

The Burnaby Girls Soccer Club adheres to the guidelines established by BC Soccer in implementing a Concussion Policy.

The BGSC *Concussion Management Plan* includes, but is not limited to the following:

1. Players, with their parent(s)/ guardian(s) if under the age of 18, must acknowledge that they have received information about the signs and symptoms of concussions and that they have a responsibility to report concussion---related injuries and illnesses to an independent medical professional.
2. Ensure players, with their parent(s)/ guardian(s) if the player is under the age of 18, who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from athletic activities (e.g., competition, practice, or physical conditioning sessions) and assessed by an independent medical professional with experience in the evaluation and management of concussions.
3. Requires medical clearance for a player, with their parent(s)/ guardian(s) if the player is under the age of 18, diagnosed with a concussion to return to athletic activity (e.g., competition, practice, or physical conditioning sessions) as determined by the independent medical professional.
4. Requires players diagnosed with a concussion to provide written evidence of medical clearance to the team's coach before returning to athletic activity (e.g., competition, practice, or physical conditioning sessions).

The British Columbia government has established a website with key partners, which is available at: <http://www.healthlinkbc.ca/healthtopics/content.asp?hwid=tp23364spec>

Canadian Academy of Sport and Exercise Medicine helped form the Canadian Concussion Collaborative webpage: <http://casem---acmse.org/education/ccc/>

BC Soccer has its webpage with access to other soccer specific resources and the *Return to Play* guidelines used for its programs. [https://www.bcsoccer.net/files/MemberService/BestPracticeGuides/PlayersHealthHeadInjuriesConcussions\\_nodate.pdf](https://www.bcsoccer.net/files/MemberService/BestPracticeGuides/PlayersHealthHeadInjuriesConcussions_nodate.pdf)

Concussion Protocol - Return to Play     March 2015

Our Burnaby Girls Soccer Club protocol is adopted from numerous international organizations and many Universities across Canada as to how to best return an athlete to play following a concussion. Thanks to Kim Bull, our BGSC Technical Director, for compiling this information.

In accordance with current consensus guidelines, there is no mandatory period of time that a player must be withheld from play following a concussion. However, at minimum, a player **MUST** be symptom free at rest and upon exertion, and determined to be neurocognitively at baseline. At no time shall a player under the age of 18 be returned to play sooner than 7 days after becoming symptom free. Once a player has been medically cleared to return to play the Club follows the guidelines listed below for the return to play:

#### Graded Return to Play Example (Prague Modified):

- (1) Rest (cognitive and physical) until asymptomatic at rest (24 hours);
- (2) Light aerobic exercise (e.g. stationary bicycle) for 15-20 minutes.
- (3) Moderate intensity aerobic exercise (30 minutes).
- (4) Sport-specific training (ball handling, passing, light running, NO HEADING).
- (5) Non-contact training drills, including full exertion interval training (may start resistance training).
- (6) Begin Heading Training (steps 1 & 2 below)
- (7) Full contact training with heading steps 3 & 4
- (8) Return to competition (game play)

Typically, progression to the next level only occurs if the player remains symptom free for 24 hours (time frame may be lessened or lengthened dependent on individual player symptoms and history). If symptoms re-emerge, the player should begin with the previous step after being symptom free for 24 hours.

#### Heading Training Example (Modified from Johnston, et al., 2004)

1. Partner and player inside 6-yd box. Partner tosses ball softly to player; controlled, straight header, within box, appropriate technique. Five tosses straight ahead, then five to the left, and five to the right. If no symptoms occur then proceed to step 2 the NEXT DAY.
2. Repeat step 1 to start. After an active rest period (run, ball work with feet), partner and player within 18yd box. Partner tosses ball (longer distance, slightly harder), player does controlled header with good technique within box. Five each straight, left, right. If no sx occur then proceed to step 3 the NEXT DAY.
3. Same as Step 2 with Partner and Player outside 18yd box (longer distance, harder throw). If player remains sx-free then move to step 4 the following day.
4. Full practice with more dynamic, unpredictable heading.