



# Squash Canada Concussion Protocol

September 6, 2019

*Adapted from: Parachute. (2017). Canadian Guideline on Concussion in Sport.*

[www.parachutecanada.org/guideline](http://www.parachutecanada.org/guideline)

Squash Canada has developed the Squash Canada Concussion Protocol to help guide the management of athletes who may have a suspected concussion as a result of participation in Squash Canada activities.

## **Purpose**

This protocol covers the recognition, medical diagnosis, and management of squash participants who may sustain a suspected concussion during a sport activity. It aims to ensure that athletes with a suspected concussion receive timely and appropriate care and proper management to allow them to return back to squash safely. This protocol may not address every possible clinical scenario that can occur during sport-related activities but includes critical elements based on the latest evidence and current expert consensus.

## **Who should use this protocol?**

This protocol is intended for use by all individuals who interact with squash participants inside and outside the context of organized Squash Canada activity, including athletes, parents, coaches, officials, teachers, trainers, and licensed healthcare professionals.

For a summary of the Squash Canada Concussion Protocol please refer to the Squash Canada Sport Concussion Pathway figure at the end of this document.

## **1. Pre-Season Education**

Despite recent increased attention focusing on concussion there is a continued need to improve concussion education and awareness. Optimizing the prevention and management of concussion depends highly on annual education of all sport stakeholders (athletes, parents, coaches, officials, teachers, trainers, licensed healthcare professionals) on current evidence-informed approaches that can prevent concussion and more serious forms of head injury and help identify and manage an athlete with a suspected concussion.

Concussion education should include information on:

- the definition of concussion,

- possible mechanisms of injury,
  - common signs and symptoms,
  - steps that can be taken to prevent concussions and other injuries from occurring in sport.
  - what to do when a squash participant has suffered a suspected concussion or more serious head injury,
  - what measures should be taken to ensure proper medical assessment,
  - *Return-to-School* and *Return-to-Sport Strategies*, and
  - Return to sport medical clearance requirements
- **Who:** Athletes, parents, coaches, officials, teachers, and trainers, licensed healthcare professionals
  - **How:** Pre-season Concussion Education Sheet

All squash participants and parents of minor aged participants are required to review and submit a signed copy of the *Pre-season Concussion Education Sheet* to their coach prior to the first practice of the season. In addition to reviewing information on concussion, it is also important that all sport stakeholders have a clear understanding of the Squash Canada Concussion Protocol. For example, this can be accomplished through pre-season in-person orientation sessions for athletes, parents, coaches and other sport stakeholders.

## 2. Head Injury Recognition

Although the formal diagnosis of concussion should be made following a medical assessment, all sport stakeholders including athletes, parents, coaches, teachers, officials, and licensed healthcare professionals are responsible for the recognition and reporting of squash participants who may demonstrate visual signs of a head injury or who report concussion-related symptoms. This is particularly important because many sport and recreation venues will not have access to on-site licensed healthcare professionals.

A concussion should be suspected:

- in any squash participant who sustains a significant impact to the head, face, neck, or body and demonstrates *ANY* of the visual signs of a suspected concussion or reports *ANY* symptoms of a suspected concussion as detailed in the *Concussion Recognition Tool 5*.
- if a squash participant reports *ANY* concussion symptoms to one of their peers, parents, teachers, or coaches or if anyone witnesses a squash participant exhibiting any of the visual signs of concussion.

In some cases, a squash participant may demonstrate signs or symptoms of a more severe head or spine injury including convulsions, worsening headaches, vomiting or neck pain. If a squash participant demonstrates any of the 'Red Flags' indicated by the *Concussion Recognition Tool 5*,

a more severe head or spine injury should be suspected, and Emergency Medical Assessment should be pursued.

- **Who:** Athletes, parents, coaches, officials, teachers, trainers, and licensed healthcare professionals
- **How:** [Concussion Recognition Tool 5](#)

### 3. Onsite Medical Assessment

Depending on the suspected severity of the injury, an initial assessment may be completed by emergency medical professionals or by an on-site licensed healthcare professional where available. In cases where a squash participant loses consciousness or it is suspected a squash participant might have a more severe head or spine injury, Emergency Medical Assessment by emergency medical professionals should take place (see 3a below). If a more severe injury is not suspected, the squash participant should undergo Sideline Medical Assessment or Medical Assessment, depending on if there is a licensed healthcare professional present (see 3b below).

#### 3a. Emergency Medical Assessment

If a squash participant is suspected of sustaining a more severe head or spine injury during a game or practice, an ambulance should be called immediately to transfer the patient to the nearest emergency department for further Medical Assessment.

Coaches, parents, teachers, trainers and officials should not make any effort to remove equipment or move the athlete until an ambulance has arrived and the squash participant should not be left alone until the ambulance arrives. After the emergency medical services staff has completed the Emergency Medical Assessment, the squash participant should be transferred to the nearest hospital for Medical Assessment. In the case of youth (under 18 years of age), the squash participant's parents should be contacted immediately to inform them of the squash participant's injury. For squash participants over 18 years of age, their emergency contact person should be contacted if one has been provided

- **Who:** Emergency medical professionals

#### 3b. Sideline Medical Assessment

If a squash participant is suspected of sustaining a concussion and there is no concern for a more serious head or spine injury, the squash participant should be immediately removed from the field of play.

##### **Scenario 1: If a licensed healthcare professional is present**

The squash participant should be taken to a quiet area and undergo Sideline Medical Assessment using the Sport Concussion Assessment Tool 5 (SCAT5) or the Child SCAT5. The

SCAT5 and Child SCAT5 are clinical tools that should only be used by a licensed healthcare professional that has experience using these tools. It is important to note that the results of SCAT5 and Child SCAT5 testing can be normal in the setting of acute concussion. As such, these tools can be used by licensed healthcare professionals to document initial neurological status but should not be used to make sideline return-to-sport decisions in youth athletes. Any youth squash participant who is suspected of having sustained a concussion must not return to the game or practice and must be referred for Medical Assessment.

If a youth squash participant is removed from play following a significant impact and has undergone assessment by a licensed healthcare professional, but there are NO visual signs of a concussion and the squash participant reports NO concussion symptoms then the squash participant can be returned to play but should be monitored for delayed symptoms.

In the case of national team-affiliated athletes (age 18 years and older), an experienced certified athletic therapist, physiotherapist or medical doctor providing medical coverage for the sporting event may make the determination that a concussion has not occurred based on the results of the Sideline Medical Assessment. In these cases, the athlete may be returned to the practice or game without a *Medical Clearance Letter* but this should be clearly communicated to the coaching staff. Athletes that have been cleared to return to games or practices should be monitored for delayed symptoms. If the athlete develops any delayed symptoms the athlete should be removed from play and undergo medical assessment by a medical doctor or nurse practitioner.

**Scenario 2: If there is no licensed healthcare professional present**

The squash participant should be referred immediately for medical assessment by a medical doctor or nurse practitioner, and the squash participant must not return to play until receiving medical clearance.

- ▶ **Who:** Athletic therapists, physiotherapists, medical doctor
- ▶ **How:** [Sport Concussion Assessment Tool 5 \(SCAT5\)](#), [Child Sport Concussion Assessment Tool 5 \(Child SCAT5\)](#)

#### **4. Medical Assessment**

In order to provide comprehensive evaluation of squash participants with a suspected concussion, the medical assessment must rule out more serious forms of traumatic brain and spine injuries, must rule out medical and neurological conditions that can present with concussion-like symptoms, and must make the diagnosis of concussion based on findings of the clinical history and physical examination and the evidence-based use of adjunctive tests as

indicated (i.e CT scan). In addition to nurse practitioners, medical doctors<sup>1</sup> that are qualified to evaluate patients with a suspected concussion include: pediatricians; family medicine, sports medicine, emergency department, internal medicine, and rehabilitation (physiatrists) physicians; neurologists; and neurosurgeons.

In geographic regions of Canada with limited access to medical doctors (i.e. rural or northern communities), a licensed healthcare professional (i.e. nurse) with pre-arranged access to a medical doctor or nurse practitioner can facilitate this role. The medical assessment is responsible for determining whether the squash participant has been diagnosed with a concussion or not. Squash participants with a diagnosed concussion should be provided with a *Medical Assessment Letter* indicating a concussion has been diagnosed. Squash participants that are determined to have not sustained a concussion must be provided with a *Medical Assessment Letter* indicating a concussion has not been diagnosed and the squash participant can return to school, work and sports activities without restriction.

- **Who:** Medical doctor, nurse practitioner, nurse
- **How:** *Medical Assessment Letter*

## 5. Concussion Management

When a minor aged squash participant has been diagnosed with a concussion, it is important that the participant's parent/legal guardian is informed. All squash participants diagnosed with a concussion must be provided with a standardized *Medical Assessment Letter* that notifies the squash participant and their parents/legal guardians/spouse that they have been diagnosed with a concussion and may not return to any activities with a risk of concussion until medically cleared to do so by a medical doctor or nurse practitioner. Because the *Medical Assessment Letter* contains personal health information, it is the responsibility of the squash participant or their parent/legal guardian to provide this documentation to the squash participant's coaches, teachers, or employers. It is also important for the squash participant to provide this information to sport organization officials that are responsible for injury reporting and concussion surveillance where applicable.

Squash participants diagnosed with a concussion should be provided with education about the signs and symptoms of concussion, strategies about how to manage their symptoms, the risks of returning to sport without medical clearance and recommendations regarding a gradual return to school and sport activities. Squash participants diagnosed with a concussion are to be managed according to their *Return-to-School (as applicable)* and *Sport-Specific Return-to-Sport Strategy* under the supervision of a medical doctor or nurse practitioner. When available, squash participants should be encouraged to work with an athletic therapist or physiotherapist to optimize progression through their *Sport-Specific Return-to-Sport Strategy*. Once the squash

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<sup>1</sup> Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to meet these needs; therefore all athletes with a suspected concussion should undergo evaluation by one of these professionals.

participant has completed their *Return-to-School and Sport-Specific Return-to-Sport Strategy* and are deemed to be clinically recovered from their concussion, the medical doctor or nurse practitioner can consider the squash participant for a return to full sports activities and issue a *Medical Clearance Letter*.

The stepwise progressions for *Return-to-School* and *Return-to-Sport Strategies* are outlined below. As indicated in stage 1 of the *Return-to-Sport Strategy*, reintroduction of daily, school, and work activities using the *Return-to-School Strategy* must precede return to sport participation.

### *Return-to-School Strategy*

The following is an outline of the *Return-to-School Strategy* that should be used to help student-athletes, parents, and teachers to collaborate in allowing the squash participant to make a gradual return to school activities. Depending on the severity and type of the symptoms present student-athletes will progress through the following stages at different rates. If the student-athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. Squash participants should also be encouraged to ask their school if they have a school-specific Return-to-Learn Program in place to help student-athletes make a gradual return to school.

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities
4	Return to school full-time	Gradually progress	Return to full academic activities and catch up on missed school work

McCrory et al. (2017). Consensus statement on concussion in sport – the 5<sup>th</sup> international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847.

### *Squash-Specific Return-to-Sport Strategy*

The following is an outline of the *Return-to-Sport Strategy* that should be used to help squash participants, coaches, trainers, and medical professionals to partner in allowing the squash participant to make a gradual return to sport activities. An initial period of 24-48 hours of rest is recommended before starting the *Squash-Specific Return-to-Sport Strategy*. The athlete should spend a minimum duration of 24 hours without symptom increases at each stage before progressing to the next one. If the squash participant experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and

6 of the *Squash-Specific Return-to-Sport Strategy*. It is also important that all squash participants provide their coach or activity leader with a *Medical Clearance Letter* prior to returning to full sport activities.

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms	Gradual re-introduction of work/school activities
2	Light aerobic activity	Light jog or stationary cycling at slow to medium pace. No resistance training - <i>Light intensity jogging or stationary cycling for 15-20 minutes at sub-symptom threshold intensity</i>	Increase heart rate
3	Sport-specific exercise	Running or squash drills - <i>Moderate intensity jogging for 30-60 minutes at sub-symptom threshold intensity</i> - <i>Low to moderate on court activities.</i>	Add movement
4	Training drills	Harder/longer/more intense on court squash drills. May start progressive resistance training; - <i>Participation in high intensity running and drills</i> - <i>Participation in resistance training workouts</i>	Exercise, coordination and increased thinking
5	Full practice	Following medical clearance - <i>Participation in full practice without activity restriction</i>	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	

Adapted from: McCrory et al. (2017). Consensus statement on concussion in sport – the 5<sup>th</sup> international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847.

- ▶ **Who:** Medical doctor, nurse practitioner and athletic therapist or physiotherapist (where available)
- ▶ **How:** *Return-to-Learn Strategy, Sport-Specific Return-to Sport Strategy, Medical Assessment Letter*

## 6. Multidisciplinary Concussion Care

Most athletes who sustain a concussion while participating in sport will make a complete recovery and be able to return to full school and sport activities within 1-4 weeks of injury. However, approximately 15-30% of individuals will experience symptoms that persist beyond this time frame. If available, individuals who experience persistent post-concussion symptoms (>4 weeks for youth athletes, >2 weeks for adult athletes) may benefit from referral to a medically supervised multidisciplinary concussion clinic that has access to professionals with licensed training in traumatic brain injury that may include experts in sport medicine, neuropsychology, physiotherapy, occupational therapy, neurology, neurosurgery, and rehabilitation medicine.

Referral to a multidisciplinary clinic for assessment should be made on an individualized basis at the discretion of a squash participant's medical doctor or nurse practitioner. If access to a multidisciplinary concussion clinic is not available, a referral to a medical doctor with clinical training and experience in concussion (e.g. a sport medicine physician, neurologist, or



rehabilitation medicine physician) should be considered for the purposes of developing an individualized treatment plan. Depending on the clinical presentation of the individual, this treatment plan may involve a variety of health care professionals with areas of expertise that address the specific needs of the athlete based on the assessment findings.

- **Who:** Multidisciplinary medical team, medical doctor with clinical training and experience in concussion (e.g. a sports medicine physician, neurologist, or rehabilitation medicine physician), licensed healthcare professionals

## 7. Return to Sport

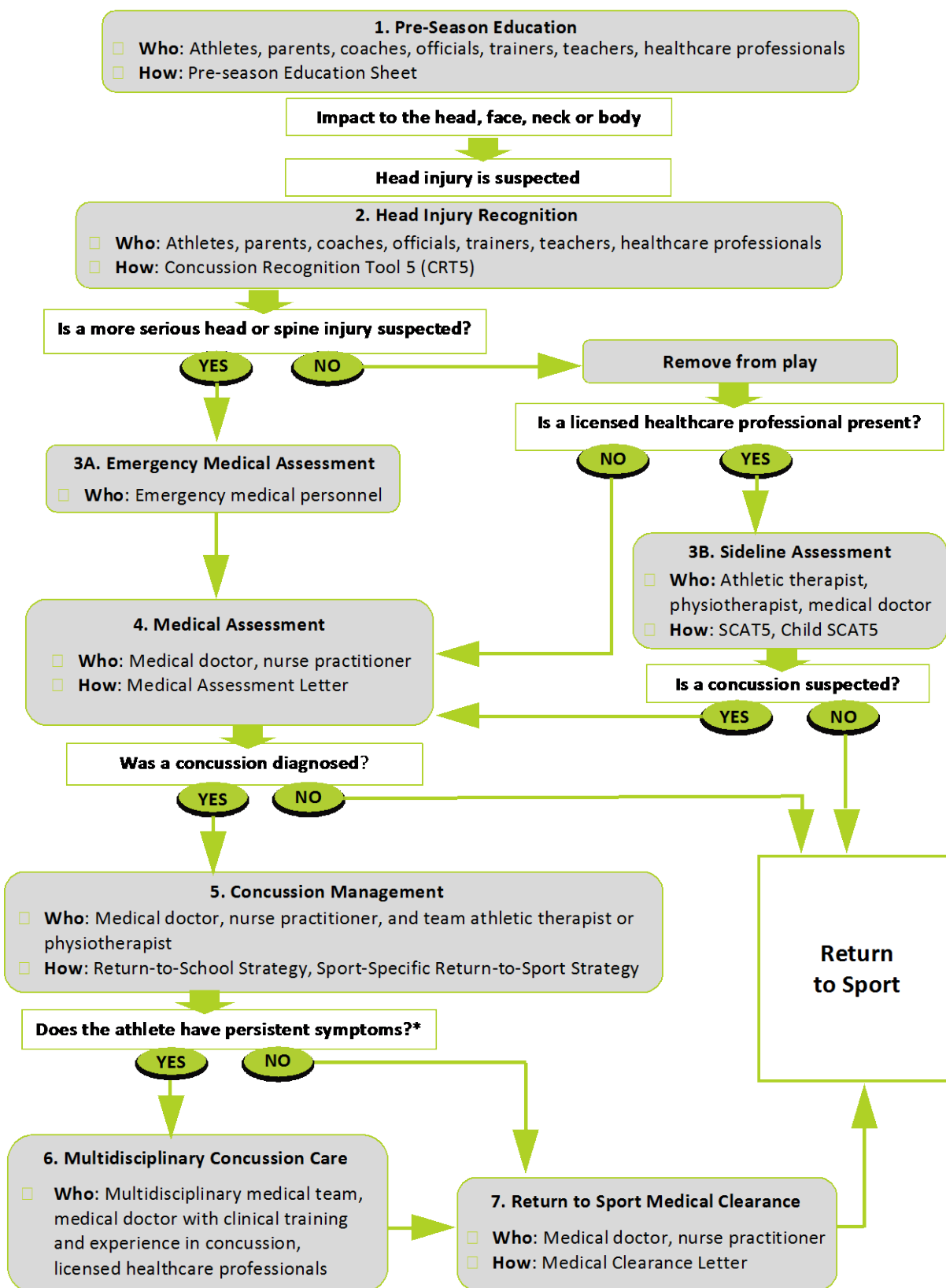
Squash participants who have been determined to have not sustained a concussion and those that have been diagnosed with a concussion and have successfully completed their *Return-to-School and Squash-Specific Return-to-Sport Strategy* can be considered for return to full sports activities. The final decision to medically clear a squash participant to return to full game activity should be based on the clinical judgment of the medical doctor or nurse practitioner taking into account the squash participant's past medical history, clinical history, physical examination findings and the results of other tests and clinical consultations where indicated (i.e. neuropsychological testing, diagnostic imaging). Prior to returning to full practice and game play, each squash participant that has been diagnosed with a concussion must provide their coach or activity leader with a standardized *Medical Clearance Letter* that specifies that a medical doctor or nurse practitioner has personally evaluated the patient and has cleared the squash participant to return to sports. In geographic regions of Canada with limited access to medical doctors (i.e. rural or northern communities), a licensed healthcare professional (such as a nurse) with pre-arranged access to a medical doctor or nurse practitioner can provide this documentation. A copy of the *Medical Clearance Letter* should also be submitted to sports organization officials that have injury reporting and surveillance programs where applicable.

Squash participants who have been provided with a *Medical Clearance Letter* may return to full sport activities as tolerated. If the squash participant experiences any new concussion-like symptoms while returning to play, they should be instructed to stop playing immediately, notify their parents in the case of minors, coaches, trainer or teachers, and undergo follow-up *Medical Assessment*. In the event that the squash participant sustains a new suspected concussion, the Squash Canada Concussion Protocol should be followed as outlined here.

- **Who:** Medical doctor, nurse practitioner
- **Document:** *Medical Clearance Letter*



## Squash Canada Concussion Pathway



\*Persistent symptoms: lasting > 4 weeks in children & youth or > 2 weeks in adults