



Child Concussion Information for Coaches: Return to Play Information

This information sheet contains important information about returning to sports after a concussion according to current best practice guidelines.

What is a concussion?

A concussion is a brain injury. Any child/teen who gets hit in the head, face, neck, or body has a chance of getting a concussion. Concussions cannot be seen on brain scans or x-rays.

What are the symptoms of a concussion?

A child does not have to be “knocked out” (black out or unconscious) to have a concussion. Some symptoms may not appear until the next day.

Common symptoms children/teens may describe include:

- Headaches or pressure in the head
- Dizziness
- Nausea and vomiting
- Blurred or fuzzy vision (“seeing stars”)
- Feeling tired

Common symptoms you may see from children/teens include:

- Lying still on the ice or ground
- Being slow to get up
- Difficulty standing or walking
- Confusion or can’t answer questions
- Mood/behaviour changes

Other Important Information:

- 24h is the minimum time recommended to change steps. Going through all the steps can take between 1-4 weeks. Every child will recover differently. Medical follow-ups may be required if your child takes longer than 4 weeks to recover.
- It is important to not skip steps or move to next steps too quick to prevent worsening of symptoms and prolonged recovery.

What happens if children/teens return to sports too early after a concussion?

Children who return to sports too early after a concussion are at an increased risk of another injury. Having another injury can lead to worse symptoms that last longer.

When can a child/teen return to sports after a concussion?

A child/teen should rest for 1-2 days after a concussion. Return to sport and physical activity should be gradual (step-by-step). If no new or worsening symptoms are present for 24 hours move to the next step. If new or worsening symptoms do occur, move back a step.

Step 1: Rest at home (24-48 hours max).

Rest completely. Walking permitted.

Step 2: Light physical activity.

Walking, jogging, swimming, slow stationary cycling permitted. No resistance training. Goal is to lightly increase heart rate.

Step 3: Sport-specific exercise. Non-contact.

Skating, running, simple sport drills. No drills with risk of head injury.

Step 4: More complex activities. Non-contact.

Sport practices without body contact. Gym class activities without risk of head injury permitted.

Step 5: Full-contact activity.

Full activities and sport practices after doing full-time school and getting medical clearance from a doctor.

Step 6: Full return to all activities and sports.

Return to normal full-contact game play.

Helpful Resources:

CATT Return to Sport. <https://cattonline.com/wp-content/uploads/2017/10/CATT-Return-to-Sport-V11.pdf>

Concussion Recognition Tool 5. <https://pedsconcussion.com/wp-content/uploads/2019/08/Tool-1.2-Concussion-Recognition-Tool-5.pdf>

After a Concussion: Return to Sport Strategy. <https://www.parachutecanada.org/wp-content/uploads/2019/06/Return-to-Sport-Strategy.pdf>

Living Guideline for Diagnosing and Managing Pediatric Concussion. <https://pedsconcussion.com/>

References :

Reed, N., Zemek, R., Dawson, J., Ledoux, AA., et al. (2021). Living Guideline for Diagnosing and Managing Pediatric Concussion. Toronto, ON: Ontario Neurotrauma Foundation. <https://doi.org/10.17605/OSF.IO/3VWN9>
TREKK. (2022). Bottom Line Recommendations Concussion, version 3.1. Winnipeg, MB: TREKK. https://trekk.ca/system/assets/assets/attachments/570/original/2022-02-11_Concussion_BLR-converted.pdf?1644953349

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