

**PARASPORT ONTARIO  
CONCUSSION POLICY  
RATIFIED SEPT 11, 2017**

**\*This policy does not constitute any medical advice or medical diagnoses, symptom assessments or medical opinions.**

**Purpose**

1. ParaSport Ontario (“PO”) takes seriously the health and well-being of athletes and participants of parasport. It is committed to taking all reasonable steps to provide a safe and secure sport environment for athletes. Recent research has made it clear that a concussion can have a serious impact on an individual’s health and well-being. In fact, sports that require concentration can actually cause concussion symptoms to reappear or worsen. If a concussion is not properly identified and managed, it can result in permanent brain damage, and in rare occasions, even death. It requires the evaluation and diagnosis of a medical doctor.
2. Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a concussion is critical to recovery and helping to ensure the individual is not returning to sport too soon, risking further complications.
3. This policy is designed to maximize the health and safety of all parasport athletes by providing a framework of education, clinical management, and return-to-play protocol that best reflects what is currently scientifically known about the injury. PO positioned this policy as a broader injury management strategy because each concussion and each athlete is unique. It is important to present general concussion prevention and management in order for multiple sports and organizations to easily adopt them for their own policies.

**Application**

4. This policy applies to all coaches, officials, athletes and members of PO.

**Definitions**

5. A “concussion”:
  - a) is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);

- b) may be caused either by a direct blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull;
- c) can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and
- d) cannot normally be seen on X-rays, standard CT scans or MRIs.<sup>1</sup>

### **Education**

- 6. PO is committed to the long term health of parasport athletes.
- 7. PO believes in providing athletes, coaches, parents, employees and volunteers with concussion education to assist with proper diagnosis and management, such as how concussions happen, common and uncommon symptoms of a concussion, appropriate management strategies and possible complications.
- 8. Current and credible concussion resources include information on concussion prevention, identification, management and treatment, which can be found here: <http://www.health.gov.on.ca/en/public/programs/concussions/>.

### **Concussion Evaluation**

- 9. If an athlete is suspected of having concussion, or has the signs or symptoms of a concussion, he or she shall immediately attend a medical evaluation by a medical doctor.
- 10. Even if an athlete is not diagnosed with a concussion, the player should be reviewed by a physician within 24 hours of the injury.

### **Prohibition from Participation**

- 11. An athlete who is believed to have a concussion is removed from the field of play right away.

### **Limiting Exertion**

- 12. An athlete who has been diagnosed with a concussion should limit their physical and cognitive exertion as much as possible while still experiencing symptoms of a concussion. Limiting the use of electronic games and devices as well as exposure to large groups of people.

### **Return-to-Play Decisions**

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<sup>1</sup> Definition is cited from the Ontario Ministry of Tourism, Culture and Sport - Concussion Guidelines.

13. An athlete diagnosed with a concussion should be regularly monitored for the first 24 hours for the evolution of symptoms.
14. An athlete can only return to play or practice after at least 24 hours and with permission from a health care professional.

### **Return-to-Play Protocol**

15. PO recommends that a gradual Return-to-Play Protocol is followed. There should be no Return-to-Play until the athlete has been medically cleared and has successfully returned to other daily activities without the worsening of symptoms.
16. The Return-to-Play Protocol should include a step-by-step supervised program that should be followed in stages of progression. Examples of Return-to-Play stages include: light cognitive and physical activities, light aerobic exercise, sport-specific exercise, activity with no body contact, full participation in non-contact sports and full participation in all physical activity.
17. The athlete should cease to participate in the supervised program if any concussion-related symptoms re-appear. The goal is for the athlete to complete each stage of progression without any symptoms.
18. It is important to note that there is no time frame to complete the protocol. Each injury and athlete is different and recovery time can vary in each case.