

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

Medical providers may describe a concussion as a “mild” brain injury because concussions are usually not life-threatening. Even so, the effects of a concussion can be serious.

The North Metro Blazer program concussion policy is as follows:

Possible incident

When a player shows any [symptoms or signs of a concussion](#), the following should be applied.

1. The player should not be allowed to return to play in the current game or practice.
2. The parents should be informed of the possible concussion concern.
3. The player should not be left alone, and regular monitoring for deterioration is essential over the initial few hours after injury.
4. The player should be medically evaluated after the injury.
5. Return to play must follow a medically supervised stepwise process.

A player should never return to play while symptomatic. **"When in doubt, sit them out!"**

Return to play protocol

As described above, most injuries will be simple concussions, and such injuries recover spontaneously over several days. In these situations, it is expected that an athlete will proceed rapidly through the stepwise return to play strategy.

During this period of recovery in the first few days after an injury, it is important to emphasize to the athlete that physical and cognitive rest is required. Activities that require concentration and attention may exacerbate the symptoms and as a result delay recovery.

The return to play after a concussion follows a stepped process:

1. No activity, complete rest until all symptoms have resolved. Once asymptomatic, proceed to level 2.
2. Light aerobic exercise such as walking or stationary cycling, no resistance training.
3. Sport specific exercise—for example, skating in hockey, running in soccer; progressive addition of resistance training at steps 3 or 4.
4. Non-contact training drills.
5. Full contact training after medical clearance.
6. Game play.

With this step progression, the athlete should continue to proceed to the next step if there are no symptoms at the current step. If any post-concussion symptoms occur, the patient should drop back to the previous step and try to progress again after 24 hours.

In cases of more severe concussions, the rehabilitation will take more time, and return to play advice will be more circumspect. It is to be understood that severe cases should be managed by doctors with a specific expertise in the management of such injuries.

An additional consideration in return to play is that concussed athletes should not only be symptom-free but also should not be taking any pharmacological agents/drugs that may affect or modify the symptoms of concussion. If antidepressant treatment is started during the management of a severe concussion, the decision to return to play while still receiving such medication must be considered carefully by the Doctors concerned.

For more information please refer to the references listed below and

<https://www.cdc.gov/headsup/index.html>

References:

- Minnesota State High School League concussion guidelines
- CDC Headsup program