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CONCUSSION RECOGNITION & RESPONSE

(Adapted from http://www.parachutecanada.org/resources)

Concussions in cross country skiing are rare, but can occur while participating in any sport or recreational activity. In our sport competitors are especially vulnerable during dryland training, in particular roller skiing, and when skiing at high speeds. All members must adhere to the Nordiq Canada roller skiing policy .

Since the circumstances under which a concussion can be sustained are so varied, it's important for all coaches, parents and athletes to be aware of the signs and symptoms and what to do if a concussion occurs. The information here is for information purposes only and is not intended to or constitute any medical advice.

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 a person may think and remember things, and can cause a variety of symptoms.

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.

What should you do if you suspect a possible concussion?
The athlete/person should stop skiing and/or training right away. If possible, the person with the suspected concussion should not be left alone on the trails.

How long will it take for someone to recover?
The signs and symptoms of a concussion often last for 7-10 days but may last much longer. In some cases, it may take many weeks or months to heal. A person who has had previous concussions may take longer to heal.

What are signs and symptoms?

Thinking Problems	Athlete's Complaints	Other Problems
• Does not know the time, date, place, and other details of surroundings • General confusion • Cannot remember things that happened before or after the injury • Knocked out	• Headache • Dizziness • Feels dazed • Feels "dinged" or "stunned"; "having my bell rung" • Sees stars, flashing lights • Ringing in the ears • Sleepiness • Loss of vision • Sees double or blurry • Stomach ache or pain,	• Poor coordination or balance • Blank stare/glassy eyed • Vomiting • Slurred speech • Slow to answer questions or follow directions • Easily distracted • Poor concentration • Strange or inappropriate emotions (ie laughing, crying, getting mad easily)

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**
- **Double vision**
- **Weakness or tingling/ burning in arms or legs**
- **Severe or increasing headache**
- **Seizure or convulsion**
- **Loss of consciousness**
- **Deteriorating conscious state**
- **Vomiting**
- **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 so do.
- 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
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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STEP 3: SYMPTOMS

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

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

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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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RETURN TO SPORT POLICY

A concussion is a serious event, but you can recover fully from such an injury if the brain is given enough time to rest and recuperate. Returning to normal activities, including sport participation, is a step-wise process that requires patience, attention, and caution.

Each step must take a minimum of one day but could last longer, depending on the player and their specific situation.

Step 1: No activity, only complete rest.

Limit school, work and tasks requiring concentration. Refrain from physical activity until symptoms are gone. Once symptoms are gone, a physician, preferably one with experience managing concussions, should be consulted before beginning a step wise 'return to play' process.

Step 2: Light aerobic exercise.

Activities such as walking or stationary cycling. The athlete should be supervised by someone who can help monitor for symptoms and signs. No resistance training or weight lifting. The duration and intensity of the aerobic exercise can be gradually increased over time if no symptoms or signs return during the exercise or the next day.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.
No symptoms? Proceed to **Step 3** the next day.

Step 3: Sport specific activities.

Activities such as skating or throwing can begin at step 3. There should be no body contact or other jarring motions such as high speed stops or hitting a baseball with a bat.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.
No symptoms? Proceed to **Step 4** the next day.

Step 4: Begin drills without body contact or jarring motions.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.
No symptoms? The time needed to progress from non-contact exercise will vary with the severity of the concussion and with the athlete.
Proceed to Step 5 only after medical clearance.

Step 5: Begin drills with jarring motions and risk of falling.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.
No symptoms? Proceed to **Step 6** the next day.

Step 6: Full return to training and racing.