

USPC Concussion Return to Play

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.

SIGNS AND SYMPTOMS **ACTION PLAN** If you suspect that a player has a concussion, These signs and symptoms may indicate that a concussion has occurred. you should take the following steps: SIGNS OBSERVED SYMPTOMS REPORTED 1. Remove athlete from play. BY COACHING STAFF BY ATHLETE 2. Ensure athlete is evaluated by an Appears dazed Headache or appropriate health care professional. "pressure" in head or stunned Do not try to judge the seriousness of Is confused about Nausea or the injury yourself. assignment or position vomiting 3. Inform athlete's parents or guardians about Forgets sports plays Balance problems the known or possible concussion and give or dizziness them the fact sheet on concussion. Is unsure of game, score, or opponent 4. Allow athlete to return to play only with Double or blurry vision permission from an appropriate health care Moves clumsily Sensitivity to light professional. Answers questions slowly Sensitivity to noise **IMPORTANT PHONE NUMBERS** Loses consciousness (even briefly) Feeling sluggish, hazy, FILL IN THE NAME AND NUMBER OF YOUR LOCAL foggy, or groggy HOSPITAL(S) BELOW: Shows behavior or personality changes Concentration Hospital Name: or memory problems Can't recall events Hospital Phone: prior to hit or fall Confusion Hospital Name: Can't recall events Does not "feel right" after hit or fall For immediate attention, CALL 911 If you think your athlete has sustained a concussion... take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.

For more information and to order additional materials free-of-charge, visit: www.cdc.gov/ConcussionInYouthSports

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



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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.

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| Club/Cei | nter/H | orsemasters | Age | |
| Name | | Phone _ | | |
| Physicia | ın Ev | aluation: | | |
| | 0 | Stage 1: Physical and cognitive rest: (no sports, no school work, no studying for pony club and no video games) | | |
| | 0 | 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) | | |
| | 0 | Stage 3: Tolerating movement related to riding: Rider should tole hopping up and down; rider should be able to run and jump | | |
| | | has demonstrated the above a | and may return to play. | |
| Danant / | / Calf | Physician Signature Evaluation : | Date | |
| i ureni / | Seij . | Stage 4: Tolerate very simple riding activity: For Pony Club, ride good coordination and judgment riding on the flat in an enclos movement combined with the use of the brain for coordination at Stage 5: Tolerate isolated more complex riding activities: The r tolerance and performance in more complex activities such | sed area. This stage tests and thinking. ider should be stored for | |
| | 0 | memorized dressage test. Stage 6: Return to normal full riding activities | | |
| | | - | | |
| | US | PC Member signature if Member is of age of majority in their state of residence. | Date | |
| | OF | ₹ | | |
| | Par | \ ent/Guardian Signature if Member under age of majority in their state of residence. | Date | |

Reference:

P. McCrory, W. Meeuwisse, K. Johnston, J. Dvorak, M. Aubry, M. Molloy, R. Cantu. Consensus statement on concussion in sport – the 3rd International Conference on Concussion in Sport, held in Zurich, November 2008. Journal of Clinical Neuroscience 16 (2009) 755-763.