

PARENTS AND CAREGIVERS



What is a concussion?

A concussion is a brain injury that cannot be seen on routine X-rays, CT scans, or MRIs. It affects the way your child may think and remember things, and can cause a variety of symptoms.

What are the signs and symptoms of a concussion?

Your child does not need to be knocked out (lose consciousness) to have had a concussion. Your child might experience one or more of the following:

Thinking Problems	Player's Complaints	Other Problems
<ul style="list-style-type: none">• Does not know time, date, place, details about a recent activity• General confusion• Cannot remember things that happened before and after the injury• Knocked out	<ul style="list-style-type: none">• Headache• Dizziness• Feels dazed• Feels “dinged” or stunned; “having my bell rung”• Sees stars, flashing lights• Ringing in the ears• Sleepiness• Sees double or blurry• Stomachache, stomach pain, nausea• “Don’t feel right”	<ul style="list-style-type: none">• Poor co-ordination or balance• Blank stare/glassy-eyed• Vomiting• Slurred speech• Slow to answer questions or follow directions• Easily distracted• Poor concentration• Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily)• Not participating well

Get medical help immediately if your child has any “red flag” symptoms such as neck pain, repeated vomiting, growing confusion, seizures, and weakness or tingling in their arms or legs. These may be signs of a more serious injury.

What causes a concussion?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (e.g., hitting their head on the ice, colliding with another player, being checked into the boards).

What should I do if I suspect my child has a concussion?

In all suspected cases of concussion, your child should stop playing right away. Continuing to play with a concussion increases their risk of more severe, longer-lasting concussion symptoms, as well as increases their risk of other injury.

Refer to the Concussion Recognition Tool 5 (CRT5) to help you recognize the signs and symptoms of a possible concussion in your child.

Your child should not be left alone and should be seen by a doctor as soon as possible that day.

If your child loses consciousness, call an ambulance to take them to the hospital right away. Do not move your child or remove any equipment, such as their helmet.

Your child should not return to play the same day.

How long will it take for my child to get better?

The signs and symptoms of a concussion often last for one to four weeks but may last longer. In some cases, children may take many weeks or months to heal. If your child has had a concussion before, they may take longer to recover.

No two concussions are the same. Avoid comparing your child's recovery to someone else's, or even to a concussion they experienced before.

If your child's symptoms are persistent (i.e., last longer than four weeks in youth under 18 years old),

they should be referred to a healthcare professional who is an expert in the management of concussion.

How is concussion treated?

After an initial short period of rest (24 to 48 hours), light cognitive and physical activity can begin, as long as these do not worsen your child's symptoms. A medical doctor, preferably one with experience managing concussions, should be consulted before beginning the step-wise Return-to-School and Return-to-Sport Strategies.

As your child is recovering from concussion, they should not do any activities that may make their symptoms worse. This might mean limiting activities such as exercising, studying or screen time on their phone or other devices.

Recovering from concussion is a process that takes patience. If your child goes back to activities before they are ready, it is likely to make their symptoms worse, and their recovery might take longer.

When should my child go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible. If your child is diagnosed with a concussion, the doctor should schedule a follow-up visit within the next one to two weeks.

Take your child back to the doctor immediately if, after being told they have a concussion, they have worsening symptoms, such as:

- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

When can my child return to school?

Your child may find it hard to concentrate in class, may get a worse headache, or feel sick to their stomach. Your child should stay home from school if being in class makes their symptoms worse. Once they feel better, they can try going back to school part-time to start (i.e., for half days) and if they are OK with that, then they can go back full-time.

On average, children with concussion miss one to four days of school. Each concussion is unique, so your child may progress at a different rate than others.

The Return-to-School Strategy provides information on the stages of returning to the classroom, and can be accessed at parachute.ca/smarthockey.

Return to school must come before full return to sport.

When can my child return to sport?

It is very important that your child does not go back to full participation in sport if they have any remaining concussion signs or symptoms. Returning too soon before full recovery from concussion puts your child at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer. Return to sport and physical activity must follow a step-wise approach.

In the Return-to-Sport Strategy:

- Each stage is at least 24 hours.
- Your child moves on to the next stage when they can tolerate activities without new or worsening symptoms.
- According to Hockey Canada's Concussion Policy, if symptoms return during the return to play process, the player should return to stage 2 and be re-evaluated by a doctor.

Stage 1: After an initial 24 to 48 hours of rest, light cognitive and physical activity can begin, as long as these do not worsen symptoms. Your child can start with daily activities, such as moving around the home and simple chores, such as making their bed.

Stage 2: Light aerobic activity such as walking or stationary cycling, for 10 to 15 minutes. Your child should not do any heavy lifting or resistance training.

Stage 3: Individual physical activity with no risk of contact for 20 to 30 minutes. Your child can participate in simple, individual activities, such as running, skating, and shooting a puck. Your child should not do any resistance training.

Stage 4: Begin practising with no contact. Add in more challenging training drills (e.g., shooting and passing drills). Start to add in resistance training, if appropriate for your child.

Get clearance from a doctor before moving on to Stages 5 and 6.

Stage 5: Participate in full practice with contact.

Stage 6: Full game play.

Your child should not return to contact practice or gameplay until cleared by a doctor!

How can I help my child prevent concussion?

Ensure that your child is educated on concussion and follows the 12 on-ice tips for concussion prevention. Emphasize to your child how important it is to follow the rules, especially ones in place to reduce head contact.

Help your child make sure they have all the necessary, properly fitting equipment. Their skates need to fit properly and be in good condition, to prevent falls and crashes. **Helmets do not prevent concussions**, but your child should always wear their helmet properly to prevent other head injuries. **Mouthguards have not been proven to prevent concussions**, but your child should wear a properly fitted mouthguard to protect their mouth and teeth.