



Concussion Information

The standard of care for the Saugerties Youth Hockey Association requires that any athlete with a **suspected** concussion is ***immediately removed from play***.

A player with any symptoms or signs; disorientation; impaired memory, concentration, balance or recall has a concussion.

Remember these steps:

1. Remove immediately from play (training, practice or game)
2. Inform the player's coach/parents
3. Refer the athlete to a qualified health-care professional
4. Initial treatment requires physical and cognitive rest
5. The athlete begins a graded exertion and schoolwork protocol.
6. Medical clearance is required for return to play

Diagnosis

Players, coaches, parents and health care providers should be able to recognize the symptoms and signs of a concussion:

Symptoms

- Headache
- Nausea
- Poor balance
- Dizziness
- Double vision
- Blurred vision
- Poor concentration
- Impaired memory
- Light Sensitivity
- Noise Sensitivity
- Sluggish
- Foggy
- Groggy
- Confusion

Signs

- Appears dazed or stunned
- Confused about assignment
- Moves clumsily
- Answers slowly
- Behavior or personality changes
- Unsure of score or opponent
- Can't recall events after the injury
- Can't recall events before the injury



SYHA Concussion Protocol

1. If the player is unresponsive- call for help & dial 911

2. If the athlete is *not breathing*: start CPR

- DO NOT move the athlete
- DO NOT remove the helmet
- DO NOT rush the evaluation

3. Assume a neck injury *until proven otherwise*:

DO NOT have the athlete sit up or skate off until you have determined:

- no neck pain
- no pain, numbness or tingling
- no midline neck tenderness
- normal muscle strength
- normal sensation to light touch

4. If the athlete is conscious & responsive without symptoms or signs of a neck injury

- help the player off the ice to the locker room
- perform an evaluation
- do not leave them alone

5. Evaluate the player in the locker room:

- Ask about concussion **symptoms** (How do you feel?)
- Examine for **signs**
- Verify **orientation** (What day is it?, What is the score?, Who are we playing?)
- Check **immediate memory** (Repeat a list of 5 words)
- Check **delayed recall** (repeat the previous 5 words after 5-10 minutes)
- Test **concentration** (List the months in reverse order)
- Test **balance** (have the players stand on both legs, one leg and one foot in front of the other with their eyes closed for 20 seconds)



6. A player with any symptoms or signs, disorientation, impaired memory, concentration, balance or recall has a concussion.

“When in doubt, sit them out”

- Remove immediately from play (training, practice or game)
- Inform the player’s coach/parents
- Refer the athlete to a qualified health-care professional
- Medical clearance is required for return to play

7. If any of the signs or symptoms listed below develop or worsen: go to the hospital emergency department or dial **911**.

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| • Severe throbbing headache | • Slurred speech |
| • Dizziness or loss of coordination | • Convulsions or tremors |
| • Memory loss or confusion | • Sleepiness or grogginess |
| • Ringing in the ears (tinnitus) | • Clear fluid running from the nose and/or ears |
| • Blurred or double vision | • Numbness or paralysis (partial or complete) |
| • Unequal pupil size | • Difficulty in being aroused |
| • No pupil reaction to light | |
| • Nausea and/or vomiting | |

8. An athlete who is *symptomatic* after a concussion initially requires **physical** and **cognitive rest**.

- A concussed athlete should not participate in physical activity, return to school, play video games or text message if he or she is having symptoms at rest.
- Concussion symptoms & signs *evolve over time*- the severity of the injury and estimated time to return to play are unpredictable.

9. A qualified health care provider guides the athlete through a **Functional Return to School/Play protocol**.