



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

These signs and symptoms may indicate that a concussion has occurred.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets sports plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows behavior or personality changes	Concentration or memory problems
Can’t recall events prior to hit or fall	Confusion
Can’t recall events after hit or fall	Does not “feel right”

ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete’s parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR LOCAL HOSPITAL(S) BELOW:

Hospital Name: _____

Hospital Phone: _____

Hospital Name: _____

Hospital Phone: _____

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.

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.

Physician Signature

Date

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

Parent/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.