



KING UNITED SOCCER CLUB CONCUSSION PROTOCOL

The King United Soccer Club (KUSC) is continuing its club excellence program by implementing a club wide concussion protocol to ensure the safety of its players through evidence-based management of head injuries.

In accordance with the 4th International Conference on Concussion in Sport (McCrory, Paul, et al.;2013), a concussion is defined as a brain injury with complex pathophysiological processes affecting the brain, induced by biomechanical forces.

The following features should be reviewed to ensure adequate identification of a concussion:

1. Concussions may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an 'impulsive' force transmitted to the head.
2. Concussions typically result in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. Symptoms can range from minutes to days.
3. No fracture, deformity or abnormality is required on standard structural neuroimaging studies for a concussion to have occurred.
4. Concussions result in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of symptoms vary among individuals and incidences. All concussions should not be treated the same.

The suspected diagnosis of concussion can include one or more of the following clinical domains:

1. Physical Symptoms

- a. Headaches, dizziness, pressure in head
- b. Loss of consciousness, seizures, convulsions
- c. Neck pain
- d. Nausea and vomiting
- e. Difficulty with balance and coordination
- f. Blurred vision, sensitivity to light and noise
- g. Sleep disturbance, drowsiness, fatigue or low energy

2. Cognitive Symptoms

- a. Difficulty focusing, confusion, feeling slowed down
- b. Difficulty with long or short-term memory
- c. Slowed reaction times

3. Emotional Symptoms

- a. Irritability
- b. Sadness/depression
- c. Nervousness

If any one or more of these components are present, a concussion should be suspected. It is recommended that the individual seek immediate care from a medical professional for appropriate identification of symptoms. Once a concussion has been diagnosed, an appropriate management strategy should be instituted. Athletes who suffer a head injury should not return to practice or play under any circumstances on the same day and until they are completely free of symptoms.

KUSC is inline with the York Region District School Board and FIFA on Return to Learn and Return to Play protocols.

York Region District School Board (YRDSB) Return to Learn (R2L) Protocol

The Return to Learn program is currently being implemented by the YRDSB to provide information to students, parents and teachers outlining a staged return to cognitive and school activities.

The protocol is separated into 6 progressive stages with the first three being considered “at home” recovery stages and the latter 3 labeled “return to school” (see YRDSB – return to learn table). The protocol provides detailed information and considerations for students, parents and teachers outlining environmental and activity restrictions for each stage of the return to learn process.

The R2L protocol helps to connect the parents, teachers and school administration identifying everyone’s role in ensuring the symptomatic student is eased back into school activities without complications or worsening of symptoms (see YRDSB – flow chart process).

Finally, the R2L protocol offers a detailed document (see YRDSB – summary of supports) that provides an easy to read listing of specific environmental and activity restriction per course/class. This provides teachers with suggested instructions and evaluation methods based on the student’s stage of symptoms and limitations.



Federation Internationale de Football Association (FIFA) Return to Play Protocol

The FIFA return to play protocol is a graded 6 stage process that requires a minimum of 24 hours between each stage and is overseen by a medical professional.

Stage 1: Rest, no activity until completely asymptomatic for a consecutive 24 hours period before progression to stage 2.

Stage 2: Light aerobic activity (walking, stationary cycling, NOT resistance training). If completed and athlete remains asymptomatic for the proceeding 24 hours post activity, they may progress to stage 3. If symptoms return, the athlete moves back to stage 1.

Stage 3: Sports specific training (running, skating, progressive resistance training). If completed and athlete remains asymptomatic for the proceeding 24 hours post activity, they may progress to stage 4. If symptoms return, the athlete moves back to stage 2.

Stage 4: Non-contact training drills with team. If completed and athlete remains asymptomatic for the proceeding 24 hours post activity, they may progress to stage 5. If symptoms return, the athlete moves back to stage 3.

Stage 5: Full contact training with team after medical clearance. If completed and athlete remains asymptomatic for the proceeding 24 hours post activity, they may progress to stage 6. If symptoms return, the athlete moves back to stage 4.

Stage 6: Complete return to game play.

