Head injuries, even when they seem mild, require time for healing. If inadequate time is allowed for recovery, symptoms including the ability to think and perform at school may be prolonged. In addition, injuries to the head that occur before the brain is 100% healthy can be severe and devastating. The brain cannot tolerate multiple episodes of trauma.

The pediatric brain is especially vulnerable; therefore children and young adults should be extremely cautious about returning to sports after suffering a concussion. In the past, rest was recommended for a set period of time based on the severity of the head injury. This is no longer the case. It is now known that time for adequate recovery is extremely variable.

Current guidelines recommend a “graded return to play” prior to medical clearance. This means the athlete must perform physical activities similar to riding without ANY symptoms prior to returning to ride and must tolerate and demonstrate mastery of simple riding skills prior to returning to their previous level of activity.

Please view the following links for more information on Concussion/Heads UP, which may be found on the Concussion page of the Web site found under the Safety Tab:

- Athlete Facts
- Parent Facts
- Coaches Facts
- Clipboard Sticker
- Wallet Card
Concussion Return to Play

Important points to review:

- Concussion occurs when the head receives a strong force. This does not always occur via a direct blow to the head, therefore any rider who falls is at risk for a concussion.
- Someone may have a concussion even though they did not lose consciousness.
- A rider with any symptoms of concussion should be immediately referred to medical care for evaluation and management by a health care professional trained in concussion evaluation and management.
- A rider who is diagnosed with a concussion should have a return to play plan designated by their physician that includes a graded challenge of activities. Each stage should take at least 24 hours.
- At the earliest, the rider could consider returning to full activity after 7 days, but it may weeks or months.

Date of Incident ___________________ Region __________________________

Club/Center/Horsemasters ___________________________ Age ______

Name ___________________________ Certification _______________ Phone _______________

Physician Evaluation:

- Stage 1: Physical and cognitive rest: (no sports, no school work, no studying for pony club and no video games)
- Stage 2: Light aerobic exercise to test for symptoms when heart rate is elevated: Rider should tolerate light exercise that elevates the heart rate to 70% maximum predicted rate (example: walking on foot)
- Stage 3: Tolerating movement related to riding: Rider should tolerate simulated trotting by hopping up and down; rider should be able to run and jump on foot. _______________ has demonstrated the above and may return to play.

Parent / Self Evaluation:

- Stage 4: Tolerate very simple riding activity: For Pony Club, rider should be able to show good coordination and judgment riding on the flat in an enclosed area. This stage tests movement combined with the use of the brain for coordination and thinking.
- Stage 5: Tolerate isolated more complex riding activities: The rider should be stored for tolerance and performance in more complex activities such as jumping or riding a memorized dressage test.
- Stage 6: Return to normal full riding activities

USPC Member signature if Member is of age of majority in their state of residence. _______________ Date _______________

OR ___________________________ Date _______________

Parent/Guardian Signature if Member under age of majority in their state of residence.

Reference: