness or tingling/ burning in the arms or legs

## WHAT TO DO

1

### Tell Someone

Tell a coach, parent, or teacher if you think you or someone you know may have a concussion.

2

### Stop Playing or Practicing

Stop playing or practicing. Playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery and a delay in an athlete’s return to play.

A repeat concussion in an athlete can result in permanent damage to the brain. It can even be fatal.

3

### Seek Medical Attention

Anyone with a suspected concussion should seek medical attention immediately. Go to a walk-in clinic, a doctor or a hospital’s emergency room.

If an athlete is unconscious, call an ambulance. **Do not** move the athlete or remove any equipment, such as a helmet, in case there is a spinal injury.

## Questions To Ask About Concussions

### If you’re:

- **AN ATHLETE** and you suspect a concussion, ask your health care professional for a recovery plan that you can follow.
- **A PARENT/GUARDIAN**, ask your child’s sport club about their concussion prevention and management policies.
- **A COACH**, ask your organization about potential concussion training available to you.
- **AN EDUCATOR**, ask your principal about your school board’s concussion policy.



## 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 child may think and remember things, and can cause a variety of symptoms.

## What are the signs and symptoms of a concussion?

**Your child does not need to be knocked out (lose consciousness) to have had a concussion.** Your child might experience one or more of the following:

Thinking Problems	Child's Complaints	Other Problems
<ul style="list-style-type: none"> <li>• Does not know time, date, place, details about a recent activity</li> <li>• General confusion</li> <li>• Cannot remember things that happened before and after the injury</li> <li>• Knocked out</li> </ul>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Dizziness</li> <li>• Feels dazed</li> <li>• Feels “dinged” or stunned; “having my bell rung”</li> <li>• Sees stars, flashing lights</li> <li>• Ringing in the ears</li> <li>• Sleepiness</li> <li>• Loss of vision</li> <li>• Sees double or blurry</li> <li>• Stomachache, stomach pain, nausea</li> </ul>	<ul style="list-style-type: none"> <li>• Poor co-ordination or balance</li> <li>• Blank stare/glassy-eyed</li> <li>• Vomiting</li> <li>• Slurred speech</li> <li>• Slow to answer questions or follow directions</li> <li>• Easily distracted</li> <li>• Poor concentration</li> <li>• Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily)</li> <li>• Not participating well</li> </ul>

It is harder for infants, toddlers, and preschoolers to communicate how they are feeling. If you have a young child, you might notice any of the following: crying more than usual; unsteady walking; lack of interest in favourite toys; changes in nursing, eating or sleeping patterns; or loss of new skills, such as toilet training.

**Get medical help immediately if your child 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., a ball to the head, colliding with another person).

## What should I do if I suspect my child has a concussion?

**In all suspected cases of concussion, your child should stop the activity right away.** Continuing increases their risk of more severe, longer-lasting concussion symptoms, as well as increases their risk of other injury.

The Concussion Recognition Tool 5 (CRT5) can be used by anyone to help recognize the signs and symptoms of a possible concussion.

Your child should not be left alone and should be seen by a doctor as soon as possible that day.

If your child loses consciousness, call an ambulance to take them to the hospital right away. Do not move your child or remove any equipment such as a helmet.

Your child should not return to play the same day.

## How long before my child gets better?

The signs and symptoms of a concussion often last for one to four weeks but may last longer. In some cases, children may take many weeks or months to heal. If your child has had a concussion before, they may take longer to heal.

If your child'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 don't worsen symptoms. A medical doctor, preferably one with experience managing concussions, should be consulted before beginning step-wise Return-to-School and Return-to-Sport Strategies.

As your child is recovering from concussion, they should not do any activities that may make their symptoms worse. This might mean limiting activities such as riding their bike, play wrestling, reading, working on the computer or playing video games.

Recovering from concussion is a process that takes patience. If your child goes back to activities before they are ready, it is likely to make their symptoms worse, and their recovery might take longer.

## When should my child go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible. If your child is diagnosed with a concussion, the doctor should schedule a follow-up visit within the next one to two weeks.

Take your child 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 my child return to school?

Your child may find it hard to concentrate in class, may get a worse headache, or feel sick to their stomach. Your child should stay home from school if being in class makes their symptoms worse. Once they feel better, they can try going back to school

part time to start (i.e., for half days) and if they are OK with that, then they can go back full time.

On average, children with concussion miss one to four days of school. Each concussion is unique, so your child may progress at a different rate than others.

The Return-to-School Strategy provides information on the stages of returning to the classroom. Return to school must come before full return to sport.

## When can my child return to sport and physical activity?

It is very important that your child does not go back to full participation in sport if they have any concussion signs or symptoms. Return to sport and physical activity must follow a step-wise approach.

In this approach:

- Each stage is at least 24 hours.
- Your child moves on to the next stage when they can tolerate activities without new or worsening symptoms.
- If any of your child's symptoms worsen, they should stop and go back to the previous stage for at least 24 hours.

**Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity** can begin, as long as these don't worsen symptoms. Your child 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. Your child shouldn't do any heavy lifting or resistance training (e.g., bodyweight exercises, weight training).

**Stage 3: Individual physical activity with no risk of contact** for 20 to 30 minutes. Your child can participate in simple, individual activities, such as

going for a walk at recess or shooting a basketball. Your child shouldn't do any resistance training.

**Stage 4: Begin practising with no contact** (no checking, no heading the ball, etc.). Add in longer and more challenging physical activity. Start to add in resistance training (if appropriate for your child).

**Get clearance from a doctor before moving on to Stages 5 and 6.**

**Stage 5: Participate in practice with contact**, if your child plays a contact sport.

**Stage 6: Full game play or competition.**

The Return-to-Sport Strategy provides more information on the stages of returning to sport.

## Your child should not return to sport until cleared by a doctor!

Returning too soon before full recovery from concussion puts your child at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

## Additional Resources

Available at [parachute.ca/concussion](https://parachute.ca/concussion):

- Return-to-School Strategy
- Return-to-Sport Strategy
- Canadian Guideline on Concussion in Sport
- Concussion: Baseline Testing

# CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults



## RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

### STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

#### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.
- Assessment for a spinal cord injury is critical.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

### STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- Facial injury after head trauma

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### STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Feeling like "in a fog"
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down

### STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

### Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

**ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE**

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## ONTARIO BASKETBALL CONCUSSION POLICY AND CODE OF CONDUCT

This Concussion Policy and Code of Conduct was developed in collaboration with the Concussion Centre at Holland Bloorview Kids Rehabilitation Hospital, Ontario Physical and Health Education Association and the Coaches Association of Ontario.

### **Purpose**

The purpose of this Concussion Policy and Code of Conduct is to increase education and awareness for coaches, parents/guardians, players, officials, managers and other team or club members on the signs and symptoms of concussion and the specific protocols for managing concussion in Ontario Basketball (OBA) sanctioned activities. This Concussion Policy and Code of Conduct aims to 1) ensure that players with a suspected concussion are removed-from-sport and seek medical assessment and 2) all players with a suspected and/or diagnosed concussion do not participate in OBA sanctioned activities before medically cleared to return to basketball.

### **Jurisdiction**

This Concussion Policy and Code of Conduct applies to coaches and team trainers of all OBA sanctioned teams, to athletes participating in all OBA sanctioned activities, and to parents/guardians of participants.

### **Concussion awareness resources and education:**

#### *Coaches, Team Trainers*

Every **coach and team trainer** of every OBA sanctioned team and program is responsible for:

- a) Reviewing annually (and confirming such review as required by OBA) the concussion awareness resources available from the Ontario Ministry of Tourism, Culture and Sport website (MTCS); and
- b) Reviewing annually (and confirming such review as required by OBA) this Concussion Policy and Code of Conduct annually and implementing it in all OBA sanctioned activities. Any changes to this Concussion Policy and Code of Conduct will be highlighted and communicated prior to the start of a season.

#### *Participants*

Every participant in an OBA sanctioned activity is responsible for:

- a) Confirming annually as required by OBA their review of the concussion awareness resources available from the Ontario Ministry of Tourism, Culture and Sport website; and
- b) Confirming annually as required by OBA their review of this Concussion Policy and Code of Conduct.

If a participant is under 18 years of age, the parents/guardians of such participant is also responsible for a) and b) above.

### **Concussion Prevention**

OBA-sanctioned games follow the most current version of the Official Basketball Rules adopted by the International Basketball Federation (FIBA). Officials are responsible for ensuring participant safety during games through appropriate application of FIBA Rules in situations including but not limited to playing surface, equipment, player injury, fouls, violence, and unsportsmanlike conduct.

In addition to in-game sanctions administered by officials, participants who engage in unsafe and/or violent behaviour may be subject to further discipline through OBA's Fair Play Committee, as outlined in OBA Fair Play Policies and Procedures and Schedules A and B thereto.

## Code of Conduct

Each athlete, parent/guardian of an athlete who is under 18 years of age, coach and team trainer hereby commits to the following:

1. Fair play and respect for all;
2. Concussion recognition and reporting, including self-reporting of possible concussion and reporting to a head coach when an individual suspects that another individual may have sustained a concussion;
3. Supporting the Return-to-Basketball Protocol; and

Each athlete, and parent/guardian of an athlete who is under 18 years of age also hereby commits to sharing any pertinent information regarding incidents or a removal from sport with the athlete's school and any other sport organization with which the athlete has registered.

Each coach hereby commits to providing opportunities before and after each training, practice and competition to enable athletes to discuss potential issues related to concussions.

## Annual Evaluation of Concussion Policy and Code of Conduct

OBA will evaluate the effectiveness of this Concussion Policy and Code of Conduct and its implementation annually and make changes as necessary.

## OBA CONCUSSION RECOGNITION & REMOVAL-FROM-BASKETBALL AND RETURN-TO-BASKETBALL PROTOCOLS

### STEP 1: RECOGNITION

#### *Recognizing a suspected concussion and removal from basketball*

- a) What is a concussion?** A concussion is a traumatic brain injury caused by a blow to the head, face or neck or to another part of the body that causes the brain to move inside the skull and results in changes to how the brain functions. A concussion is a serious injury that can have significant impact on a person's cognitive, physical and emotional functioning. A concussion is different from most other injuries because there are not always observable signs that a concussion has occurred and symptoms may not appear immediately after the impact. Additionally, a concussion cannot be seen on X-rays, standard CT scans or MRIs.
- b) When should a concussion be suspected?** All players who experience any reported concussion signs and symptoms (*Figure 1*) or visual/observable symptoms (*Figure 2*) following a blow to the head or another part of the body is considered to have a suspected concussion and must stop participation in the OBA sanctioned activity immediately. Symptoms of concussion typically appear immediately but may be delayed and evolve within the first 24-48 hours.
- c) What is considered an OBA sanctioned activity?**
  - i. Competing in OBA league or cup matches
  - ii. OBA sanctioned competition
  - iii. Any team coach-supervised training
- d) A suspected concussion can be recognized in three ways:**
  - i. Reported signs and symptoms by a player— even if only one symptom (*Figure 1*)
  - ii. Visual/observable signs and symptoms from any team official (*Figure 2*)
  - iii. Peer-reported signs and symptoms from players, parents, and team officials (*Figure 1 and 2*)
  - iv. If a player experiences a sudden onset of any of the "red flag symptoms", 911 should be called immediately (*Figure 3*). As well, in *any* situation, the head coach must call 911 if, in the head coach's opinion, doing so is necessary. If in doubt, sit them out.

**Figure 1: REPORTED CONCUSSION SIGNS & SYMPTOMS**

Headache	Feeling mentally foggy	Sensitive to light
Nausea	Feeling slowed down	Sensitive to noise
Dizziness	Difficulty concentrating	Irritability
Vomiting	Difficulty remembering	Sadness



Visual problems	Drowsiness	Nervous/anxious
Balance problems	Sleeping more/less than usual	More emotional
Numbness/tingling	Trouble falling asleep	Fatigue

### Figure 2: VISUAL/OBSERVABLE SYMPTOMS

Lying down motionless on the playing surface
Slow to get up after a direct or indirect hit
Disorientation or confusion, or an inability to respond appropriately to questions
Blank or vacant look
Balance, gait difficulties, motor incoordination, stumbling, slow labored movements
Facial injury after head trauma

### Figure 3: RED FLAG SYMPTOMS

Neck pain or tenderness	Loss of consciousness
Double vision	Deteriorating conscious state
Weakness/tingling/burning in arms or legs	Vomiting
Severe or increasing headache	Increasing restless, agitated or combative
Seizure or convulsion	Focal neurologic signs (e.g. paralysis, weakness, etc.)
<b>In any situation, the head coach must call 911 if, in the head coach's opinion, doing so is necessary. If in doubt, sit them out.</b>	

**Note:** The [Concussion Recognition Tool 5](#) is valuable for all first responders in recognizing suspected concussion and responding to more severe brain injury or potential neck injury. In any situation, the head coach must call 911 if, in the head coach's opinion, doing so is necessary. If in doubt, sit them out.

## STEP 2: REMOVAL-FROM-BASKETBALL PROTOCOL

### Ensuring immediate and safe removal of a suspected concussion from activity

- a) **Who is responsible for removal from play?** If a suspected concussion occurs, head coaches are to remove players with a suspected concussion from participation in the basketball activity immediately. However, all team officials (head coach, assistant coach, trainer, manager, assistant manager, match officials or executive member) hold a responsibility to recognize the signs and symptoms of concussion, and report the suspected concussion to the head coach. If there is doubt whether a concussion has occurred, it is to be assumed that it has and the player is to be removed from play. **If in doubt, sit them out.** As well, if an athlete is under 18 years of age, the parents/guardians of such athlete must be informed of the removal.

**Note:** When present and hired by OBA to do so, healthcare professionals may complete sideline assessment and be the primary person responsible for Removal-from-Basketball (Step 2) and use clinical tools (i.e. Child SCAT5 or SCAT 5) to document initial neurological status. However, these tools should not be used to make Return-to-Basketball decisions, and every player with a suspected concussion must be referred to a medical doctor (Step 4) and must not return to the activity until medically cleared to do so in accordance with the Return-to-Basketball Protocol.

- b) **Monitoring the player:** Head coaches are responsible for ensuring the player with a suspected concussion is monitored until a parent/guardian is contacted, informed of the removal, and on-site. Players with a suspected concussion should not be left alone or drive a motor vehicle.
- c) **Red Flag Symptoms:** If there are any red flag symptoms or a neck injury is suspected, or in any situation where, in the head coach's opinion, doing so is necessary, activate your Emergency Action Plan and call 911 immediately. The player should not be moved and should only be removed from the play by emergency healthcare professionals with appropriate spinal care training. More severe forms of brain injury may be mistaken for concussion. If any of

the red flags symptoms (*Figure 3*) are observed or reported within 48 hours of an injury or in *any* situation where, in the head coach's opinion, doing so is necessary, the player should be transported for urgent medical assessment at the nearest emergency department.

### STEP 3: REPORTING A SUSPECTED CONCUSSION AND REFERRING FOR MEDICAL ASSESSMENT

#### *Completing and submission of the suspected concussion report form*

- a) **Completion of the *Suspected Concussion Report Form*:** Head coaches are responsible for completing the *Suspected Concussion Report Form* immediately after a concussion is suspected. The form is available at <https://basketball.on.ca/coaching/concussion-resources/>.
- b) **Submission of the *Suspected Concussion Report Form*:** Head coaches must provide copies of the *Suspected Concussion Report Form* to:
  - i. The individual's parents/guardian to bring to their medical appointment
  - ii. The member club's administrator
  - iii. To Ontario Basketball (within 24 hours of completing the form)
- c) **Referring for medical assessment:** Head coaches are also to recommend to the player's parent/guardian that they see a **medical doctor or nurse practitioner** immediately. Players with suspected concussions may not return to any Ontario Basketball activity until they've received medical assessment and submitted necessary documentation (see steps 4 & 5).

### Step 4: INITIAL MEDICAL ASSESSMENT

#### *Assessment and diagnosis by a medical doctor (MD) or nurse practitioner (NP)*

- a) **Head coach: Additional Immediate Responsibilities:** The **head coach** is also responsible for:
  - a. advising the athlete (or, if the athlete is under 18 years of age, the athlete's parent/guardian) that the athlete is required to undergo a medical assessment by a physician or a nurse practitioner before the athlete will be permitted to return to training, practice or competition in accordance with the Return-to-Basketball Protocol; and
  - b. providing the athlete (or, if the athlete is under 18 years of age, the athlete's parent/guardian) a copy of this Concussion Policy and Code of Conduct as soon as practicable after the athlete is removed from further practice, training or competition.
- b) **Seeking medical assessment:** If a player has been deemed to have had a suspected concussion, it is the parent/guardian's responsibility to take the player to see a **medical doctor or nurse practitioner** immediately.
- c) **Required type of initial medical assessment:** In order to provide comprehensive evaluation of players with a suspected concussion, the medical assessment must rule out more serious forms of traumatic brain injury and spine injuries. Assessment must rule out medical and neurological conditions that can present with concussion-like symptoms and must make the diagnosis of concussion based on findings of the clinical history and physical examination and the evidence-based use of adjunctive tests as indicated. In addition to **nurse practitioners** the types of **medical doctors** that are qualified to evaluate patients with a suspected concussion include: **family physician, pediatrician, emergency room physician, sports-medicine physician, neurologist or internal medicine and rehabilitation (physiatrists)**. Documentation from any other source will not be acceptable.

### STEP 5: MEDICAL DIAGNOSIS

#### *Submission of medical documentation of concussion diagnosis*

- a) **If a medical doctor / nurse practitioner determines that the player with a suspected concussion did not have a concussion:**
  - i. Parent/guardian must take the written documentation from the medical doctor/nurse practitioner (highlighting that the player did not have a concussion), and provide this documentation to their head coach.
  - ii. It is the responsibility of each parent/guardian to submit all documentation to their head coach before the player is permitted to return to a full contact practice and/or game play in an OBA sanctioned activity. Parents/guardians must send documentation at **least 24 hours before** the next game or practice, not the day of. Head coaches will not allow return until this has been received.

- iii. The head coach must send all such documentation immediately through Smartsheet (process available online at <https://basketball.on.ca/coaching/concussion-resources/>).
- iv. Parent/guardian should continue to monitor the player for at least **24-72 hours** after the event, as signs and symptoms may take hours or days to appear.
- v. Head coaches have the right to refuse a player to return to any OBA sanctioned activity if they deem the player unfit to do so.

**b) If a medical doctor/nurse practitioner determines that the player with a suspected concussion does have a concussion:**

- i. Parent/guardian must take the written documentation from the medical doctor/nurse practitioner (highlighting that the player has been diagnosed with a concussion) to their head coach.
- ii. The head coach must send all such documentation immediately through Smartsheet (process available online at <https://basketball.on.ca/coaching/concussion-resources/>).
- iii. When the Medical Assessment Letter indicates a concussion has occurred, the participant must complete each stage of the Return-to-Basketball Protocol (*Figure 4*). An initial period of 24 to 48 hours of both relative physical rest and cognitive rest is recommended before beginning the Return-to-Basketball Protocol (*Figure 4*).

**Note:** Written documentation by medical doctor or nurse practitioner may be provided in any format from medical assessment. A recommended [Medical Assessment Letter](#) template can be found in Parachute’s Canadian Guideline for Concussion in Sport.

## STEP 6: CONCUSSION MANAGEMENT

### *Initial recovery and management*

An initial period of 24-48 hour of rest is recommended before starting the Return-to-Basketball Protocol. For management strategies, refer to the [Concussion Handbook from Holland Bloorview Kids Rehabilitation Hospital](#) and review the recommended resources on the [Ontario Basketball website](#). Children and adolescents should not Return-to-Basketball until they have successfully returned to a full school schedule and workload. However, early introduction of symptom-limited physical activity is appropriate.

Most players who sustain a concussion while participating in sport will make a complete recovery and be able to return to full school and sport activities within 4 weeks of injury. However, approximately 15-30% will experience symptoms that persist beyond that timeframe. If available, players who experience persistent concussion symptoms for longer than four weeks may benefit from a referral to a medically-supervised multidisciplinary concussion service.

## STEP 7: RETURN-TO-BASKETBALL AND MEDICAL CLEARANCE

### *OBA Return-to-Basketball Protocol (see also Figure 4 below)*

- a) After an initial period of **24-48 hour of rest**, the player with a concussion must complete each stage of the *Return-to-Basketball Protocol (Figure 4)*.
- b) Parent/guardian and the player are responsible to ensure that each stage of the *Return-to-Basketball Protocol (Figure 4)* is followed appropriately. Players must be able to participate in each stage’s activities for a **minimum of 24 hours without experiencing symptoms during or after the activities before moving onto the next stage**.
- c) If the player experiences onset or worsening of symptoms during or after the activities in any stage, the player should stop that activity and return to the previous successful stage as tolerated.
- d) Once Stages 1-4 of the *Return-to-Basketball Protocol (Figure 4)* have been completed, the player must receive **medical clearance** to proceed to *Stage 5: Full contact practice with team (i.e. unrestricted practice)*. A player is not permitted to return to *Stage 5: Full contact practice with team (i.e. unrestricted practice)* or *Stage 6: Game Play* until written permission by a medical doctor/nurse practitioner. In addition to **nurse practitioners** the types of medical doctors that are qualified to support medical clearance for concussion include: **family physician, pediatrician, sports-medicine physician, neurologist or internal medicine and rehabilitation (physiatrists)**. **Documentation from any other source will not be acceptable.**

- e) Once medical clearance for *Stage 5: Full contact practice with team (i.e. unrestricted practice)* is obtained, the parent/guardian must take the written clearance from the medical doctor/nurse practitioner (highlighting player is safe to return to full team practice and game play) and provide the written clearance from the medical doctor/nurse practitioner to the head coach and the member club administrator before the player is permitted to return to a *Stage 6: Return to competition*. (See *Figure 4 below*.)
- f) The head coach must submit the written clearance from the medical doctor/nurse practitioner immediately through Smartsheet (process available online at <https://basketball.on.ca/coaching/concussion-resources/>).
- g) The player should not progress to game play until they have regained their pre-injury skill-level and is confident in their ability to return to activity.
- h) Head coaches have the right to refuse a player to return to any OBA-sanctioned activity if they deem the player unfit to do so.

#### Figure 4: Return-to-Basketball Protocol<sup>1</sup>

This Return-to-Basketball Protocol applies in circumstances where the either a head coach, a member club or OBA becomes aware that one of its athletes has sustained a concussion or is suspected of having sustained a concussion, regardless of whether or not the concussion was sustained or is suspected of having been sustained during a basketball activity.

An athlete who is diagnosed by a physician or nurse practitioner as having a concussion must proceed through the graduated return-to-sport steps that are set out in this Protocol.

Each head coach is responsible for ensuring that an athlete who has sustained a concussion or is suspected of having sustained a concussion does not return to training, practice or competition until permitted to do so in accordance with this Return-to-Basketball Protocol.

Stage	Activity	Guidelines
0	Rest	<ul style="list-style-type: none"> <li>• Initial mental and physical rest for 24-48 hours</li> </ul>
<p><b>Requirement:</b> Any athlete who is diagnosed by a physician or nurse practitioner as having a concussion must not be permitted to return to training, practice or competition unless the athlete (or if the athlete is under 18 years of age, the athlete’s parent/guardian) has shared the medical advice or recommendations they received (if any) with the head coach.</p>		
<p><b>Requirement:</b> The head coach must inform an athlete who has been diagnosed as having a concussion or, if the athlete is under 18 years of age, the athlete’s parent/guardian of the importance of disclosing the diagnosis to any other sport organization with which the athlete is registered or school that the athlete attends.</p>		
1	Light aerobic exercises  50% effort	<ul style="list-style-type: none"> <li>• <b>No contact</b></li> <li>• 5–10 minute warm up (stretching/flexibility)</li> <li>• 15–20 minute cardio workout, which can include: stationary bicycle, elliptical, treadmill, fast-paced walking, light jogging, rowing or swimming</li> </ul>
2	Basketball-specific skill work done individually  50-60% effort	<ul style="list-style-type: none"> <li>• <b>No contact</b></li> <li>• 5–10 minute warm up (stretching/flexibility)</li> <li>• Increase intensity and duration of cardio workout to 20–30 minutes</li> <li>• Begin basketball-specific skill work: Footwork drills for offense and defense, individual ball handling, dribbling, and shooting drills</li> </ul>
3	Basketball-specific skill work done in controlled practice environment (1:1 with a teammate)  75-90% effort	<ul style="list-style-type: none"> <li>• <b>No contact</b></li> <li>• Increase duration of session to 60 minutes</li> <li>• Begin resistance training including neck and core strengthening exercises</li> </ul>

		<ul style="list-style-type: none"> <li>• Begin passing and shooting drills with a partner</li> <li>• Begin walk-throughs of offensive and defensive plays</li> </ul>
4	<p>Basketball-specific skill work and team drills done at practice</p> <p>75-90% effort</p>	<ul style="list-style-type: none"> <li>• <b>No contact. No scrimmages.</b></li> <li>• Resume pre-injury duration of practice and team drills</li> <li>• Practice team passing, shooting drills, and individual defensive skills</li> <li>• Begin fast-break drills, 3-on-2/2-on-1's and shell drills with no contact</li> <li>• Continue with walk-throughs and run-throughs of offensive patterns and plays with no contact</li> <li>• Practice defensive coverage with no contact</li> <li>• Review box-out and screening techniques.</li> </ul>
<b>Note: Medical clearance letter from a medical doctor or nurse practitioner required before proceeding to Stage 5</b>		
<p><b>Requirement:</b> The athlete or, if the athlete is under 18 years of age, the athlete's parent/guardian must provide a confirmation of medical clearance by a physician or nurse practitioner to the head coach and the member club administrator before proceeding to Stage 6. The head coach must send the confirmation of medical clearance immediately through Smartsheet (process available online at <a href="https://basketball.on.ca/coaching/concussion-resources/">https://basketball.on.ca/coaching/concussion-resources/</a>).</p>		
5	<p>Full team practice with contact (i.e. unrestricted practice)</p> <p>90-100% effort</p>	<ul style="list-style-type: none"> <li>• <b>Contact allowed. Scrimmages allowed.</b></li> <li>• Coaches make sure that the player has regained his/her pre-injury skill-level.</li> <li>• The child or teen is confident in his/her ability to return to activity.</li> </ul>
6	<p>Return to competition</p> <p>100% effort</p>	<ul style="list-style-type: none"> <li>• Full participation in practices and competitions</li> <li>• 100% intensity</li> </ul>

*Montreal Children's Hospital. 3rd Edition Concussion Kit 2018.*

### Return-to-School

Concussions can have a significant impact on children and youth's cognitive, physical and emotional abilities. Consequently, a return-to-school (or "return-to-learn") plan may be necessary for some players. These players should consult a qualified medical professional to develop a personalized return-to-school plan.

**Note:** *Players should not return to full sport participation until they have successfully returned to full school schedule and workload.*

### Special Considerations

This Concussion Policy and Code of Conduct aims to 1) ensure that players with a suspected concussion are removed from-basketball and seek medical assessment and 2) all players with a suspected and/or diagnosed concussion do not participate in OBA sanctioned activities before medically cleared to do so. The above steps relate most directly to a player who sustains a concussion during an OBA sanctioned activity and this injury is identified immediately. Not all concussions will be identified immediately and not all concussions will take place during an OBA sanctioned activity. Two alternative scenarios are presented below:

**Scenario 1:** A suspected concussion from an OBA sanctioned activity is not identified and/or reported until days or weeks after the basketball activity. **Action:** Begin at Step 3, "reporting a suspected concussion". Immediately upon the concussion being identified and/or reported to team officials, the head coach is responsible for completing the *Suspected Concussion Report Form*, submitting it to the parent/guardian and to the member club administrator, and recommending that the player see a medical doctor/nurse practitioner immediately. The head coach must also send the form through Smartsheet (process available online at <https://basketball.on.ca/coaching/concussion-resources/>).

**Scenario 2:** A player is diagnosed with a concussion from a non-OBA sanctioned activity (e.g., school, home, other sports).  
**Action:** Begin at Step 5 “medical diagnosis”. The parent/guardian of the player with a concussion is responsible for submitting a Medical Assessment Letter (highlighting that the player has been diagnosed with a concussion) to the head coach and to the member club administrator. The head coach must also send the Medical Assessment Letter through Smartsheet (process available online at <https://basketball.on.ca/coaching/concussion-resources/>). As the concussion did not happen at an OBA sanctioned activity, no *Suspected Concussion Report Form* is needed. The participant must then complete each stage of the Return-to-Basketball Protocol.

**Referring documents and protocol implementation tools**

1. Suspected Concussion Report Form
2. Removal-from-Basketball summary
3. Return-to-Basketball protocol tracking

The reporting for suspected concussions and Return-to-Basketball protocol will be managed through an online platform (through Smartsheet software) and be available at <https://basketball.on.ca/coaching/concussion-resources/>.