

Remove-from-Sport Protocol Summary

STEP 1 (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.

STEP 2 (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

Your club or team designate

STEP 3 (REFER): *Seeing a medical doctor or nurse practitioner for medical assessment

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 immediately with a medical doctor/nurse practitioner. * **Go to nearest Emergency Department, if 'Red Flag' symptoms appear.**

Call 911 immediately to go to nearest Emergency Department

STEP 4 (ASSESSMENT): Was a concussion diagnosis received at medical or emergency appointment?

Parent sends medical documentation of diagnosis to head coach and to club/team designate

Yes

No

Parent monitors for 24-72 hours in case symptoms appear or worsen

Parent sends medical documentation of no diagnosis to head coach at least 24 hours before returning to full game play

Head coach sends to club/team designate prior to player returning to full game play

STEP 5 (RECOVER): Enter Stage 1 of *Return to Play Protocol*

Recommended medical diagnosis template:

[Canada Soccer Concussion Assessment Medical Report](#)

This algorithm is to be provided to parents/players in the event of a suspected concussion to support their pathway to appropriate medical care for diagnosis. This pathway is aligned with [best-practice guidelines](#) and can be used to support the remove, refer, report and recover sections of the [Canada Soccer Concussion Policy](#).



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 Don't know Prefer not to answer
If yes, please list: _____

Does this player take any medication? Yes No Don't know 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.

Signature _____ Date: _____ Role: _____

Phone Number: _____ Email Address: _____

PLEASE NOTE: This form is to be completed by the head coach in the event of a suspected concussion in a soccer game, practice or team activity. Once complete, give one copy of this report to parent/guardian and the other to your team/club designate. Parents must take this form to medical appointment with **medical doctor or nurse practitioner** with the recommended [Canada Soccer Concussion Assessment Medical Form](#). This report form is aligned with [best-practice guidelines](#) and a tool to be used to support the remove, refer and report sections of the [Canada Soccer Concussion Policy](#).

CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults



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RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

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

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

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

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STEP 3: SYMPTOMS

- Headache
- Blurred vision
- More emotional
- Difficulty concentrating
- "Pressure in head"
- Sensitivity to light
- More irritable
- Balance problems
- Sensitivity to noise
- Difficulty remembering
- Nausea or vomiting
- Fatigue or low energy
- Nervous or anxious
- Feeling slowed down
- Drowsiness
- "Don't feel right"
- Neck Pain
- Feeling like "in a fog"
- Dizziness

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "What team did you play last week/game?"
- "Which half is it now?"
- "Did your team win the last game?"
- "Who scored last in this game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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Soccer Canada Concussion Assessment Medical Report

This form serves as an aid to medical professionals to inform an athlete's team staff regarding the diagnosis and status of concussion following an impact during a soccer activity. This form must be completed by a qualified medical doctor or nurse practitioner¹.

STEP 1: Consent to Disclose Personal Health Information

MUST be completed by athlete/parent/guardian prior to physician assessment

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

I, _____, authorize _____
(Print your name) (Print name of health information custodian)

to disclose:

- my personal health information, or
 the personal health information of _____
(Name of person for whom you are the substitute decision-maker²)

to _____
(Print name of the Head Coach/Trainer and Soccer Association requiring the information)

consisting of the information provided regarding the injury, as requested below.

I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form.

My Name: _____ Address: _____

Telephone (Home or Mobile): _____

Signature: _____ Date: _____

Witness Name: _____

Signature: _____ Date: _____

STEP 2: Physician Assessment (Check one)

- This patient has **NOT been diagnosed with a concussion** and can resume full participation in school, work, and sport activities without restriction.
- This patient has been **diagnosed with a concussion**.
They have been advised about concussion management and may participate in training sessions once they have NO concussion symptoms AND have subsequently managed light exercise for 15 minutes WITHOUT concussion symptoms
A second report is necessary prior to returning to full contact soccer activities or games
- This patient has **recovered from a concussion** and may participate in full contact training sessions and subsequently game play, if they remain clear of concussion symptoms.
If symptoms recur after return to soccer, a repeat medical assessment is necessary

Signature: _____ MD / NP¹ (circle designation)

Print Name: _____ Date: _____

¹ In rural or northern regions, a nurse may complete the Concussion Assessment Medical Report Form with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.

² Please note: A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.

Modified from the Canadian Guidelines on Concussion in Sport¹:

Return-to-School Strategy

The following is an outline of the *Return-to-School Strategy* that should be used to help student-athletes, parents, and teachers to partner in allowing the athlete to make a gradual return to school activities. Depending on the severity and type of the symptoms present, student-athletes will progress through the following stages at different rates. If the student-athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage.

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student- athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	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 increased breaks during the day.	Increase academic activities.
4	Return to school full-time	Gradually progress school activities until a full day can be tolerated	Return to full academic activities and catch up on missed school work.

Soccer-Specific Return-to-Sport Strategy

The following is an outline of the *Return-to-Sport Strategy* that should be used to help athletes, coaches, trainers, and medical professionals to partner in allowing the athlete to make a gradual return to sport activities.

An initial period of 24-48 hours of rest is recommended before starting their *Soccer-Specific Return-to-Sport Strategy*. If the athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the *Soccer-Specific Return-to-Sport Strategy*. All athletes must provide their coach with a second *Concussion Assessment Medical Report* prior to returning to full contact sport activities.

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
Once concussion related symptoms have resolved:			
2	Light aerobic activity	Walking, light jogging, swimming or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Soccer-specific exercise	Simple movement (ie running drills), limiting body and head movents. No head impact activities. No heading.	Add movement.
4	Non-contact training drills	Harder training drills, i.e. passing drills, change of direction, shooting. May start resistance training. No head impact activities. No heading.	Exercise, coordination and increased thinking.
Repeat medical assessment and clearance with second Concussion Assessment Medical Report			
5	Full contact practice	Normal training activities, ie. tackling, heading, diving saves.	Restore confidence and assess functional skills by coaching staff.
6	Game play	Normal game play. Player rehabilitated	

How long will it take for concussion recovery?

Most athletes who sustain a concussion will make a complete recovery within 1-2 weeks while most youth athletes will recover within 1-4 weeks. Approximately 15-30% of patients will experience persistent symptoms (>2 weeks for adults; >4 weeks for youth) that may require additional medical assessment and management.

¹ Parachute. (2017). *Canadian Guideline on Concussion in Sport*. Toronto: Parachute.

Return-to-Sport Protocol

Stage 0: Initial rest period of 24-48 hours before beginning return-to-sport 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.

Stage 1: Signature of completion (requires player & parent/guardian signatures)

I confirm that _____ completed Stage 1 for minimum of 24 hours with no 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)**

Stage 2: Signature of completion (requires player & parent/guardian signatures)

I confirm that _____ completed Stage 2 for minimum of 24 hours with no 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).**

Stage 3: Signature of completion (requires player & parent/guardian signatures)

I confirm that _____ completed Stage 3 for minimum of 24 hours with no 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).**

Stage 4 (A): Signature of completion (requires player & parent/guardian signatures)

I confirm that _____ completed Stage 4 (A) for minimum of 24 hours with no symptoms on _____ and I discussed my return to play stage with my coach at practice.
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

*This form is to be completed by parents and players to guide and document progress through return-to-sport steps after a diagnosed concussion with their coach and healthcare professional. This report form is aligned with [best-practice guidelines](#) and a tool to be used to support the return to soccer strategy of the [Canada Soccer Concussion Policy](#). **Additional Acknowledgement: Montreal Children's Hospital "Return To Soccer Following A Concussion"***

Stage 4 (B): Non-contact 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).**

Stage 4 (B): Signature of completion (requires player, parent/guardian & physician signatures)

I confirm that _____ completed Stage 4(B) for minimum of 24 hours with no symptoms on _____ and I discussed my return to play stage with my coach at practice. MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

(MD or NP signature)

MD or NP signature stamp and credentials

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.
- Goalies return to full team practice with hard driven shots, higher intensity drills, and practicing corner kicks.

Stage 5: Signature of completion (requires player & parent/guardian signatures)

I confirm that _____ completed Stage 5 for minimum of 24 hours with no symptoms on _____ and I discussed my return to play stage with my coach at practice. MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

Stage 6: Return to game play **Effort: 100%**

- **Players must spend a minimum of 24 hours at each stage, however most children/youth should spend longer.**
- Required signatures must be completed before moving to the next stage. If the player experiences any onset or worsening of symptoms during or after the activities in any stage, the player should stop that activity immediately and return to the previous **successful** stage the following day before trying those activities again. 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](#).
- 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.
- **Upon successful completion of Stage 5, this form in addition to medical clearance letter from medical doctor or nurse practitioner must be sent to coach and team/club designate before player is permitted to proceed to Stage 6.**

*This form is to be completed by parents and players to guide and document progress through return-to-sport steps after a diagnosed concussion with their coach and healthcare professional. This report form is aligned with [best-practice guidelines](#) and a tool to be used to support the return to soccer strategy of the [Canada Soccer Concussion Policy](#). **Additional Acknowledgement: Montreal Children's Hospital "Return To Soccer Following A Concussion"***

Medical Clearance Letter

Date: _____ Athlete's Name: _____

To whom it may concern,

Athletes who are diagnosed with a concussion should be managed according to the *Canadian Guideline on Concussion in Sport* including the *Return-to-School* and *Return-to-Sport Strategies* (see page 2 of this letter). Accordingly, the above athlete has been medically cleared to participate in the following activities as tolerated effective the date stated above (please check all that apply):

- Symptom-limiting activity (cognitive and physical activities that don't provoke symptoms)**
- Light aerobic activity (Walking or stationary cycling at slow to medium pace. No resistance training)**
- Sport-specific exercise (Running or skating drills. No head impact activities)**
- Non-contact practice (Harder training drills, e.g. passing drills. May start progressive resistance training. Including gym class activities without a risk of contact, e.g. tennis, running, swimming)**
- Full-contact practice (Including gym class activities with risk of contact and head impact, e.g. soccer, dodgeball, basketball)**
- Full game play**

What if symptoms recur? Any athlete who has been cleared for physical activities, gym class or non-contact practice, and who has a recurrence of symptoms, should immediately remove himself or herself from the activity and inform the teacher or coach. If the symptoms subside, the athlete may continue to participate in these activities as tolerated.

Athletes who have been cleared for full contact practice or game play must be able to participate in full-time school (or normal cognitive activity) as well as high intensity resistance and endurance exercise (including non-contact practice) without symptom recurrence. Any athlete who has been cleared for full-contact practice or full game play and has a recurrence of symptoms, should immediately remove himself or herself from play, inform their teacher or coach, and undergo medical assessment by a medical doctor or nurse practitioner before returning to full-contact practice or games.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*.

Other comments:

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print _____ M.D. / N.P. (circle appropriate designation)*

**In rural or northern regions, the Medical Clearance Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.*

We recommend that this document be provided to the athlete without charge.

Return-to-School Strategy¹

The following is an outline of the *Return-to-School Strategy* that should be used to help student-athletes, parents, and teachers to partner in allowing the athlete to make a gradual return to school activities. Depending on the severity and type of the symptoms present, student-athletes will progress through the following stages at different rates. If the student-athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage.

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	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 increased breaks during the day.	Increase academic activities.
4	Return to school full-time	Gradually progress.	Return to full academic activities and catch up on missed school work.

Sport-Specific Return-to-Sport Strategy¹

The following is an outline of the *Return-to-Sport Strategy* that should be used to help athletes, coaches, trainers, and medical professionals to partner in allowing the athlete to make a gradual return to sport activities. Activities should be tailored to create a sport-specific strategy that helps the athlete return to their respective sport.

An initial period of 24-48 hours of rest is recommended before starting their *Sport-Specific Return-to-Sport Strategy*. If the athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the *Sport-Specific Return-to-Sport Strategy*. It is also important that all athletes provide their coach with a *Medical Clearance Letter* prior to returning to full contact sport activities.

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance and complete return to school.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	

¹Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847. <http://dx.doi.org/10.1136/bjsports-2017-097699>