



Return To Play

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Return To Play Guidelines After Head Injuries

USA Hockey Safety and Protective Committee
(Summary by Dr. Michael Stuart, Chief Medical Officer, USA Hockey)

The evaluation of an athlete with a suspected concussion should be prompt and thorough. Treatment is individualized according to patient age, concussion history, symptoms, signs and type of sport. All concussed athletes should be cleared for return to play by a sports medicine professional.

Based on the Summary and Agreement Statement of the First International Conference on Concussion in Sport, Vienna 2001 (www.bjsportmed.com <<http://www.bjsportmed.com>>)

Concussion in Sport Group (CISG) Protocol

Acute Response: When a player shows ANY symptoms or signs of a concussion-

- * The player should not be allowed to return to play in the current game or practice.
- * The player should not be left alone; and regular monitoring for deterioration is essential.
- * The player should be medically evaluated after the injury.
- * Return to play must follow a medically supervised stepwise process.
- * A player should never return to play when symptomatic. "When in doubt, sit them out!"

Symptoms

- * unaware of situation
- * confusion
- * amnesia
- * loss of consciousness
- * headache
- * dizziness
- * nausea
- * loss of balance
- * flashing lights
- * ear ringing
- * blurred or double vision
- * vision
- * sleepiness
- * feeling dazed

Signs

- * loss of consciousness
- * altered mental status
- * poor coordination
- * slow to answer
- * poor concentration
- * nausea or vomiting
- * vacant stare
- * slurred speech
- * personality changes
- * inappropriate emotions
- * abnormal behavior

Return to play after a concussion follows a stepwise process:

- * Proceed to the next level if 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
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
