KACHINAS

My Player May Have a Concussion…… What do I do?

A roadmap to recovery for our Players and their families

IF YOU SUSPECT A CONCUSSION

1. **Remove** the Player from ALL activity immediately.
2. **Notify** the organization right away at safesport@arizonakachinas.com and complete the Player Injury Form on the website.
3. **See** a Medical Doctor (MD) or Doctor of Osteopathy (DO) before any return to activity.

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When in doubt, please reach out and ask.

Arizona Kachinas SafeSport Coordinator / Player Wellness Chair
safesport@arizonakachinas.com | www.arizonakachinas.com

Player safety and welfare is the only consideration.

ARIZONA KACHINAS YOUTH HOCKEY — CONCUSSION INJURY FLOW CHART

PLAYER IS BELIEVED TO HAVE SUFFERED A CONCUSSION

Immediate removal from ALL activity until cleared by a Physician (MD or DO)

IMMEDIATE NOTIFICATION OF THE POTENTIAL INJURY TO ARIZONA KACHINAS

Email the SafeSport Coordinator / Player Wellness Chair at **safesport@arizonakachinas.com** and complete the Player Injury Form found on the Arizona Kachinas website.

INITIAL EVALUATION BY A PHYSICIAN (MD OR DO)

Recorded on the Physician Clearance Form. Banner Health or other concussion-specific MD or DO documentation is accepted in lieu of organization forms.

Player is NOT found to have suffered a concussion

MD or DO indicates such on the Physician Clearance Form. The player is cleared on the date indicated, and the signed form is submitted to the SafeSport Coordinator / Player Wellness Chair for organization clearance.

Player IS found to have suffered a concussion

MD or DO indicates such on the Physician Clearance Form. Rehabilitation at the Banner Concussion and Sports Medicine Center is **strongly recommended, but not required.**

FOLLOW-UP VISITS

Follow-Up Evaluation completed at each visit. Player is NOT cleared for any athletic activity while symptoms remain.

STAGES 1 – 3 · UNDER THE PLAYER'S HEALTHCARE PROVIDER

Light aerobic, moderate aerobic, and sport-specific activity, completed in rehabilitation or as the provider directs. Not part of team practice.

24 hours symptom-free between stages

STAGE 4 · NON-CONTACT PRACTICE

MD or DO approves non-contact participation. The family contacts the SafeSport Coordinator / Player Wellness Chair, who coordinates the return with the Coach: **non-contact jersey** and **only the drills the MD or DO approved.**

24 hours symptom-free between stages

STAGE 5 · FULL CONTACT PRACTICE

Begins only with MD or DO clearance. Completed in an on-ice practice session.

FINAL MEDICAL CLEARANCE

- Return to Play Progression (5 Stages) has been completed
- Neurocognitive testing **IS** back to baseline
- Cleared for full contact by MD or DO with **NO RESTRICTIONS**

PLAYER IS CLEARED TO RETURN TO FULL CONTACT PLAY

once all signed forms have been received and evaluated by the SafeSport Coordinator / Player Wellness Chair.

When in doubt, please reach out and ask. safesport@arizonakachinas.com | www.arizonakachinas.com

The Process to Follow when there is a Potential Head Injury (Follow the Flow Chart on Page 2)

1. When there is a possibility of a potential head injury or potential concussion, **the Player is immediately removed from ALL Arizona Kachinas activities**. In order for any Player to return to practices, games, or team activities, they will have to be seen and cleared by a Medical Doctor (MD) or Doctor of Osteopathy (DO) with the organization-supplied paperwork completed, signed, and turned in. This includes potential head injuries or potential concussions wherever they may have occurred (**Examples:** at home, during high school hockey, another hockey program, a camp or showcase, another sport, or while traveling), even if it was not at or representing Arizona Kachinas activities.
2. Immediately notify the Arizona Kachinas SafeSport Coordinator / Player Wellness Chair at safesport@arizonakachinas.com of the potential injury, and complete the **Player Injury Form** found on the Arizona Kachinas website. **Notification must be made immediately**, as there are specialist care options available to injured Players should they choose to utilize them. **Please include in the notification email:**
    - The Player's Complete Name
    - The Player's Complete Team Name and Age Level
    - The Date / Place / Time of the Potential Injury
    - The Contact Information (Names, **Emails**, & Cell Phones) of the Player's Parents
    - The Team Coach's and Team Manager's Name and Email
    - The Particulars and Circumstances of the Player's Potential Injury
3. Upon notification, the Parent(s) will receive the **Arizona Kachinas Concussion Injury Packet**. The Parent(s) should print it out and bring it to all of the Player's medical appointments. You will need to have the Medical Doctor (MD) or Doctor of Osteopathy (DO) complete (**initial and sign**) the appropriate section(s) of the **Arizona Kachinas Concussion Program: Physician Clearance Form** at each appointment. You will need the **Arizona Kachinas Concussion Program: Physician Clearance Form** at each step throughout the process for the Player to begin hockey activities again. **Banner Health concussion documentation, or any concussion-specific documentation signed by a Medical Doctor (MD) or Doctor of Osteopathy (DO), will be accepted in lieu of the organization's forms.** The documentation should show the Player's status and the date and level of activity approved.
4. Arizona Kachinas has a working relationship with the **Banner Concussion and Sports Medicine Center**, and they are specialists who deal with concussion injuries and concussion treatment. Their information is also located within the **Arizona Kachinas Concussion Injury Packet** and on the Arizona Kachinas website, www.arizonakachinas.com, in the "Concussion Program" section, should you choose to use their medical services or would like to contact them with questions or for more information. **Banner Sports Medicine** is located at 7400 N. Dobson Rd, Scottsdale, AZ 85256 (Main Office 480-733-7400, Fax 480-207-2118). You are not required to use their services and are free to choose the medical provider(s) that fit your family's needs and insurance.
5. If the Medical Doctor (MD) or Doctor of Osteopathy (DO) concludes that the Player **HAS NOT** suffered a concussion and the Player can return to athletic activities without restrictions, the Medical Doctor (MD) or Doctor of Osteopathy (DO) notates the finding, with the return date, in the **Initial Evaluation Section** of the **Arizona Kachinas Concussion Program: Physician Clearance Form** and signs the form. The family brings the signed **Arizona Kachinas Concussion Program: Physician Clearance Form** back to their Coach at practice and submits a copy, via email, to the Arizona Kachinas SafeSport Coordinator / Player Wellness Chair at safesport@arizonakachinas.com. **This signed and dated form must be received and evaluated by the SafeSport Coordinator / Player Wellness Chair before a Player will be allowed to return to any normal activities and games with the organization.** The Player can then resume practice / game / team activities as advised by the Medical Doctor (MD) or Doctor of Osteopathy (DO) once the paperwork has been received and evaluated. **This concludes the process.**
6. If the Medical Doctor (MD) or Doctor of Osteopathy (DO) concludes that the Player **HAS** suffered a concussion, the Medical Doctor (MD) or Doctor of Osteopathy (DO) notates the finding, with a follow-up appointment date, in the **Initial Evaluation Section** of the **Arizona Kachinas Concussion Program: Physician Clearance Form** and signs the form. The family keeps the **Arizona Kachinas Concussion Program: Physician Clearance Form** and uses it to notate in the **Follow-Up Evaluation Section** at each follow-up appointment and throughout the treatment process. Depending on the individual and the severity of the concussion, this process can take a significant amount of time and encompass multiple follow-up visits with a provider. **Rehabilitation at the Banner Concussion and Sports Medicine Center is strongly recommended for any Player found to have a concussion, but it is not required.** Any Player in Concussion Rehabilitation Therapy, at Banner or with another provider, will follow the guidelines and restrictions of their healthcare practitioner. **Arizona**

Kachinas defers to medical expertise in the care of our Players. Where a healthcare provider's instructions differ from the general guidelines in this document, the provider's instructions will be followed.

7. When the Medical Doctor (MD) or Doctor of Osteopathy (DO) concludes that the Player has reached the **second box (#2)** in the **Follow-Up Evaluation(s) Section** on the **Arizona Kachinas Concussion Program: Physician Clearance Form**, the Medical Doctor (MD) or Doctor of Osteopathy (DO) is stating that the Player is ready to return to a segmented and sequential level of activity by following the **Arizona Kachinas Return to Play Progression (5 Stages)**, beginning with the Stage the Medical Doctor (MD) or Doctor of Osteopathy (DO) lists on the form. **This is NOT full medical clearance to return to any normal activities, practices, or games with the organization.**

> **IMPORTANT:** Players cannot start the **Arizona Kachinas Return to Play Progression (5 Stages)** until they are cleared to do so by their Medical Doctor (MD) or Doctor of Osteopathy (DO) and not before the date the Medical Doctor (MD) or Doctor of Osteopathy (DO) lists on the form. **The Player must be symptom free for at least twenty-four (24) hours after completing a Stage before moving on to the next Stage. Symptom free means no symptoms in the twenty-four (24) hour period following completion of the Stage activity.** If symptoms reoccur or increase, there is no advancement to the next Stage until the Player can complete the Stage and remain symptom free for the twenty-four (24) hours that follow.

On the **Arizona Kachinas Return to Play Progression (5 Stages) Form**, each Stage must be initialed by the adult or healthcare provider who supervised its completion, along with the date the Stage was completed, the type of activity performed, and the location where the Stage was completed. **Stages 1, 2 & 3 are completed under the direction of the Player's healthcare provider**, in rehabilitation or as the provider directs, and are not part of team practice. The healthcare provider may initial and date Stages 1 – 3, or the family may attach the provider's rehabilitation documentation in their place. The Stage activities follow the Banner Sports Medicine Return to Activity Progression for hockey, which limits Stage 3 on-ice work to straight-ahead, linear skating and stick work with **no circular skating**.

8. **Approval for Non-Contact Participation (Stage 4).** When the Medical Doctor (MD) or Doctor of Osteopathy (DO) approves the Player for non-contact participation, **the family must contact the Arizona Kachinas SafeSport Coordinator / Player Wellness Chair at safesport@arizonakachinas.com** and send a copy of the signed **Arizona Kachinas Concussion Program: Physician Clearance Form**. The Player's return will then be coordinated with the Coach, including that **the Player wears a non-contact jersey at all on-ice sessions** and **takes part only in the drills or level of participation the Medical Doctor (MD) or Doctor of Osteopathy (DO) has approved** (**Examples:** skating, stickhandling, passing and shooting drills, or assisting the goalie coaches by shooting and passing in goalie drills). Coaches and teammates sharing the ice need to understand the Player's non-contact restrictions. **The Player does not return to team ice until this coordination is complete.** Before reaching Stage 5, the Player must be seen by their Medical Doctor (MD) or Doctor of Osteopathy (DO) to be cleared to move on to Stage 5. **Stage 4 and Stage 5 must be completed in an on-ice practice session.** This may extend the Return to Play timetable if the Player's practice session has been concluded for the week before reaching one or both of these Stages. **Game warm-up is not an acceptable alternative to a practice session.**

9. Only when the Stage 5 progression has been successfully completed will the Medical Doctor (MD) or Doctor of Osteopathy (DO) clear the Player, with a return to full athletic activity without restrictions date, in the **third box (#3)** of the **Follow-Up Evaluation Section** on the **Arizona Kachinas Concussion Program: Physician Clearance Form** and sign the form. The family brings the signed **Arizona Kachinas Concussion Program: Physician Clearance Form AND** the signed **Arizona Kachinas Return to Play Progression (5 Stages) Form** back to the Coach at practice and submits a copy, via email, to the Arizona Kachinas SafeSport Coordinator / Player Wellness Chair at **safesport@arizonakachinas.com**. **These signed and dated forms must be received and evaluated by the SafeSport Coordinator / Player Wellness Chair before a Player will be allowed to return to any normal activities and games with the organization.** The Player can then resume practice / game / team activities as advised by the Medical Doctor (MD) or Doctor of Osteopathy (DO) once the paperwork has been received and evaluated. **This concludes the process.**

Recovery is not a straight line

A broken wrist or a torn ACL heals on a fairly predictable schedule, and most families can count down the weeks until their athlete is back. A concussion is an injury to the brain, and it rarely works that way. Two Players with similar injuries can recover on very different timelines, and the same Player can feel fine one day and have symptoms return the next after a long school day or a harder workout. **Setbacks are a normal part of concussion recovery and do not mean the Player did anything wrong.** We know this can be frustrating, especially for a Player who wants nothing more than to get back on the ice with their teammates, and for the parents watching them work through it. Each Stage of the Return to Play Progression is earned by how the Player is feeling, never by the calendar or the game schedule. **The organization cannot give families a return date; that timeline belongs to the Player's medical team.** Returning before the brain has fully healed can lengthen recovery and raise the risk of another injury, so patience now protects the rest of the Player's season.

Our commitment to your Player

Arizona Kachinas is committed to the safety of every Player and to helping each Player through concussion recovery at the pace their medical team sets. Communication is the key to success. **When in doubt, please reach out and ask.** The SafeSport Coordinator / Player Wellness Chair can be reached at safesport@arizonakachinas.com, and no question is too small. **The Arizona Kachinas Player Wellness and Concussion Program is designed to be a roadmap to recovery for your Player and your family.**

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Arizona Kachinas Concussion Program: Physician Clearance Form

Banner Health concussion documentation, or any concussion-specific documentation signed by an MD or DO, will be accepted in lieu of this form.

ATHLETE'S NAME: _____

Team Name / Age Level: _____

Date of Injury: _____ Date of Evaluation: _____

INITIAL EVALUATION

_____ Through my medical evaluation, I have found that the athlete named above **HAS NOT** suffered a concussion and is medically returned to play, without restrictions, on _____/_____/_____.

_____ Physician Name

_____ Physician Signature

_____ Degree / Specialty

_____ Date

_____ Physician Office Phone Number

_____ Physician Office Fax Number

OR

_____ Through my medical evaluation, I have found that the athlete named above **HAS** suffered a concussion and **IS NOT** medically able to return to play until cleared by a physician (Medical Doctor (MD) or Doctor of Osteopathy (DO)).

Date of follow-up appointment: _____/_____/_____ With: _____

_____ Physician Name

_____ Physician Signature

_____ Degree / Specialty

_____ Date

_____ Physician Office Phone Number

_____ Physician Office Fax Number

KACHINAS

Arizona Kachinas Concussion Program: Physician Clearance Form

Banner Health concussion documentation, or any concussion-specific documentation signed by an MD or DO, will be accepted in lieu of this form.

ATHLETE'S NAME: _____

Team Name / Age Level: _____

Date of Injury: _____ Date of Evaluation: _____

FOLLOW-UP EVALUATION(S) – **There are three (3) progressive sections. Section 3 is the final and full Medical Clearance given by a Medical Doctor (MD) or Doctor of Osteopathy (DO) to return to full athletic activity without restrictions.**

I have evaluated the above named athlete and my medical opinion is that they:

1. _____ **ARE NOT** cleared to start the **Arizona Kachinas Return to Play Progression (5 Stages)** and will be seen in a follow-up appointment on:
   _____/_____/_____ _____/_____/_____ _____/_____/_____

2. _____ **MAY** start the **Arizona Kachinas Return to Play Progression (5 Stages)** on _____/_____/_____, beginning with Stage _____ up through Stage _____ as of the listed return date in this section and not before. (Stages 1 – 3 are completed under the direction of the athlete's healthcare provider; Stage 4 is non-contact participation with the team.) **The athlete must remain symptom free for twenty-four (24) hours following each stage of the progression before moving on to the next stage.** The athlete cannot progress beyond the above Stage _____ until a follow-up appointment on: _____/_____/_____.

   Approved non-contact activities for Stage 4 (Ex. skating, stickhandling, passing and shooting, assisting goalie coaches):

   _____

   _____

3. _____ **MAY** return to play on _____/_____/_____ and are cleared to return to full activity, without restrictions, due to the fact that they have: (1) had a complete neurological exam, neurocognitive testing which indicates complete recovery, and (2) completed a gradual Return to Play Progression and remained symptom free for twenty-four (24) hours through each stage of the progression.

Physician Name	Physician Signature
Degree / Specialty	Date
Physician Office Phone Number	Physician Office Fax Number

KACHINAS

Arizona Kachinas – Return to Play Progression (5 Stages)

Stage activities follow the Banner Sports Medicine Return to Activity Progression – Hockey.

This form is to be used as a general guideline for a return to hockey activities after a diagnosis of concussion and medical clearance to return to play. The goal of the Return to Play Progression is for there to be **at least a twenty-four (24) hour period between each stage in which the returning athlete is without symptoms.** If symptoms reoccur or increase, then there should not be advancement to the next stage until the athlete can complete the stage and remain symptom free for the twenty-four (24) hours that follow. When possible, the Return to Play Progression should be done with the assistance of a medical professional. This Return to Play Progression should not be started until the athlete has been cleared to start the Return to Play Progression in the second box in the Follow-Up Evaluation section of the Arizona Kachinas Concussion Program: Physician Clearance Form. **Stages 1, 2 & 3 are completed under the direction of the athlete's healthcare provider**, in rehabilitation or as the provider directs. **Stages 4 and 5 take place at team practice** only after the organization has the Medical Doctor (MD) or Doctor of Osteopathy (DO) approval for non-contact participation and the family has contacted the Arizona Kachinas SafeSport Coordinator / Player Wellness Chair. **This form, with each stage dated and initialed, MUST BE RETURNED to Arizona Kachinas with the athlete's signed Arizona Kachinas Concussion Program: Physician Clearance Form.**

COMPLETION OF THIS FORM IS NOT MEDICAL CLEARANCE. ONLY A PHYSICIAN CAN APPROVE A PLAYER TO RETURN TO PLAY STATUS.

Stages 1 – 3: The healthcare provider (or a parent, under the provider's direction) initials and dates Stages 1 – 3 below, or the family attaches the provider's rehabilitation documentation. Rehabilitation at the Banner Concussion and Sports Medicine Center (7400 N. Dobson Rd, Scottsdale | 480-733-7400) is strongly recommended for any athlete found to have a concussion, but it is not required. **Arizona Kachinas defers to medical expertise in the care of our Players.**

Stage 1: Light Aerobic Activity

- **Goal:** Increase heart rate
- **Activity:** Stationary biking, incline walking, elliptical
- **Duration:** 10 – 15 minutes

Date Completed: _____

Supervised By's Initials: _____

Type of Activity: _____

Location (Ex. Rehab, Home): _____

Stage 2: Moderate Aerobic Exercise

- **Goal:** Return to base level of fitness
- **Activity:** Dry land training, low level weightlifting
- **Duration:** 20 – 30 minutes of cardio activity

Date Completed: _____

Supervised By's Initials: _____

Type of Activity: _____

Location (Ex. Rehab, Home): _____

Stage 3: Sport Specific Activity

- **Goal:** Return to activities that resemble hockey
- **Activity:** On-ice activity, straight ahead and linear skating, stick work
  - **NO circular skating**
- **Duration:** 45 – 60 minutes of total activity
- **Note:** The athlete needs to be asymptomatic at rest and attending school full-time before moving on to Stage 4

Date Completed: _____

Supervised By's Initials: _____

Type of Activity: _____

Location (Ex. Rehab, Rink): _____

Stage 4: Non-Contact Return to Practice

- **Goal:** Return to the team setting of practice with NON-CONTACT activity, **with no body contact, puck battles, or board play**
- **Activity:** Reacclimating to sport activity around other people
- **Begins only after the MD or DO approves non-contact participation and the family has contacted the SafeSport Coordinator / Player Wellness Chair**
- Athlete wears a non-contact jersey at all on-ice sessions
- Athlete takes part only in the drills or level of participation approved by the MD or DO (Ex. skating, stickhandling, passing and shooting, assisting goalie coaches)
- Coaches, athletic trainers, and teammates on the ice understand the athlete's non-contact restrictions and work together in this phase

Date Completed: _____

Supervised By's Initials: _____

Type of Activity: _____

Location (Ex. Practice): _____

Stage 5: Full Contact Practice

- **Need medical clearance for progression to this stage**
- **Goal:** Return to full practice so that the athlete feels comfortable competing in a game

Date Completed: _____

Supervised By's Initials: _____

Type of Activity: _____

Location (Ex. Practice): _____

Clearance for full game participation is the next phase if agreed upon by all parties (medical team, coaches, parents, athlete).

Again, very important to remember that the athlete must be symptom free with the activities described in one stage before progressing to a new stage. **Symptom free means no symptoms in the twenty-four (24) hour period following the completion of activity.**

Players must complete all stages to return to play and must have the proper documentation from their MD or DO that states the player is cleared for full contact prior to full participation and cleared to return to play.