

Ontario Amateur Softball Association Concussion Policy and Code

Preamble

1. The *Concussion Policy and Code* (the “Policy”) is based on the 6th Consensus Statement on Concussion in Sport, released in June 2023, and *Rowan’s Law*.¹
2. *Rowan’s Law* imposes three obligations on sporting organizations:
 - a) Receive an acknowledgment from *Individuals* who are under 26 years of age, parents of *Athletes* under 18, as well as their coaches, team trainers (including *Athlete Support Personnel*) and officials that they have reviewed the published Concussion awareness resources;
 - b) Establish a Concussion *Code of Conduct*; and
 - c) Establish a Removal-from-Sport and Return-to-Sport protocol.
3. *Rowan’s Law* is the only legislation addressing Concussion safety in the country, and OASA recognizes this legislation is the leading standard in Concussion prevention and awareness in Canada, and it is reflected within the Policy.
4. This Policy also incorporates the report of the 2022 Concussion in Sport Group (2022 CISG), a group of sport Concussion medical practitioners and experts that provided recommendations for preventing Concussions. These include implementing laws and protocols for mandatory removal from play following actual or *Suspected Concussion*; requirements to receive clearance for return-to-play from a healthcare provider; and education of coaches, parents and *Athletes* regarding Concussion signs and symptoms. These actions are associated with a reduction in recurrent Concussion rates.
5. A Concussion is a clinical diagnosis that can only be made by a physician. The 2022 CISG defined Sport-Related Concussion, in part as:

...a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities... Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve within Days, but may be prolonged [...] Sport-Related Concussion results in a range of clinical symptoms and signs that may or may not involve loss of consciousness.

¹ [Rowan's Law \(Concussion Safety\)](#), 2018, S.O. 2018, c. 1. (Note: *Rowan’s Law* applies ONLY to organizations located in Ontario. Participation by all other SOs is voluntary).

6. Timely recognition and removal, proper assessment and appropriate management are linked to faster recovery and improved outcomes following Concussions.

Purpose

7. OASA believes that increased awareness of Concussions and their long-term effects, as well as prevention of Concussions is paramount to protecting the health and safety of *Individuals*.
8. This Policy applies to all activities and *Events* for which OASA is the governing or sanctioning body, including, but not limited to, competitions, practices, and training sessions.

Definitions

9. This Policy defines the following terms:
 - a) ***Athlete***: An *Individual* who is engaged in OASA activities as an *Athlete* and who is subject to the policies of OASA.
 - b) ***Athlete Support Personnel***: Any coach, trainer, manager, agent, team staff, official, medical, paramedical personnel, parent, or any other person working with, treating or assisting an *Athlete* participating in or preparing for sports competition with OASA.
 - c) ***Concussion*** – a brain injury that can result in an alteration in thinking and behaviour because of a physical impact to the head, neck, face or body.
 - d) ***Designated Person***: Refers to a person/people designated by OASA Removal-from-Sport protocol and by its Return-to-Sport protocol for the purposes of fulfilling various duties indicated in this Policy. The *Designated Person(s)* is/are responsible for ensuring that:
 - i. an *Athlete* is immediately removed from further training, practice or competition if the *Athlete* is suspected of having sustained a Concussion,
 - ii. if the *Athlete* is under 18 years of age or such other age as may be prescribed, the parent or guardian is informed of the removal,
 - iii. such persons or entities as may be prescribed are informed of the removal, and
 - iv. once removed, the *Athlete* is not permitted to return to training, practice or competition, except in accordance with OASA's Return-to-Sport protocol.

- e) **Individual:** includes one or more *Athletes, Athlete Support Personnel*, and other *Individuals* as defined in OASA’s by-laws and policies.
- f) **Qualified Healthcare Professional:** refers to a licensed health care professional who has been trained in Concussion assessment and treatment.
- g) **Return-to-Sport (RTS):** completion of the RTS strategy with no symptoms and no clinical findings associated with the current Concussion at rest and with maximal physical exertion.
- h) **Sport-Related Concussion (“SRC”):** a Sport-Related Concussion is a traumatic brain injury induced by biomechanical forces. Several common features that may be used to define the nature of a SRC may include:
 - i. it was caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head;
 - ii. it typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over several minutes to hours;
 - iii. it may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality may be visibly apparent; or
 - iv. it results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged.
- i) **Suspected Concussion:** means the recognition that an *Individual* appears to have either experienced an injury or impact that may result in a Concussion, or who is exhibiting unusual behaviour that may be the result of Concussion.

Registration

10. When an *Individual* under the age of 26 years old registers with OASA, the *Individual* **must** provide written or electronic confirmation that they have reviewed Concussion awareness resources within the past 12 months, pursuant to *Rowan’s Law*. The Ontario Government has produced age-appropriate Concussion resources:
 - a) [Ages 10 and under](#)
 - b) [Ages 11-14](#)

- c) [Ages 15+](#)
11. *Individuals* under the age of 26 years old must also sign the *Concussion Code of Conduct* (**Appendix A, Part A**).
 12. For *Individuals* younger than 18 years old, their parent or guardian **must** provide confirmation that they have also reviewed the Concussion resources and signed the *Concussion Code of Conduct*.
 13. *Athlete Support Personnel* must provide confirmation that they have also reviewed the Concussion resources and sign the *Concussion Code of Conduct* (**Appendix A, Part B**); but not if they will be interacting exclusively with *Individuals* who are 26 years old or older.
 14. While *Rowan's Law* mandates *Individuals* and *Athlete Support Personnel* **under** 26 years of age to sign the *Concussion Code of Conduct*, OASA also requires that those over the age of 26 familiarize themselves with relevant Concussion information and sign on the *Concussion Code of Conduct*.

Removal from Sport Protocol: Recognizing Concussions

15. Although the formal diagnosis of Concussion should be made following a medical assessment, the broader sport community, including *Athletes*, parents, teachers, coaches, officials, and *Qualified Healthcare Professionals* are responsible for the recognition and reporting of *Athletes* who may demonstrate visual signs of a head injury or who report Concussion-related symptoms. Some sport and recreation venues will not have access to on-site *Qualified Healthcare Professionals*.
16. A Concussion should be suspected:
 - a) in any *Athlete* who sustains a significant impact to the head, face, neck, or body and demonstrates ANY of the visual signs of a *Suspected Concussion* or reports ANY symptoms of a *Suspected Concussion* as detailed in the Concussion Recognition Tool (see **Appendix B**); and/or
 - b) if an *Athlete* reports ANY Concussion symptoms to one of their peers, parents, teachers, or coaches or if anyone witnesses an *Athlete* exhibiting any of the visual signs of Concussion.
17. Concussions can be identified with the help of the Concussion Recognition Tool, 6th Edition ("CRT6"), **Appendix B**²

² As the CRT6 is updated and new versions are implemented, OASA will update this Policy.

18. If an ambulance is called involving a *Minor Individual*, the parent/guardian and/or emergency contact of the *Minor Individual* must be contacted immediately.

Removal from Sport Protocol: Steps and Process

19. Removal of an *Individual* from the field of play should be done by the *Designated Person(s)* if there is suspicion of a possible Concussion. This person is either:
 - a) An on-site OASA staff member; and/or
 - b) The *Designated Person* for the *Event*.
20. OASA will identify the *Designated Person(s)*.
21. Recognition and removal from sport are actions that should be taken following reference to the CRT6 (Appendix B) The CRT6 is provided as a tool that non-medically trained personnel can use (i.e., the *Designated Person(s)*) for the identification and immediate management of a *Suspected Concussion*. It is not used to diagnose a Concussion.
22. Following the removal of any *Individual* on the basis of a *Suspected Concussion*:³
 - a) the *Designated Person(s)* who removed the *Individual* must call 9-1-1 if, in the *Designated Person's* opinion, doing so is necessary;
 - b) OASA must create and keep a record of the removal;
 - c) The *Designated Person(s)* must inform the *Individual's* parent or guardian of the removal if the *Individual* is younger than 18 years old, and inform the parent or guardian that the *Individual* is required to undergo a medical assessment by a *Qualified Healthcare Professional* before the *Individual* will be permitted to return to participation; and
 - d) The *Designated Person(s)* will remind the *Individual*, and the *Individual's* parent or guardian as applicable, of OASA's Removal from Sport and Return-to-Sport protocol as described in this Policy.
23. If an *Individual* is suspected of sustaining a Concussion but there is no concern for a more serious head or spine injury (i.e., no red flags as indicated in the CRT6), they should be immediately removed from the field of play, and proceed as follows:

³ An *Athlete* must be removed by the *Designated Person* on the basis of a *Suspected Concussion* regardless of whether the Concussion was sustained or is suspected to having been sustained during a sport activity associated with OASA.

- a) If a *Qualified Healthcare Professional* is present, the *Individual* should be taken to a quiet area and undergo sideline medical assessment.
 - b) If a *Qualified Healthcare Professional* is not present, the *Individual* should be referred for medical assessment by a *Qualified Healthcare Professional* as soon as possible. They must not return to play until medical clearance is received.
24. Once an *Individual* is assessed medically, and:
- a) is determined to **not** have not sustained a Concussion, they must provide a [Medical Assessment Letter](#) indicating this. The *Individual* can return to sport activities without restriction.
 - b) is diagnosed with a Concussion, they should be provided with a [Medical Assessment Letter](#) indicating this. The *Individual* may return in accordance with the Return-to-Sport Protocol in this Policy.

Return-to-Sport (RTS) Protocol

25. The table below contains the RTS Protocol, which is a requirement of Rowan's Law, once medical clearance has been received.

Stage	Aim	Activity	Stage Goal
1	Activities of daily living and relative rest (first 24 to 48 hours)	Daily activities that do not exacerbate symptoms	Gradual reintroduction of work/school activities
After a maximum of twenty-four (24) to forty-eight (48) hours after injury, progress to Step 2			
2A	Light effort and aerobic exercise	<p>Light aerobic exercise, such as stationary cycling or walking at slow to medium pace.</p> <p>Light resistance training that does not result in more than mild and brief exacerbation⁴ *of Concussion symptoms. *(see Concussion Policy and Code, Appendix B – Concussion Recognition Tool 6)</p> <p>Exercise up to approximately 55% of maximum heart rate</p> <p>Take breaks and modify activities as needed</p>	Increase heart rate

⁴ 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 twenty-four (24) hours of injury, with progression through each subsequent step typically taking a minimum of twenty-four (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. *Athletes* experiencing Concussion-related symptoms during Steps 4–6 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 a healthcare provider before unrestricted RTS as directed by local laws and/or sporting regulations.

2B	Moderate effort aerobic exercise	Gradually increase tolerance and intensity of aerobic activities, such as stationary cycling and walking at a brisk pace Exercise up to approximately 70% of maximum heart rate Take breaks	Increase heart rate
3	<i>Individual</i> sport-specific activities, without risk of inadvertent head impact with school accommodations (as needed)	Add sport-specific activities Perform activities <i>Individually</i> and under supervision from a teacher, parent/caregiver, or coach Progress to where <i>Athlete</i> is free of Concussion-related symptoms, even when exercising	Increase the intensity of aerobic activities and introduce low-risk sport-specific movements
<p>Medical clearance</p> <p>If the <i>Individual</i> has been medically cleared, progress to Step 4.⁵</p>			
4	Non-contact training drills and activities	Progress to exercises with no body contact at high intensity, including more challenging drills and activities	Resume usual intensity of exercise, coordination, and activity-related cognitive skills.
<p>If the <i>Individual</i> can tolerate usual intensity of activities with no return of symptoms, progress to step 5.</p>			

⁵ *Athletes* who have been diagnosed with a Concussion can be considered for medical clearance to return to sport activities with risk of contact or fall once they have successfully completed: Steps 1 to 3 of the sport-specific RTS strategy. To progress to Step 4 of RTS, the *Athlete* must provide their coach with a Medical Clearance Letter that specifies that a medical doctor or nurse practitioner has personally evaluated the patient and has cleared the *Athlete* to return to sport. In geographic regions of Canada with limited access to medical doctors (e.g., rural, remote, or northern communities), a *Qualified Healthcare Professional* (e.g., a nurse) with pre-arranged access to a medical doctor or nurse practitioner can provide this documentation.

5	Return to all non-competitive activities, full contact practice and physical education activities	Progress to higher-risk activities, including typical training activities Do not participate in competitive gameplay	Return to activities that have a risk of falling or body contact, restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal participation; unrestricted sport and physical activity	

26. The *Individual's* Return-to-Sport strategy should be guided and approved by a physician with regular consultations throughout the process. Specifically, progression through the later RTS strategy (Steps 4–6) should be monitored by a health care professional.
27. To fully return to sport, the affected *Individual* must provide OASA with a medical clearance form, signed by a physician, following Stage 5 and before proceeding to Stage 6.
28. Additional consultation with a *Qualified Healthcare Professional* is recommended if there is recurrence of symptoms when progressing through RTS strategies.⁶

Administrative Responsibilities

29. *Members* must maintain records of reported and *Suspected* Concussions and documentation of Participant diagnosis and clearance to return to play.
30. OASA will conduct a review of this policy at regular intervals.

Non-Compliance

31. Failure to abide by any of the guidelines and/or protocols contained within this policy may result in disciplinary action in accordance with OASA's *Sport Integrity and Complaints Policy*.

⁶ In some cases, it may be in the best interest of the *Athlete* to discontinue their participation in Softball as a result of potential head injuries and Concussions.

Not Advice

32. Nothing in this Policy is to be interpreted as medical or legal advice.

Appendix A – Concussion *Code of Conduct*

PART A

The following section of the Concussion Code of Conduct must be signed by all Individuals under the age of 26 years old. For Individuals who are younger than the age of majority in the applicable territory, a parent/guardian must also sign this section.

I will help prevent Concussions by:

- wearing the proper equipment for my sport and wearing it correctly;
- developing my skills and strength so that I can participate to the best of my ability;
- respecting the rules of my sport or activity;
- demonstrating my commitment to fair play and respect for all (respecting other *Athletes*, coaches, team trainers and officials).

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

- a Concussion is a brain injury that can have both short-term and long-term effects;
- a blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a Concussion;
- I don't need to lose consciousness to have had a Concussion;
- I have a commitment to Concussion recognition and reporting, including self-reporting of possible Concussion and reporting to a *Designated Person* when and an *Individual* suspects that another *Individual* may have sustained a Concussion. (Meaning: If I think I might have a Concussion I should stop participating in further training, practice, or competition **immediately**, and I will tell an adult if I think another *Athlete* has a Concussion);
- continuing to participate in further training, practice or competition with a possible Concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries;
- I have a commitment to zero-tolerance for prohibited play that is considered high-risk for causing Concussions;
- I acknowledge that mandatory expulsion from competition may occur for violating zero-tolerance for prohibited play that is considered high-risk for causing consequences; and
- I acknowledge that there are escalating consequences for those who repeatedly violate this Concussion *Code of Conduct*.

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

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of Concussion.
- If someone else tells me about Concussion symptoms, or I see signs they might have a Concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that, if I have a *Suspected* Concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other sport organization with which I have registered. (Meaning: If I am diagnosed with a Concussion, I understand that letting all my other coaches and teachers know about my injury will help them support me while I recover.)

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

- I understand my commitment to supporting the Return-to-Sport process and I will follow my sport’s Return-to-Sport Protocol.
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Name of Organizational
Participant (Print)

Signature of Organizational
Participant

Date

Name of Parent or
Guardian (print)

Signature of Parent or
Guardian

Date

PART B

The following section of the Concussion Code of Conduct must be signed by all coaches and team trainers who interact with Individuals under the age of 26 years old.

I can help prevent Concussions through my:

- efforts to ensure that my *Athletes* wear the proper equipment and wear it correctly;
- efforts to help my *Athletes* develop their skills and strength so they can participate to the best of their abilities;
- respect for the rules of my sport or activity and my efforts to ensure that my *Athletes* do, too; and
- commitment to fair play and respect for all (respecting other coaches, team trainers, officials and all *Individuals* and ensuring my *Athletes* respect others and play fair).

I will care for the health and safety of all [Organizational Participant]s by taking Concussions seriously. I understand that:

- a Concussion is a brain injury that can have both short-term and long-term effects;
- 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;
- a person doesn't need to lose consciousness to have had a Concussion;
- an *Individual* 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 possible Concussion and reporting to a *Designated Person* when an *Individual* suspects 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 have a commitment to zero-tolerance for prohibited play that is considered high-risk for causing Concussions;
- I acknowledge that mandatory expulsion from competition may occur for violating zero-tolerance for prohibited play that is considered high-risk for causing consequences; and
- I acknowledge that there are escalating consequences for those who repeatedly violate this *Concussion Code of Conduct*.

I will create an environment where [Organizational Participant]s feel safe and comfortable speaking up. I will:

- encourage *Athletes* not to hide their symptoms, but to tell me, an official, parent or another adult they trust if they experience **any** symptoms of Concussion after an impact;
- lead by example. I will tell a fellow coach, official, team trainer and seek medical attention by a physician or 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 until they undergo a medical assessment by a physician or nurse practitioner and have been medically cleared to return to training, practice or competition.
- *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.

I will support all [Organizational Participant]s to take the time they need to recover.

- I understand my commitment to supporting the Return-to-Sport process.
- I understand the *Athletes* will have to be cleared by a physician or nurse practitioner before returning to sport.
- I will respect my fellow coaches, team trainers, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of my *Athletes*.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Name and role (print)

Signature


Date

Appendix B – Concussion Recognition Tool 6 (CRT6)

CRT6™

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults



What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- Neck pain or tenderness
- Seizure, 'fits', or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg
- Repeated Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

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CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:

International Olympic Committee



CRT6

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults



1: Visible Clues of Suspected Concussion

- Visible clues that suggest concussion include:
- Loss of consciousness or responsiveness
 - Lying motionless on the playing surface
 - Falling unprotected to the playing surface
 - Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
 - Dazed, blank, or vacant look
 - Seizure, fits, or convulsions
 - Slow to get up after a direct or indirect hit to the head
 - Unsteady on feet / balance problems or falling over / poor coordination / wobbly
 - Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms	Changes in Emotions
Headache	More emotional
"Pressure in head"	More Irritable
Balance problems	Sadness
Nausea or vomiting	Nervous or anxious
Drowsiness	
Dizziness	
Blurred vision	
More sensitive to light	
More sensitive to noise	
Fatigue or low energy	
"Don't feel right"	
Neck Pain	

Changes in Thinking
Difficulty concentrating
Difficulty remembering
Feeling slowed down
Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

- "Where are we today?"
- "What event were you doing?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

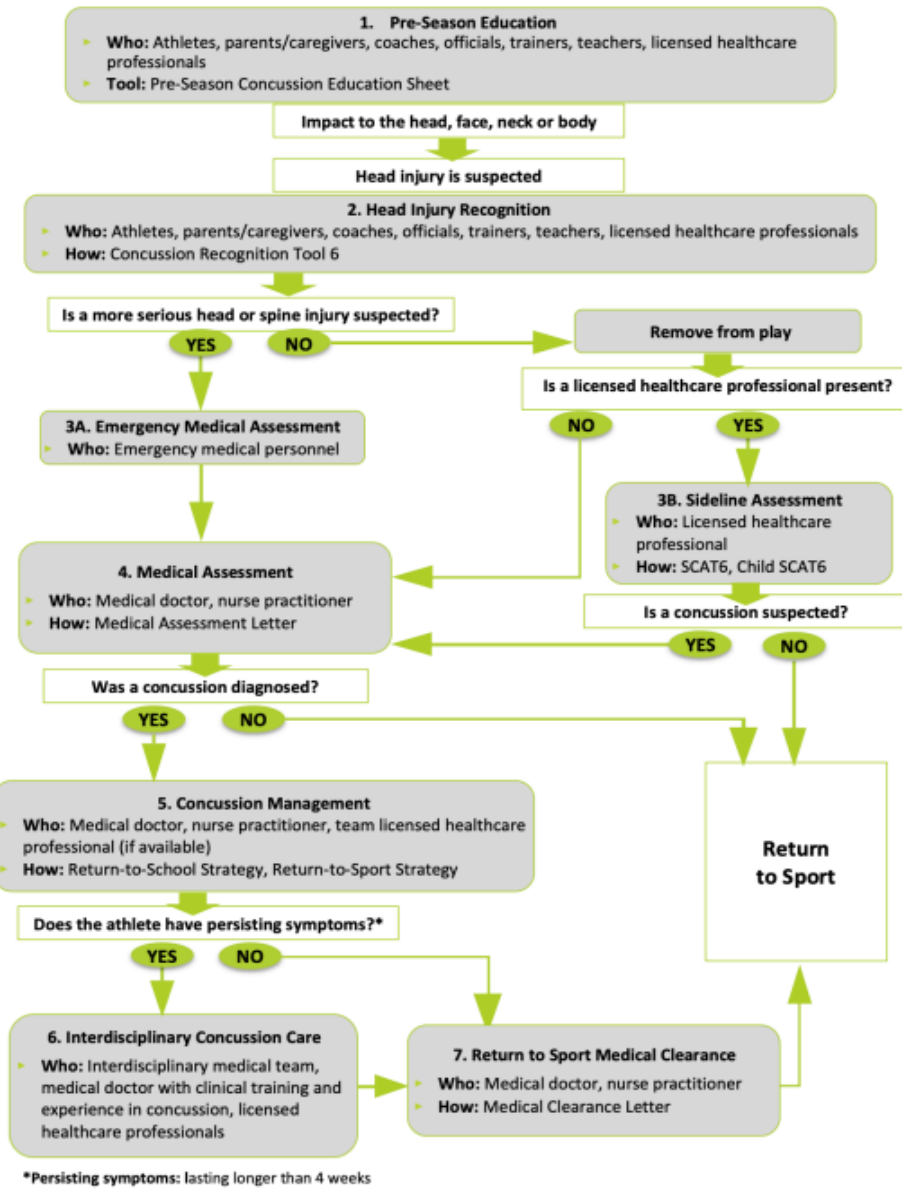
- Athletes with suspected concussion should **NOT**:
- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
 - Be sent home by themselves. They need to be with a responsible adult.
 - Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
 - Drive a motor vehicle until cleared to do so by a healthcare professional

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Appendix C – Sport Concussion Pathway

Canadian Sport Concussion Pathway

The flowchart that follows is a visual representation of the decision-making pathway that reflects the recommendations in this guideline.



Appendix D – Key Points from CISG Recommendations

Refine

- The 2022 CISG identified several areas of refinement to strengthen future consensus statements: *Para Sport, Paediatrics, the Athlete’s Voice* and *Ethical Considerations, limitations, and improvements*. The following are relevant for OASA’s application of this policy.

Para-sport

- The Concussion experience of the para-Athlete is unique, due to the interaction of the *Individual’s* primary impairment and the pathophysiology of Concussion. Para-Athletes require a more *Individualized* approach when it comes to evaluating Concussions.
- OASA should be aware that prevention approaches, detection of initial symptoms, diagnosis, recovery (i.e., potential for persisting symptoms of Concussion) and treatment strategies may be impacted by the characteristics of the *Individual’s* underlying impairment.
- *Individuals* with visual impairment may be at even greater risk of Concussion, as the mechanisms of injury in this population are primarily through collisions or direct head contact.
- The following considerations by the Concussion in Para-sport Group are important for OASA to keep in mind when dealing with para-sport *Individuals*:
 - a) Para-sport *Individuals* may benefit from baseline testing given the variable nature of their disability and the potential for atypical presenting signs/symptoms of Concussion;
 - b) Para-sport *Individuals* with a history of central nervous system injuries (e.g., cerebral palsy, stroke) may require an extended period of initial rest;
 - c) Testing for symptoms of Concussion through recovery may require modification such as the use of arm ergometry as opposed to a treadmill/stationary bike; and
 - d) RTS protocols must be tailored and include the use of the *Individual’s* personal adaptive equipment and, for applicable participants with visual impairment, partnership with their guide.

Paediatrics

- Child and adolescent *Athletes* are less likely to have trained medical personnel available on the sidelines, and it is strongly recommended that the CRT6 be used by all adults supervising child and adolescent sport.
- Children and adolescents with repeat Concussions wishing to continue to play or to progress to the next age-level group or [elite pathway/national level] programmes require *Individualized* assessment.