Missoula Area Youth Hockey Association

Concussion Management Policy

If an athlete sustains a concussion during athletic participation or sustains an injury and exhibits the signs, symptoms, or behaviors consistent with a concussion, the athlete must be immediately removed from all athletic participation. The athlete may only return to physical activity if/when the athlete is evaluated by a licensed health care professional trained in the evaluation and management of concussions and receives the following written clearance to return to sport. The following athlete has been evaluated and diagnosed with a concussion by a licensed healthcare professional trained in the evaluation of concussions. The following steps must be completed under the supervision of a licensed healthcare professional who **is currently trained in the evaluation and management of concussions**. This form must be signed by a licensed healthcare professional and returned to the league, organization, or athletic trainer for the athlete to return to participation

Following the Centers for Disease Control and Prevention (CDC), the Return-to-Sport Strategy begins with Return-to-Learn (successfully tolerating school- resumption of full cognitive workload) and there is a six-step process of gradually returning the athlete to normal activities. There is a minimum 24-hour period between each step. If at any time the athlete's concussion symptoms worsen or reoccur they must return to the previous level and reattempt progression after a further 24-hour period of rest has passed.

Graduated Return to Learn (RTL)- Following an initial period of relative rest (24-48 hours following injury at Stage 1), athletes can begin a gradual and incremental increase in their cognitive load.
Stage 1- Daily activities that do not result in more than mild exacerbation* of symptoms related to the current concussion,
Stage 2-School Activities outside of the classroom (homework, reading or other cognitive activities)
Stage 3- Return to school part-time (gradual introduction of schoolwork; may need to start with partial day or increased number of rest breaks.
Stage 4- Return to school full-time (gradually progress school activities until full day can be tolerated without more than mild symptom exacerbation.

Graduated Return-to-Sport (RTS)- (For Hockey specific Return-to-Sport progression refer to the back of this page) An initial period of 24-48 hours of both relative physical rest and cognitive rest is recommended before beginning RTS progression.
Stage 1 – Symptom-limited activity (Daily activities that do not provoke symptoms)
Stage 2 –Light aerobic exercise (55% of max HR); (Walking or stationary cycling at slow to medium pace.) May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.
Stage 3- Moderate aerobic activity (up to 70% max HR) (Walking or stationary cycling at slow to medium pace.) May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.
Stage 4 – Individual sport-specific exercise (Sport specific training away from the team. Running or skating drills. No head impact activities)
Evaluation by a licensed healthcare professional. Stages 4-6 should begin after the resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including with and after physical exertion.

Stage 5 – Non-contact training drills (Exercise to high intensity including more challenging training drills (passing drills, multiplayer training). Can integrate into team environment but no contact is permitted (i.e., no live play, competitive drills).
Stage 6 – Full-contact practice. (Participate in normal training activities)
Stage 7 – Return to sport (Normal game play)
* Mild and brief exacerbation of symptoms (i.e., an increase of no more than 2 points on a 0-10 point scale for less than an hour (after completing a stage) when compared with the baseline value reported prior to physical activity)

To better manage instances of concussion in our hockey programs, MAYHA requires the following:

1. All coaches (paid and volunteer) must complete annual training in the area of current concussion management practices and provide proof to the MAYHA Youth Hockey Director prior to the start of each sports season. The training should include up-to-date information on the identification of concussion, the signs and symptoms associated with the injury, the risks involved with allowing youth hockey participants to continue to play while symptomatic, methods of concussion assessment and the importance of gradual return to play practices. Training may be completed here: http://www.cdc.gov/headsup/youthsports/training/index.html or through other recognized/approved trainings deemed appropriate by the Youth Hockey Director.

2. Information about sports-related concussion will be provided to parents prior to the start of each hockey season and parents will be asked to provide written acknowledgment of receiving such information.

3. Prior to the start of every season, parents will receive educational materials about the risks of concussion, how to identify the signs and symptoms associated with concussion, along with the potential risks involved with playing while symptomatic. Parents will also be informed about the MAYHA concussion policy.

4. Concussion baseline testing is ***highly encouraged*** for all players. Baseline testing is provided free of charge for all players and the Youth Hockey Director will work with the UM Athletic Training program to established dates and times for players to be tested.

5. If, during a practice or a game, a youth hockey participant sustains a concussion or exhibits the signs, symptoms or behaviors of concussion, the participant must be removed from all hockey activity. He/she may not return to any practice or game activity until he/she is evaluated by a licensed healthcare professional trained in current evaluation and management of concussion (i.e., physician, physician assistant, nurse practitioner, athletic trainer, or Sport-Certified Physical Therapist). The participant must provide written clearance from that provider prior to being allowed to return to participation. The MAYHA Youth Hockey Director will keep evidence of all written clearance forms on file for a period no shorter than seven (7) years.

6. Should a parent/legal guardian elect not to follow the recommendations of the licensed healthcare professional, they will be asked to sign an Against Medical Advice Form, accepting responsibility for any consequences of that decision. The risks of not following said recommendations will be fully explained to the parent/legal guardian by the licensed healthcare professional. The patient/legal guardian agrees that the licensed healthcare professional shall not be held responsible or legally liable for the decision or any future consequences of the parent's/legal guardian's decision.

For more information please contact Grace Hoene, Youth Hockey Director, at 612-384-5108 or grace@glaciericerink.com

Missoula Area Youth Hockey Association
Youth Sports Participant & Parent/Legal Guardian Concussion Statement

The MAYHA Concussion policy requires each year that information about sports-related concussion will be provided to parents about concussion prior to the start of each sports season. Parents are required to provide written acknowledgment of receiving such information. The policy further states that during a practice or a game, if a youth hockey participant sustains a concussion or exhibits the signs, symptoms or behaviors of concussion, the youth hockey participant must be removed from all hockey activity. The youth hockey participant may not return to any practice or game activity until he/she is evaluated by a licensed healthcare professional trained in the evaluation and management of concussion (i.e., physician, physician assistant, nurse practitioner, athletic trainer, Sport-Certified Physical Therapist, etc). The youth hockey participant must provide written clearance from that provider prior to the athlete being allowed to resume physical activity.

Youth Hockey Participant Name:_____

(form should be completed for every youth hockey participant, even if there are multiple participants in a household)

Youth Hockey Participant's Age Level/House or Travel:

Parent/Legal Guardian Name(s):_____

I/We have read the Concussion Information Sheet

I/We understand the signs and symptoms of a concussion and will report these signs and symptoms to parents, coaches, officials and qualified healthcare professionals.

I/We understand that treatment for a concussion includes immediate removal from hockey participation, an evaluation from a qualified healthcare professional, and activity modification/limitations.

I/We understand that the youth hockey participant must receive written clearance from a licensed healthcare professional, and that the youth hockey participant will complete the return to play protocol.

Participant signature:_____ Date:_____

Parent/Guardian/signature:_____ Date:_____

Return to Learn Strategy Following Concussion			
Stage	**Mental Activity**	**Activity at Each Step**	**Goal**
1	Daily activities that do not result in more than mild exacerbation* of symptoms related to the current concussion	Typical activities during the day (e.g., reading) while minimizing screen time. Start with 5–15 min at a time and increase gradually.	Gradual return to typical activities
2	School activities	Homework, reading, or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day	Increase academic activities
4	Return to school full-time	Gradually progress school activities until a a full day can be tolerated without more than mild* symptom exacerbation	Return to full academic activities and catch up on missed work

NOTE: Following an initial period of relative rest (24-48 hours following injury at Step 1), athletes can begin a gradual and incremental increase in their cognitive load. Progression through the strategy for students should be slowed when there is more than a mild and brief symptom exacerbation.

*Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0-10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the baseline value reported prior to cognitive activity.

Return to Physical Activity Following Concussion Ice Hockey			
Stage	**Activity**	**Ice Hockey Specific Exercise**	**Objective of the Stage**
1	Symptom limited activity	Daily activities that do not exacerbate symptoms (e.g., walking)	Gradual reintroduction of work/school
2	Light aerobic activity	20 minutes of walking at home or rink, or stationary bike (55% HR Max) May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.	Increase heart rate and monitor symptoms
If symptoms re-emerge with this level of exertion, then return to the previous stage. If the student remains symptom-free for 24 hours after this level of exertion then proceed to the next stage.			
3	Moderate aerobic activity	20 minutes of walking at home or rink, or stationary bike (70% HR Max) OR Light resistance training 15-20 minutes OR Body weight exercises + anaerobic conditioning May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms	Increase heart rate and monitor symptoms
If symptoms re-emerge with this level of exertion, then return to the previous stage. If the student remains symptom-free for 24 hours after this level of exertion then proceed to the next stage.			
4	Individual sport-specific training	20-30 minutes of skating with helmet and gloves (Stick & Puck, land activity)	Increase aerobic activity, add change of direction and movement
If symptoms re-emerge with this level of exertion, then return to the previous stage. If the student remains symptom-free for 24 hours after this level of exertion then proceed to the next stage.			
Evaluation	Healthcare professional evaluation	Complete resolution of symptoms, abnormalities in cognitive function, and any other clinical findings	
5	Non-contact ice hockey drills (Full length, non-contact practice)	Exercise to high intensity. Skating all directions, skating with the puck, stick handling, passing, shooting. Integrate into team environment	Resume usual intensity of exercise, coordination, and increased thinking.
If symptoms re-emerge with this level of exertion, then return to the previous stage. If the student remains symptom-free for 24 hours after this level of exertion then proceed to the next stage.			
6	Full contact practice	Normal practice activities.	Restore confidence and assess functional skills by coaching staff.
If symptoms re-emerge with this level of exertion, then return to the previous stage. If the student remains symptom-free for 24 hours after this level of exertion then proceed to the next stage.			
7	Return to sport	Normal game play.	

NOTE: *Mild and brief exacerbation of symptoms (i.e., an increase of no more than 2 points on a 0-10 point scale for less than an hour when compared with the baseline value reported prior to physical activity). Athletes may begin Step 1 (i.e., symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0-10 scale) occurs during Steps 1 -3, the athlete should stop and attempt to exercise the next day. If an athlete experiences concussion-related symptoms during Steps 4-6, they should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of readiness to RTS should be provided by an HCP before unrestricted RTS as directed by local laws and/or sporting regulations.