

TSA Concussion Policy



Holland Bloorview
Kids Rehabilitation Hospital

Concussion
Centre

The Toronto Soccer Association (TSA) concussion policy is aligned and consistent with the [Canada Soccer Concussion Policy](#) and the [Canadian Guideline on Concussion in Sport](#). This policy was made to enhance implementation of national guideline at the club and grassroots level. This was made in collaboration with the Concussion Centre from Holland Bloorview Kids Rehabilitation Hospital.

TSA's Concussion Policy Outline:

1. Prevention, awareness, concussion code of conduct and training
2. Recognizing a suspected concussion
3. Remove-from-sport protocol, report and refer
4. Initial medical assessment and diagnosis
5. Recovery and clinical support
6. Return-to-sport protocol and medical clearance for stage 5 & 6
7. Appendixes A - E

1. PREVENTION, AWARENESS RESOURCES, CODE OF CONDUCT AND TRAINING

- a. **Concussion Prevention:** All team officials (head coach, assistant coach, trainer, manager, assistant manager, match officials or executive member) are responsible for ensuring player safety through appropriate application of policies in situations including but not limited to: the playing surface, equipment, injury, fouls, violence, and unsportsmanlike conduct.
- b. **Concussion Code of Conduct:** All players (and their parent or guardian, if the player is under 18) and coaches/team therapist must review and sign the Concussion Code of Conduct before the start of the season annually (Appendix A and B). This form will be provided at the club level and submitted to the club administrator prior to the start of the season.
- c. **Concussion Awareness:** All players and parents must review the government's concussion awareness resources as may be prescribed under Rowan's Law ([Ontario.ca/concussion](https://ontario.ca/concussion)) before the start of each season annually (Appendix A).
- d. **Education/Training:** Mandatory education sessions are provided to all head coaches in order to participate in the Toronto Soccer Association (TSA) by the Concussion Centre at Holland Bloorview Kids Rehabilitation Hospital. Education is provided on remove-from-sport and return-to-sport protocols and requirements of medical clearance prior to return to contact practice and game play. Education is also provided on the implementation of this concussion policy and protocol across the TSA.

2. RECOGNIZING A SUSPECTED CONCUSSION

- a. **What is a concussion?** Concussion is a form of a traumatic brain injury induced by biomechanical forces that results in signs and symptoms after a blow to the head or the body that typically resolve spontaneously within 1-4 weeks of injury. A concussion can result in non-specific physical, cognitive, sleep and emotional symptoms.

McCrory P, et al. Consensus statement on concussion in sport: the 5th international conference on concussion in sport held in Berlin, Oct 2016.
Reed, N.*, Zemek, R.*, Dawson, J., Ledoux, AA., et al. (2019). Living Guideline for Diagnosing and Managing Pediatric Concussion. Toronto, ON: Ontario Neurotrauma Foundation

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Version: July, 2021

TSA Concussion Policy



Holland Bloorview
Kids Rehabilitation Hospital

Concussion
Centre

- b. When should a concussion be suspected?** All players who experience any concussion reported signs and symptoms (*Figure 1*) or visual/observation symptoms (*Figure 2*) following a blow to the head or another part of the body is considered to have a suspected concussion and must stop participation in the TSA club sanctioned activity immediately. Symptoms of concussion typically appear immediately but may be delayed and evolve within the first 24-48 hours.
- c. What is considered a TSA club sanctioned activity?**
- Competing in TSA league or cup matches
 - Ontario Soccer sanctioned competition
 - Any team coach supervised training
- d. A suspected concussion can be recognized in three ways:**
- Reported symptoms by a player– even if only one symptom (*Figure 1*)
 - Visual/observable signs from any team official (*Figure 2*)
 - Peer-reported symptoms from players, parents, and team officials (*Figure 1 and 2*)
 - If a player experiences a sudden onset of any of the “red flag symptoms”, 911 should be called immediately (*Figure 3*)**

Figure 1: GENERAL CONCUSSION SYMPTOMS

Headache	Feeling mentally foggy	Sensitive to light
Nausea	Feeling slowed down	Sensitive to noise
Dizziness	Difficulty concentrating	Irritability
Vomiting	Difficulty remembering	Sadness
Visual problems	Drowsiness	Nervous/anxious
Balance problems	Sleeping more/less than usual	More emotional
Numbness/tingling	Trouble falling asleep	Fatigue

FIGURE 2: VISUAL/OBSERVABLE SIGNS

Lying down motionless on the playing surface
Slow to get up after a direct or indirect hit
Disorientation or confusion, or inability to respond appropriately to questions
Blank or vacant look
Balance, gait difficulties motor incoordination, stumbling, slow labored movements
Facial injury after head trauma

Figure 3: RED FLAG SYMPTOMS

Headaches that worsen	Can't recognize people or places
Seizures or convulsion	Increasing confusion or irritability
Repeated vomiting	Weakness/tingling/burning in arms or legs
Loss of consciousness	Persistent or increasing neck pain
Looks very drowsy/can't be awakened	Unusual behavioural change
Slurred speech	Focal neurologic signs (e.g. paralysis, weakness)

TSA Concussion Policy



Holland Bloorview
Kids Rehabilitation Hospital

Concussion
Centre

Note: The [Concussion Recognition Tool 5](#) is valuable for all first responders in recognizing suspected concussion and responding to more severe brain injury or potential neck injury.

3. REMOVAL FROM SPORT PROTOCOL, REPORT, AND REFER

- a. **Who is responsible for removal from play?** If a suspected concussion occurs, it is the responsibility of the head coach to remove players with a suspected concussion from participation in the soccer activity immediately. However, all team officials (head coach, assistant coach, trainer, manager, assistant manager, match officials or executive member) hold a responsibility to recognize the signs and symptoms of concussion, and report the suspected concussion to the head coach. If there is doubt whether a concussion has occurred, it is to be assumed that it has and the player is to be removed from play. **If in doubt, sit them out.** *NOTE: If there are any red flag symptoms (Figure 3) or a neck injury is suspected, activate your Emergency Action Plan and call 911 immediately. The player should not be moved and should only be removed from the field of play by emergency healthcare professionals with appropriate spinal care training. More severe forms of brain injury may be mistaken for concussion. If any of the red flags symptoms are observed or reported within 48 hours of an injury, then the player should be transported for urgent medical assessment at the nearest emergency department.*
- b. **Monitoring the player:** Head coaches are responsible for ensuring the player with a suspected concussion is monitored until a parent/guardian is contacted and on-site. Players with a suspected concussion should not be left alone or drive a motor vehicle.
- c. **Reporting a suspected concussion using the *Suspected Concussion Report Form*:** Head coaches are responsible for completing the *Suspected Concussion Report Form* (Appendix C) immediately after a concussion is suspected. **Head coaches must provide copies of the *Suspected Concussion Report Form* to: 1) The individual's parents/guardian to bring to their medical appointment and 2) The TSA: tsaleagues@torontosoccer.net or FAX: 416-783-5194**
- d. **Referring for medical assessment:** Head coaches are also responsible to recommend to the player's parent/guardian that they seek medical assessment as soon as possible. Medical assessment must be done by a medical doctor or nurse practitioner. The remove-from-sport summary (Appendix D) can be provided to parents and players on removal to support seeking timely and appropriate medical assessment.

4. INITIAL MEDICAL ASSESSMENT AND DIAGNOSIS

- a. **Seeking medical assessment:** If a player has been deemed to have had a suspected concussion, it is the parent/guardian's responsibility to take the player to see a medical doctor or nurse practitioner as soon as possible. Players with suspected concussions may not return to any club activity until they've received medical assessment and submitted necessary documentation.
- b. **Required type of initial medical assessment:** In order to provide comprehensive evaluation of players with a suspected concussion, the medical assessment must rule out more serious forms of traumatic brain injury and spine injuries and must rule out medical and neurological conditions that can present with concussion-like symptoms and must make the diagnosis of concussion based on findings of the clinical history and physical examination and the evidence-

TSA Concussion Policy



Holland Bloorview
Kids Rehabilitation Hospital

Concussion
Centre

based use of adjunctive tests as indicated. In addition to nurse practitioners the types of medical doctors that are qualified to evaluate patients with a suspected concussion include: family physician, pediatrician, emergency room physician, sports-medicine physician, neurologist or internal medicine and rehabilitation (physiatrists). **Documentation from any other source will not be acceptable.**

- c. **Note:** Written documentation by medical doctor or nurse practitioner may be provided in any format from medical assessment. A recommended [Medical Assessment Letter](#) template can be found in the *Canada Soccer Concussion Policy*.

	No Concussion	Yes Concussion
Diagnosis	If a medical doctor/nurse practitioner determines that the player with a suspected concussion <u>DID NOT</u> have a concussion	If a medical doctor/nurse practitioner determines that the player with a suspected concussion <u>DOES</u> have a concussion
Parents & Players	<ul style="list-style-type: none"> ✓ Parent/guardian must take the written documentation from the medical doctor/nurse practitioner (highlighting that the player did not have a concussion) to their head coach. ✓ It is the responsibility of each parent/guardian to submit all documentation to their head coach before the player is permitted to return to a full contact practice and/or game play in a TSA club sanctioned activity. ✓ Parent/guardian should continue to monitor the player for at least 24-48 hours after the event, as signs and symptoms may take hours or days to appear. 	<ul style="list-style-type: none"> ✓ Parent/guardian must take the written documentation from the medical doctor/nurse practitioner (highlighting that the player has been diagnosed with a concussion) to their head coach. ✓ The parent/player is to begin Stage 1 of the <i>TSA return-to-sport protocol (Appendix E)</i>
Head coaches	<ul style="list-style-type: none"> ✓ Head coaches will send documentation to TSA: tsaleagues@torontosoccer.net or FAX: 416-783-5194 ✓ Head coaches will not allow return until documentation has been received. ✓ Head coaches have the right to refuse a player to return to any TSA club sanctioned activity if they deem the player unfit to do so 	<ul style="list-style-type: none"> ✓ Head coaches will send documentation to TSA: tsaleagues@torontosoccer.net or FAX: 416-783-5194 ✓ Head coaches will follow gradual return to sport protocol and ensure no participation in stage 5 and 6 sport activities until medical clearance

5. RECOVERY AND CLINICAL SUPPORT

An initial period of 24-48 hours of rest is recommended following a concussion with limited physical and cognitive activity. After an initial period of rest, it is recommended that low to moderate level physical

McCrory P, et al. Consensus statement on concussion in sport: the 5th international conference on concussion in sport held in Berlin, Oct 2016. Reed, N.*, Zemek, R.*, Dawson, J., Ledoux, AA., et al. (2019). Living Guideline for Diagnosing and Managing Pediatric Concussion. Toronto, ON: Ontario Neurotrauma Foundation

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Version: July, 2021

TSA Concussion Policy



Holland Bloorview
Kids Rehabilitation Hospital

Concussion
Centre

and cognitive activity be gradually started at a level that does not result in exacerbation of symptoms. Activities that pose no/low risk of sustaining a concussion should be resumed even if mild residual symptoms are present or whenever acute symptoms improve sufficiently to permit activity. Players should avoid activities associated with a risk of contact, fall, or collisions such as high speed and/or contact activities and full-contact sport that may increase the risk of sustaining another concussion during the recovery period until clearance by a medical doctor or nurse practitioner.

Most children and adolescents (70%) who sustain a concussion will be able to return to full school and sport activities, generally within four weeks of injury. However, approximately 15-30% will experience symptoms that persist beyond that timeframe. [Players who have several delayed modifiers benefit most from early referral to specialized concussion care <4 weeks \(recommendation 2.1b\)](#). Players who wish to have support by a physician-led multidisciplinary team within the first four weeks of injury can seek [early care services](#) for their recovery. Players who experience persistent concussion symptoms for >4 weeks may benefit from a referral to a medically-supervised [multidisciplinary concussion service](#).

6. RETURN-TO-SPORT PROTOCOL AND MEDICAL CLEARANCE

- a) After an initial period of 24-48 hour of rest, the player with a concussion must complete each stage of the *TSA Return-to-sport protocol (Appendix E)*.
- b) Parent/guardian and the player are responsible to ensure that each stage of the *TSA return-to-sport protocol* is followed appropriately and the required signatures are completed at each stage. Players should complete each stage of the return-to-sport protocol for a minimum of 24 hours without new or worsening symptoms before progressing to the next stage. If a player experiences, new or worsening symptoms at a particular stage they should return to the previously successful stage.
- c) Once Stages 1-4 (b) of the *TSA return-to-sport protocol* have been completed, the player must receive medical clearance to proceed to *Stage 5: Full contact practice with team*. **A player is not permitted to return to Stage 5: Full contact practice with team or Stage 6: Game Play until written permission by a medical doctor/nurse practitioner.** In addition to nurse practitioners the types of medical doctors that are qualified to support medical clearance for concussion include: family physician, pediatrician, sports-medicine physician, neurologist or internal medicine and rehabilitation (physiatrists). Documentation from any other source will not be acceptable. Written clearance by a medical doctor or nurse practitioner may be provided in any format from the medical appointment. See [recommended medical clearance letter template](#).
- d) Once medical clearance for *Stage 5: Full contact practice with team* is obtained, the parent/guardian must take the written clearance from the medical doctor/nurse practitioner (highlighting player is safe to return to full team practice and game play) and the *TSA return-to-sport protocol* with all signatures completed to their head coach before the player is permitted to return to a *Stage 6: Game play*.
- e) Head coaches to submit written medical clearance and *TSA Return-to-sport protocol* with signatures to the TSA head offices to the player participating in *Stage 6: Game play* tsaleagues@torontosoccer.net or FAX: 416-783-5194.
- f) Do not progress to game play until player has regained their pre-injury skill-level and player is confident in their ability to return to activity.

TSA Concussion Policy



Holland Bloorview
Kids Rehabilitation Hospital

Concussion
Centre

- g) Head coaches have the right to refuse a player to return to any TSA club sanctioned activity if they deem the player unfit to do so.

SPECIAL CONSIDERATIONS

This concussion policy aims to ensure (1) all players with a suspected concussion are removed from play and seek medical assessment, and (2) all players with a suspected or diagnosed concussion do not return to full contact practice and/or game play until medically cleared to do so. The above steps relate most directly to a player who sustains a concussion during a TSA club sanctioned activity and this injury is identified immediately. Not all concussions will be identified immediately and not all concussions will take place during TSA club sanctioned activity. Two alternative scenarios are presented below:

Scenario 1: A suspected concussion from a TSA club sanctioned activity is not suspected and/or reported until days or weeks after the soccer activity. **Enter at Step 3: Remove-from-sport protocol, report and refer.** Immediately upon the concussion being suspected and/or reported to team officials, the head coach is to complete the *Suspected Concussion Report Form* and recommend that the player see a medical doctor/nurse practitioner as soon as possible.

Scenario 2: A player is diagnosed with a concussion from a non TSA club sanctioned activity (i.e. school, other sports, non TSA club sanctioned games or training). **Enter at Step 4 (initial medical assessment and medical diagnosis).** Upon receiving diagnosis from parent/guardian, the head coach is to submit medical documentation to the TSA offices. As the concussion did not happen at a TSA club sanctioned activity, no *Suspected Concussion Report Form* needs to be completed.

If you have any questions or concerns regarding the TSA Concussion Policy please contact:

TSA Head Office:

TEL: 416-783-7575 FAX: 416-783 5194

EMAIL: tsaleagues@torontosoccer.net

TSA Concussion Policy is available at <http://www.torontosoccerassociation.ca/clubsite/?p=17583>

Appendix:

1. Player and parent concussion code of conduct and awareness forms (Appendix A)
2. Coaches and members concussion code of conduct form (Appendix B)
3. Suspected Concussion Report Form (Appendix C)
4. Remove-from-sport summary (Appendix D)
5. Return-to-sport protocol (Appendix E)



Appendix A: Concussion Awareness & Code of Conduct For Players and Parents/Guardians

PART A: CONCUSSION CODE OF CONDUCT

I will help prevent concussions by:

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and body strength so that I can participate to the best of my ability.
- Respecting the rules of my sport, and fair play.
- My commitment to fair play and respect for all (respecting other athletes, coaches, medical staff and officials).

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a serious brain injury that can have both short- and long-term effects.
- I do not need to lose consciousness to have had a concussion.
- A blow to the head, face, or neck, or a blow to the body may cause the brain to move around inside the skull and result in a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of a possible concussion and reporting to an adult when you suspect that another individual may have sustained a concussion.
- I suspect I might have a concussion I should stop playing the sport and activity immediately.
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting concussion symptoms, as well as increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell my coach, medical staff, parent, or other responsible adult.
- If someone else tells me about concussion symptoms, or I will tell a coach, medical staff, parent or another responsible adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport or activity and that I will not be able to return to training, practice or competition until I undergo a medical assessment. If a concussion is diagnosed by a doctor or nurse practitioner, I must be medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport or activity with my school and any other sport organization.

I will take the time I need to recover, because it is important for my health

- I understand my commitment to supporting the TSA Return to Sport Protocol.
- I understand I will have to be cleared by a medical doctor or nurse practitioner, preferably one with experience in concussion management, prior to returning to unrestricted activity.

Respect Others:

TSA Concussion Policy



Holland Bloorview
Kids Rehabilitation Hospital

Concussion
Centre

- I will respect the rules of the game.
- I will respect my opponents and fair play.
- I will not fight or attempt to injure anyone on purpose.
- I will respect my coaches, TSA members, parents and the medical professionals and any decisions made concerning my health and safety.

Player name: _____ Player signature: _____

Parent name: _____ Parent signature: _____

Date: _____

PART B: CONCUSSION AWARENESS

- Under *Rowan's Law*, as a parent of a player in the TSA you must reviewed one of the Concussion Awareness Resources on this website (Ontario.ca/concussion) before your child can participate in a physical activity.
- Please confirm that you have reviewed one of the Concussion Awareness Resources on this website.

Receipt of Review

I, _____ (name) confirm that I have reviewed a Concussion Awareness Resource.

Player Signature

Date

Parent/Guardian Signature

Date





Appendix B: Concussion Code of Conduct For TSA Coaches and Medical Staff

I can help prevent concussions through my:

- Efforts to ensure that my athletes wear the proper equipment and wear it correctly.
- Efforts to ensure that my athletes develop their skill and body strength so they can participate to the best of their abilities.
- Respect for the rules of my sport or activity and efforts to ensure that my athletes do, too.
- Commitment to fair play and respect for all (respecting others athletes, coaches, medical staff and officials and ensuring that my athletes respect others and play fair).

I will care for my health and safety of all participants by taking concussions seriously. I understand that:

- A concussion is a serious brain injury that can have both short- and long-term effects.
- A person does not need to lose consciousness to have had a concussion.
- A blow to the head, face, or neck, or a blow to the body may causes the brain to move around inside the skull and result in a concussion.
- An athlete with a suspected concussion should stop participating in training, practice or competition immediately.
- I have a commitment to concussion recognition and reporting, including self-reporting of a possible concussion and reporting to a designated person when an individual suspect's that another individual may have sustained a concussion.
- Continuing to participate in further training, practice or competition with a suspected concussion increases a person's risk of more severe, longer lasting symptoms and increases their risk of other injuries or even death.

I will create an environment where participants feel safe and comfortable speaking up. I will:

- Encourage athletes not to hide their symptoms, but to tell me, an official, medical staff, parent or another adult they trust if they experience any symptoms of a concussion after an impact.
- Lead by example. I will tell a fellow coach, official, medical staff and seek medical attention by a doctor or a nurse practitioner if I am experiencing any concussion symptoms.
- Understand and respect that any athlete with a suspected concussion must be removed from sport and not permitted to return.
- If a concussion is diagnosed by a medical doctor or nurse practitioner, athletes must be medically cleared to return to unrestricted play.
- *For coaches only:* Commit to providing opportunities before and after each training, practice and competition to enable athletes to discuss potential issues related to concussions.

TSA Concussion Policy



Holland Bloorview
Kids Rehabilitation Hospital

Concussion
Centre

I will support all participants to take the time they need to recover.

- I understand my commitment to supporting the TSA Return to Sport Protocol.
- I understand that the athletes will have to be medically cleared by a doctor or nurse practitioner before returning to unrestricted sport.
- I will respect my fellow coaches, medical staff, parents, and medical doctors and nurse practitioners, regarding the health and safety of the athletes.

Name: _____ Signature: _____

Date: _____



TSA Concussion Policy



Holland Bloorview
Kids Rehabilitation Hospital

Concussion
Centre

Appendix C: Suspected Concussion Report Form

Player Name: _____ Player DOB: _____
 Date & Time of Injury: _____ Club Name: _____
 Division: _____ Level: _____ Game/Practice Location: _____ Sex: M F
 Position during Injury (please circle): Defense Midfield Forward Goalie

Injury Description: ☐ Player to player contact ☐ Ball to player contact ☐ Fall to ground ☐ Other

Reported and Observable Symptoms (Check all that apply):

<input type="checkbox"/> Headache	<input type="checkbox"/> Feeling mentally foggy	<input type="checkbox"/> Sensitive to light
<input type="checkbox"/> Nausea	<input type="checkbox"/> Feeling slowed down	<input type="checkbox"/> Sensitive to noise
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Irritability
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Difficulty remembering	<input type="checkbox"/> Sadness
<input type="checkbox"/> Visual problems	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Nervous/anxious
<input type="checkbox"/> Balance problems	<input type="checkbox"/> Sleeping more/less than usual	<input type="checkbox"/> More emotional
<input type="checkbox"/> Numbness/Tingling	<input type="checkbox"/> Trouble falling asleep	<input type="checkbox"/> Fatigue

Red Flag Symptoms (Check all that apply): Call 911 immediately with a sudden onset of any of these symptoms

<input type="checkbox"/> Severe or increasing headache	<input type="checkbox"/> Neck pain or tenderness	<input type="checkbox"/> Seizure or convulsion
<input type="checkbox"/> Double vision	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Repeated vomiting
<input type="checkbox"/> Weakness or tingling/burning in arms/legs	<input type="checkbox"/> Deteriorating conscious state	<input type="checkbox"/> Increasingly restless, agitated or combative

Are there any other observable/reported symptoms? ☐ Yes ☐ No

If yes, what: _____

Is there evidence of injury to anywhere else on body besides head? ☐ Yes ☐ No

If yes, where: _____

Has this player had a concussion before? ☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

If yes, how many: _____

Does this player have any pre-existing medical conditions? ☐ Yes ☐ No ☐ Prefer not to answer

If yes, please list: _____

I [name of coach completing this form]: _____ recommended to the player's parent or guardian that the player sees a medical doctor/nurse practitioner immediately. This includes a family physician, pediatrician, sports-medicine physician, neurologist or internal medicine/rehabilitation (physiatrists). Documentation from any other source will not be acceptable.

Signature: _____ Date: _____ Role: _____

Phone Number: _____ Email Address: _____

TSA Concussion Policy



Holland Bloorview
Kids Rehabilitation Hospital

Concussion
Centre

Appendix D: Remove-from-sport protocol summary

REMOVE: A suspected concussion has been identified and player is removed from play. Head coaches hold the final decision to remove players with a suspected concussion

REPORT: Head coach completes *Suspected Concussion Report Form* and provides a copy to:

Parent/Guardian AND recommend they see a medical doctor/nurse practitioner immediately

TSA Office:
tsaleagues@torontosoccer.net

REFER: Seeing a medical doctor or nurse practitioner for medical assessment.

Recommended medical diagnosis template: [Canada Soccer Concussion Assessment Medical Report](#)

If player is experiencing any general concussion symptoms:

Physical: Headaches, nausea, dizziness, sensitivity to light and noise

Mental: Fogginess and difficulty thinking, feeling slowed down, difficulty concentrating and remembering

Sleep: Sleeping more or less than usual, difficulty falling asleep and staying asleep

Emotional and Behavioural: Sadness, anger, frustration, nervousness/anxious, irritable

If player is experiencing any 'Red Flag' Symptoms:

- Severe or increasing headache
- Double vision
- Weakness or tingling/burning in arms/legs
- Neck pain or tenderness
- Loss of consciousness
- Deteriorating conscious state
- Seizure or convulsion
- Repeated vomiting
- Increasingly restless, agitated or combative

Schedule an appointment as soon as possible with a medical doctor/nurse practitioner.

Call 911 immediately to go to nearest Emergency Department

ASSESSMENT: Was a concussion diagnosis received at medical or emergency appointment?

Parent sends medical documentation of diagnosis to head coach who will send to TSA office.

Yes

No

Parent monitors for 24-48 hours in case symptoms appear or worsen

Parent sends medical documentation of no diagnosis head coach

Head coach to send to TSA office prior to player returning to play.

RECOVER: Enter Stage 1 of *Return-to-sport protocol*



Appendix E: Return-to-sport protocol

TSA Concussion Policy



Holland Bloorview
Kids Rehabilitation Hospital

Concussion
Centre

Stage 0: Initial rest period of 24-48 hours before beginning return to play protocol

Stage 1: Symptom limited activity (at least 24-48 hours)

- Daily activities that do not provoke symptoms.
- Conserve your brain and body's energy, it is needed to feel well and allow the brain to heal.

Confirmed completion Stage 1 for minimum of 24 hours with **no new or worsening symptoms** on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

Stage 2: Light aerobic exercise (at least 24 hours)

Effort: 50%

- Off the field. Start a cardio workout of 15-20 minutes which can include: stationary bicycle, elliptical, treadmill, fast paced walking, light jog, rowing or swimming.
- No resistance training, weight lifting, jumping or hard running.
- **No head impact activities (i.e. no heading, no tackling, no scrimmages)**

Confirmed completion Stage 2 for minimum of 24 hours with **no new or worsening symptoms** on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

Stage 3: Soccer specific skill exercise individually (at least 24 hours)

Effort: 50-60%

- Off the field. Increase intensity and duration of cardio workout to 20-30 minutes.
- Begin soccer specific skills: running drills, static/dynamic foot dribbling with use of cones, individual kicking/passing.
- Goalies do not complete in net activities or drills involving diving or receiving shots with a ball.
- **No head impact activities (i.e. no heading, no tackling, no scrimmages).**

Confirmed completion Stage 3 for minimum of 24 hours **with no new or worsening symptoms** on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

Stage 4 (a): Soccer specific exercise with an instructor/teammate (at least 24 hours)

Effort: 75%

- Can begin 1:1 modified on-field practices. Increase duration and intensity of training activities.
- Begin resistance training including neck and core strengthening exercises.
- Begin practicing soccer drills with a partner: dribbling and passing.
- Begin reviewing offensive and defensive plays at a slow speed.
- Goalies begin in net drills with a coach shooting balls in a controlled manner (i.e. Begin with drills involving diving side-to-side without a ball, progress to ball shots along the ground, medium height, then higher shots to corners).
- **No head impact activities (i.e. no heading, no tackling, no scrimmages).**

Confirmed completion Stage 4(a) for minimum of 24 hours with **no new or worsening symptoms** on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

TSA Concussion Policy



Holland Bloorview
Kids Rehabilitation Hospital

Concussion
Centre

Stage 4 (b): Non-contact team training (at least 24 hours)

Effort: 90-100%

- On field practice. Resume pre-injury duration of practice and team drills (i.e. more complex training activities).
- Practice passing/shooting drills, offensive, defensive and counter attack tactical schemes (coordination & attention).
- Goalies begin in net drills with a teammate shooting balls in controlled manner (i.e. facing shots from a single ball in play or players shooting one at a time from distance).
- Able to participate in full school activities without experiencing symptoms (i.e. full schedule, assignments, tests)
- **No head impact activities (i.e. no heading, no tackling, no scrimmages).**

Confirmed completion Stage 4(b) for minimum of 24 hours with **no ongoing symptoms** on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

(MD or NP signature)

MD or NP signature stamp and credentials

- ☐ Family Physician
- ☐ Pediatrician
- ☐ Sports Medicine Physician
- ☐ Neurologist
- ☐ Physiatrist
- ☐ Nurse Practitioner

MEDICAL CLEARANCE REQUIRED BEFORE PROCEEDING TO STAGE 5 & 6

Stage 5: Full contact practice with team (at least 24 hours after medical clearance)

Effort: 100%

- CONTACT. SCRIMMAGE. HEADING. TACKLING.
- Review and practice techniques for heading the ball (if applicable to your level of play).
- Participate in a full practice to get yourself back in the lineup. If completed with no symptoms, discuss with the coach about getting back to full game play.
Do not progress to game play until player has regained their pre-injury skill-level and is confident in their ability.
- Goalies return to full team practice with hard driven shots, higher intensity drills, and practicing corner kicks.

Confirmed completion Stage 5 for minimum of 24 hours with **no ongoing symptoms** on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

Stage 6: Return to game play

Effort: 100%

Overall Comments

Players must spend a minimum of 24 hours at each stage, however most children/youth should spend longer.

If the player experiences any new or worsening of symptoms during or after the activities in any stage, the player should stop that activity and return to the previous successful stage they can tolerate. Players should consult with a trained healthcare professional for return-to-sport strategies.

Medical clearance is required for participation in *Stage 5: Full contact practice with team*. Clearance must be from a medical doctor or nurse practitioner. See [recommended medical clearance letter template](#).

Upon successful completion of Stage 5, this form in addition to medical clearance letter from medical doctor or nurse practitioner must be sent to the head coach before player is permitted to proceed to Stage 6. Head coach must send to TSA office (tsaleagues@torontosoccer.net) prior to player participation in stage 6.