



Concussion Policy & Protocols

1.1 Introduction

Calgary Minor Soccer Association (CMSA) encourages all individuals involved in the sport of soccer to educate themselves on the subject of head injuries, including concussions.

CMSA, in partnership with the Sport Injury Prevention Research Centre (SIPRC) located at the University of Calgary, has created a soccer-specific policy and protocols for concussion education, prevention, recognition and management, including return to learn and return to play. CMSA member clubs/organizations are responsible for the implementation, monitoring and enforcement of the policy and protocols with their membership and participants.

Disclaimers:

This policy and the information and protocols contained herein together with any other information communicated or disseminated by CMSA regarding the subject matter hereof are intended to supplement and not replace the concussion policies and protocols of other soccer organizations having jurisdiction over CMSA and its members.

The policy and protocols contained herein are for general informational purposes only. They are not intended to and do not constitute any medical advice and do not and are not intended to contain any medical diagnoses, symptom assessments or medical opinions. None of the information, statements and/or links contained in this policy or on the CMSA website are or are intended to replace the attention, diagnosis and/or instructions from a physician or other medical professional. Any and all medical treatment should be discussed with a physician or other medical professional. All participants in soccer-related activities through CMSA or its member clubs/organizations acknowledge that they accept the risks associated with participation. Participants are responsible for their own behaviour on and off the field.

1.2 SCOPE

The procedures and protocols specified within this Concussion Policy must be followed in circumstances where a player on a CMSA affiliated team has obtained a head injury. In circumstances where a player on a CMSA affiliated team obtains a head injury, a team official, coach, volunteer or other adult representative of CMSA must ensure that these procedures are followed.

1.3 Purpose

This document sets out CMSA's policy and protocols for CMSA member clubs/organizations and participants pertaining to head injury and concussion education, prevention, recognition and management, including return to play, in order to minimize the risks and effects of head injuries,



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including concussions, for participants in minor soccer-related activities planned, operated, and regulated by the CMSA and its member clubs/organizations.

1.4 Concussion Policy

CMSA is committed to maintaining the health and safety of individuals within the communities we serve and believe that participating in soccer-related activities can contribute to improved overall health, fitness and wellbeing. Soccer-related activities, as with most physical, contact sports, have an inherent risk of head injury, including concussion. CMSA recognizes that head injuries and concussions are a

significant public health issue and concern because of their potential for both short- and long-term consequences. CMSA therefore enacts this policy and related protocols as tools to help prevent, recognize and properly treat head injuries, including concussions, which may occur while engaged in soccer-related activities.

CONCUSSION POLICY: When an injury occurs which involves or is suspected to involve a player's head, including but not limited to a concussion, CMSA member clubs/organizations are responsible for ensuring the CMSA concussion policy and protocols are followed for recognition and removal from play, reporting, return to learn and return to play, including securing and providing to the coach of the player's team a signed clearance for return to play from a physician. Parents, coaches, managers, players and other participants must also assume responsibility to educate themselves in this area.

Within this context, CMSA recognizes that the proper care and treatment of a head injury, including concussion, takes precedence over any sport/recreation/work/school activities during the healing process.

Recognizing that the ultimate responsibility for the activities of participants and compliance with CMSA policies and protocols lies with the member clubs/organizations and the players themselves, CMSA will endeavor to have all member clubs/organizations, and their respective participants, adhere to and follow CMSA's concussion-related education, prevention, recognition and removal, return to learn and return to play protocols.



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1.5 Definitions

In this policy,

(a) Concussion means the definition of concussion from the [2012 Zurich consensus statement on concussion in sport](#)¹:

“Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces.” (McCrory et al, 201, page 2, Section 1: sport concussion and its management)

In plain language, a concussion:

- is a **brain injury** that causes changes in how the brain functions, leading to symptoms that can be physical (e.g. headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioral (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- may be caused either by a direct blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull;
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and,
- cannot normally be seen on X-rays, standard CT scans or MRIs.

(b) Suspected Concussion means the recognition that an individual appears to have either experienced an injury or impact that may result in a concussion, or is exhibiting unusual behavior that may be the result of concussion.

1.6 Protocols

a. Education

CMSA expects all individuals involved soccer-related activities organized by CMSA and its member clubs/organizations to educate themselves on the subject of concussions. CMSA will make available via www.calgaryminorsoccer.com, links to educational concussion resources for all member clubs/organizations and participants. These may include, but are not limited to:

- Making Headway in Soccer - NCCP online concussion awareness module



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[Pocket Concussion Recognition Tool](#) – to be used to help identify concussion in children, youth and adults

- Concussion Guidelines for Parents – understand concussions, identify symptoms and actions to take as a parent
- Concussion Guidelines for Coaches – understand concussion, identify symptoms and actions to take as a coach
- Guidelines for Return to Learn – steps to take before returning to school
- Guidelines for Return to Play after a Concussion – steps to take before returning to sports related activity
- Concussions in Soccer – printable soccer specific information brochure prepared in collaboration with SIPRC

CMSA member clubs/organizations will make these resources available to participants and parents.

CMSA member clubs/organizations are required to ensure at least one coach, assistant coach, manager or safety advocate for each team complete the NCCP Concussion Module or the Concussion Awareness and Training Tool (or other equivalent training) prior to commencement of a season, as made available via www.calgaryminorsoccer.com. CMSA requires that at least one trained person be present at each game and / or practice.

B. Prevention

CMSA requires that all soccer activity within our mandate follow the rules of the game as defined by the CMSA and that the rules be consistently enforced in order to effectively ensure safe play. CMSA staff, member clubs/organizations and player participants will behave ethically at all times.

C. Recognition and Removal

The following Recognition and Removal protocol is intended for all participants in CMSA member clubs/organizations to follow in order to identify concussions and ensure a player is removed from play immediately for assessment.

The key to managing concussions is to reduce the chance of making the injury worse or having delayed recovery. To do this, it is necessary to **RECOGNIZE** when a concussion might have occurred and **REMOVE** the involved player from play. Encouraging athletes to report the injury to their coaches, parents and doctor is vital towards identifying suspected concussions.



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The main objective is to recognize when an injury has occurred and remove the involved player from play.

Recognition

Towards recognizing a situation where a concussion may have occurred those present including but not limited to, parents, coaches, trainers, managers, and players should be particularly observant of situations where the following occur:

- A player suffers any type of collision, fall or hit/blow to the head or body
- A player heads the ball improperly
- Two players challenge a ball and collide heads together
- A player is unsuspectingly hit in the head by a ball, player or other object

Towards identifying a situation where a concussion has occurred, the following are typical after contact behaviour:

- Loss of consciousness or responsiveness
- Lying motionless on ground/slow to get up
- Unsteady on feet/balance problems or falling over/incoordination
- Grabbing/clutching of head
- Dazed, blank or vacant look
- Confused/not aware of plays or events

Observation of any and all of the above reactions should have the player removed from play and assessed further.

Removal

A player who has suffered a blow to the head and/or exhibits any of the above after contact behaviour must not be permitted to immediately return to play. If a concussion is suspected, the player must not be permitted to return to play for the remainder of the game and must receive medical clearance prior to returning to play. A concussion should be suspected if any of the following symptoms occur.

- Physical Symptoms – Headache, Blurred vision, Dizziness, Poor Balance, Ringing Ears, Seeing “Stars”, Nausea, Vomiting, Sensitivity to Light, Sensitivity to Noise, Neck Pain
- Cognitive Symptoms – Feeling “Foggy”, Feeling “Slowed”, Poor Memory, Disorientation, Poor Concentration, Easily Distracted, Slowed Speech, Easily Confused
- Emotional Symptoms – Personality change, Nervous/Anxious, More Moody, Irritability, Sadness, Unmotivated.
- Sleep & Energy Symptoms – Fatigue, Excessive Sleep, Trouble falling Asleep, Drowsiness, Sleeping Less.



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D. Reporting

CMSA member clubs/organizations will require each team to designate an individual to fill the role of "Safety Advocate". This person may be a coach, manager, or other volunteer, and will be required to complete the NCCP Concussion module (or other equivalent training).

[Soccer Injury Report Form](#) – This form is required to be completed by the Safety Advocate each time a head injury, including a concussion or a suspected concussion, occurs. The Safety Advocate is responsible for returning the completed form to their Coach (if the Coach is not the Safety Advocate) who in turn will submit it to their member club/organization.

E. Return to Learn

Gradual return to school as tolerated is recommended and **REST AND GRADUAL RETURN TO SCHOOL MUST OCCUR BEFORE** return to play.

CMSA recommends players follow the Alberta Concussion Alliance Return to Learn Guidelines found at www.calgaryminorsoccer.com.

F. Return to Play

Following the standard recovery process, most players are able to return to play in 7-10 days, if the recommended six steps are followed; however, recovery can take **longer for some players**. The following graduated Return to Play Protocol is adapted from the parachutecanada.org *Guidelines for Return to Play after a Concussion* and must be followed by players who have suffered a concussion prior to returning to play.

--- Graduated Return to Play Protocol on the following pages ---

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Graduated Return to Play Protocol

STEP 1: NO ACTIVITY, ONLY COMPLETE REST

Limit school, work and tasks requiring concentration. Refrain from physical activity until symptoms are gone. Once symptoms are gone, a physician, preferably one with experience managing concussions, should be consulted before beginning a step wise return to play process. In the event that symptoms persist for greater than 10 days, consultation with a physician or qualified health care professional with expertise in the area of sport-related concussion should ensue to assist with returning to activity. Complete rest for prolonged periods of time is generally not recommended and thus physician follow-up to identify the most appropriate course of care warranted in cases where symptoms persist for greater than 10 days.

Step 2: LIGHT AEROBIC EXERCISE

Activities such as walking, light jogging or stationary cycling. The player should be supervised by someone who can help monitor for symptoms and signs. No resistance training or weight lifting. Both the duration (start with 10-15 minutes) and intensity of the aerobic exercise should be gradually increased as tolerated provided no symptoms recur.

- **Symptoms?** Return to rest until symptoms have resolved.
- **No Symptoms?** Proceed to **Step 3** the next day

Step 3: SPORT SPECIFIC ACTIVITIES

Sport specific drills without ball (running, change of direction 50-75% speed), juggling, passing, dribbling, change of direction with ball. Total drills not to exceed 20 minutes. There should be no body contact or other jarring motions.

- **Symptoms?** Return to rest until symptoms have resolved. If symptoms persist consult a physician.
- **No Symptoms?** Proceed to **Step 4** the next day.

Step 4: BEGIN DRILLS WITHOUT BODY CONTACT

Full speed practice – non-contact drills only. Strength training may be introduced.

- **Symptoms?** Return to rest until symptoms have resolved. If symptoms persist, consult a physician.



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- **No Symptoms?** The time needed to progress from non-contact exercise will vary with the severity of the concussion and with the player. **Proceed to Step 5 only after medical clearance.**

Medical Clearance for Contact

[Return to Play Form](#) – For any suspected concussion injury, the injured player is required to receive medical clearance prior to returning to play. Until the Return to Play form has been received by the applicable Coach, the player should not be permitted to return to play. Once the Return to Play Form is completed by a physician, the involved player should return the form to their respective Safety Advocate who in turn will submit it to their member club/organization.

Step 5: **BEGIN DRILLS WITH BODY CONTACT**

- **Symptoms?** Return to rest until symptoms have resolved. If symptoms persist, consult a physician.
- **No Symptoms?** Proceed to **Step 6** the next day

Step 6: **GAME PLAY**

Return to normal game play

NOTE: EACH STEP MUST TAKE A MINIMUM OF ONE DAY. If an athlete has any symptoms of a concussion that recur either with activity, or later that day, he/she should stop the activity immediately and rest until symptoms resolve, for a minimum of 24 hours. The athlete should be seen by a physician and medically cleared before starting the return to play protocol again. This protocol must be individualized to the athlete and their specific injury.

[1McCrorry P, Meeuwisse W, Aubry M, Cantu R, Dvorak J, Echemendia RJ, et al. Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012. *British Journal of Sports Medicine* 2013;47:250-58.](#)