EAS | PERFORMANCE

CONCUSSION MANAGEMENT

RETURN TO PLAY GUIDELINES

Six recommended steps, each taking place over a 24-hour period. With a normal recovery that is six days from symptom-limited activity to game clearance.

STEP 1	**SYMPTOM-LIMITED ACTIVITY**	– No activities that raise the heart rate over **125 beats per minute**.
STEP 2	**LIGHT EXERCISE**	– The athlete can begin light exercise such as walking or stationary cycling, for up to **20 minutes**.
STEP 3	**SPORT-SPECIFIC AEROBIC ACTIVITY**	– Sport-specific aerobic activity (e.g. skating, running, swimming). – May participate in team activities. – **No contact** and no high-intensity training.
STEP 4	**NON-CONTACT PRACTICE DRILLS**	– Sport-specific practice drills (e.g. passing, shooting, footwork). – **No contact.** Identify the athlete with a coloured jersey. – Increase cardiovascular activity to include high-intensity training.
STEP 5	**FULL-CONTACT PRACTICE**	– Full contact in practice. – **Clearance from a medical doctor.**
STEP 6	**RETURN TO PLAY**	– Return to play and clearance for game participation.

IF SYMPTOMS SPIKE

If the athlete experiences a significant increase or "spike" in concussion symptoms, they should stop the activity immediately, rest until symptoms improve (minimum of 24 hours), and start again from the same step. Return to play will be individual to the athlete and their injury.

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CONCUSSION MANAGEMENT

RETURN TO LEARN GUIDELINES

Six steps from limited cognitive activity back to a full school workload. The student moves up only when the current step is tolerated.

STEP 1	**LIMIT COGNITIVE AND SOCIAL ACTIVITY**	– Limit cognitive and social activity. This may include absence from school with a physician's note.
STEP 2	**INTRODUCE COGNITIVE ACTIVITY**	– Introduce cognitive activity* as tolerated. General guideline: **15-minute sessions, building to 60 minutes**. – The student may attend school for a portion of the day.
STEP 3	**INCREASE SCHOOL ATTENDANCE**	– Increase school attendance and continue building the duration of cognitive activity.
STEP 4	**BUILD TO A FULL DAY**	– Increased school attendance as tolerated. – Build up to a full day as tolerated. – Implementation of school accommodations.
STEP 5	**FULL DAY OF SCHOOL**	– Full day of school. – Continued implementation of school accommodations.
STEP 6	**FULL-TIME SCHOOL**	– Full-time school. – Resume the full workload and catch up on missed assignments.

IF SYMPTOMS SPIKE

If the student experiences a significant increase or "spike" in concussion symptoms, they should stop the activity immediately, rest until symptoms improve (minimum of 24 hours), and start again from the same step. Recovery will be individual to the athlete and their injury.

***Cognitive activity** includes puzzles, Sudoku, word games, school assignments and tests, reading, texting, video games, computer use, television, and conversations.

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CONCUSSION MANAGEMENT

KNOW THE SYMPTOMS

Concussion symptoms fall into four groups. A spike is any of them getting noticeably worse during a step, or a new one appearing. Ask the athlete, and take the answer at face value.

PHYSICAL

- Headache or pressure in the head
- Neck pain
- Nausea or vomiting
- Dizziness
- Blurred vision
- Balance problems
- Sensitivity to light or noise
- Fatigue or low energy

THINKING

- Feeling slowed down
- Feeling "in a fog"
- Just not feeling right
- Difficulty concentrating
- Difficulty remembering
- Confusion

EMOTIONAL

- More emotional than usual
- Irritability
- Sadness
- Nervousness or anxiety

SLEEP

- Drowsiness
- Trouble falling asleep
- Sleeping more or less than usual

WHAT COUNTS AS A SPIKE

A mild, brief increase during a step is expected and acceptable: no more than 2 points on a 0-to-10 scale, lasting under an hour. Anything more than that, anything that lasts longer, or a symptom that appears for the first time is a spike. Stop the activity, rest for at least 24 hours, and restart the same step once symptoms settle.

GET EMERGENCY CARE FOR ANY OF THESE

- Neck pain or tenderness
- Double vision
- Weakness, tingling, or burning in the arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating consciousness or growing drowsiness
- Repeated vomiting
- Increasingly restless, agitated, or combative
- Visible deformity of the skull

Symptom list from the SCAT6 symptom evaluation. Red flags from the Concussion Recognition Tool 6. Spike allowance from the 2022 Amsterdam consensus statement on concussion in sport.