

**Canadian Baton Twirling Federation**

**La Fédération Canadienne de Baton Sportif**



# **CBTF Concussion Protocol**

**Adopted September 2022**

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

[www.parachute.ca/concussion](http://www.parachute.ca/concussion)

The *Canadian Baton Twirling Federation (CBTF)* has developed the *CBTF Concussion Policy* to help guide the management of athletes who may have a suspected concussion.

## Purpose

This policy highlights preseason education and the recognition, and management of athletes who sustain a suspected concussion during a sporting activity.

The *Canadian Baton Twirling Federations* primary goal is to recognize suspected concussions and ensure athletes receive prompt and appropriate medical care. This guideline may not address every possible clinical scenario that can occur.

## Who Should Use This Protocol?

This protocol is for use by all who interact with athletes inside and outside the context of school and non-school based organized sports activity, including athletes, parents, coaches, officials, teachers, trainers.

### 1. Pre-Season Education:

Clubs may require - All parents and athletes to review and submit a signed copy of the Preseason Concussion Education Sheet during registration at the start of each new season.

Concussion education should include information on the following:

- The definition of concussion
- Possible mechanisms of injury
- Common signs and symptoms
- Actions that can be taken to prevent concussions
- What to do when an athlete has suffered a suspected concussion or more serious head injury
- What measures should be taken to ensure proper medical assessment:
  - Return-to-Sport Strategies
  - Return-to-sport medical clearance requirements

→ **Who:** Stakeholders: Athletes, parents, coaches, officials, teachers, and trainers

### 2. Head Injury Recognition:

A formal diagnosis of a concussion should be made following a medical assessment. Stakeholders are responsible for the recognition and reporting of athletes who

demonstrate visual signs of a head injury or who report concussion 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 athlete who fits the following criteria:

- The athlete 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 (CRT5).
- The athlete reports ANY concussion symptoms to one of their peers, parents, teachers, or coaches or if anyone witnesses an athlete exhibiting any of the visual signs of concussion.
- An athlete MAY demonstrate signs or symptoms of a more severe head or spine injury including convulsions, worsening headaches, vomiting or neck pain.

If an athlete demonstrates any of the **'Red Flags'** indicated by the Concussion Recognition Tool 5, a more severe head or spine injury should be suspected, an Emergency Medical Assessment should be pursued.

*Red Flags include: neck pain/tenderness, double vision, weakness/tingling/burning in limbs, severe or increasing headache, seizure/convulsion, loss of consciousness, vomiting, restless, agitated, combative, deteriorating mental state.*

### **3. Emergency Medical Assessment:**

If an athlete 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, trainers and sports officials should not make any effort to remove equipment or move the athlete until an ambulance has arrived and the athlete should not be left alone until the ambulance arrives.

Depending on the suspected severity of the injury and access to medical services, an initial assessment may be completed by emergency medical professionals or by an on-site licensed health professional where available.

#### **If no licensed healthcare professional present:**

The athlete should be referred immediately for Medical Assessment by a medical doctor or nurse practitioner, and the athlete must not return to sport until receiving medical clearance.

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

A medical doctor, nurse practitioner, or equivalent (where relevant) is responsible for facilitating a medical assessment.

The medical assessment is responsible for determining whether the athlete has been diagnosed with a concussion or not. Athletes must follow one of the two procedures depending on the results of the assessment:

1. Athletes with a diagnosed concussion should be provided with a Medical Assessment Letter indicating a concussion has been diagnosed.
2. Athletes 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 athlete can return to school, work and sport activities without restriction.

#### **5. Concussion Management:**

When an athlete has been diagnosed with a concussion, it is important that the athlete's parent/legal guardian or spouse is informed.

All athletes diagnosed with a concussion must be provided with a standardized Medical Assessment Letter that notifies the athlete and their parents/legal guardian/spouse that they have been diagnosed with a concussion and may not return to any activities until medically cleared to do so by a medical doctor or nurse practitioner.

It is the responsibility of the athlete or their parent/legal guardian to provide this documentation to the athlete's coaches and teachers. Athletes or their parent/legal guardian are responsible for injury reporting and concussion surveillance where applicable.

Athletes diagnosed with a concussion are to be managed by a medical doctor, following the removal from sport.

Once the athlete has completed their Return-to-Baton Strategies and are deemed to be clinically recovered from their concussion, the medical doctor or nurse practitioner can consider the athlete for a return to full sport activities and issue a Medical Clearance Letter.

## **Return-To-Baton Strategy:**

The following return to sport strategy should be used to help athletes, parents, coaches, trainers, and medical professionals assist athletes in a gradual return to sport activities. After an initial rest period of 24-48 hours, the athlete may begin their return-to-sport strategy. In the case of new or worsening symptoms, athletes should return to the previous stage. Athletes must return to full time school activities BEFORE progressing to stage 5 and 6 of the return to sport strategy.

**Athletes must provide a medical clearance letter prior to resuming their normal training regime.**

***This is a guideline and return to participation training should be individually based and guided by a trained medical professional.***

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	Walking or other light cardio at slow to medium pace, no resistance training.  <i>-Light intensity jogging for 30-60 min at sub-symptom threshold intensity</i>	Increase heart rate
3a	Sport-specific exercise	Gradual introduction of movement to training (turns, change of positions, mild gymnastic work ie: cartwheels/illusions). Walk through of routines with no baton (marking big tricks)  <i>-Moderate intensity cardiovascular activity for 30-60 min at sub-symptom threshold intensity</i>	Add movement
3b	Sport-specific exercise	introduction of baton skills. thumb flips, low tosses (with no elements under baton), high tosses (with no elements under baton), stationary rolls (elbow rolls, long arm rolls etc.)  <i>-Moderate intensity cardiovascular activity for 30-60 min at sub-symptom threshold intensity</i>	Add movement

4	Non-contact training drills	Rolls, contact sections permitted Run through of routines with out doing spins, gymnastics, elements under tosses.  - <i>Progressive resistance training can begin</i> - <i>High intensity cardiovascular activity</i>	Exercise, coordination and increased thinking
5	Full contact training drills	Following medical clearance  Run through of full routines with out restrictions (gradual build up to high level elements)	Restore confidence and assess functional skills by coaching staff
6	Return to Sport	Full preparedness and competition training	

*Adapted (stage 3 &4) 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.*

Most athletes who sustain a concussion will make a full recovery within 1-4 weeks of injury and be able to return to sport in that time frame. Approximately 15-30% may experience persistent post-concussion symptoms (>4 weeks for youth, >2 weeks for adults). A referral to a medical doctor with clinical training and experience in concussion should be considered for developing an individualized treatment plan. Depending on the individual's injury, treatment may involve a variety of healthcare professionals with expertise that address the specific needs of the athlete.

### **6. Return to Baton:**

Athletes who have been determined to have not sustained a concussion and those that have been diagnosed with a concussion and successfully completed their return-to-sport can be considered for return to full sport activity. This decision should be made based on the clinical judgment of the medical doctor or nurse practitioner taking into account the athlete's past medical history, clinical history, physical examination, and other relevant clinic consultations.

**Each athlete must provide their coach with a medical clearance letter specifying that a medical doctor or nurse practitioner has personally evaluated the athlete and has been cleared before a full return to sport.**

A copy of the medical clearance letter should be submitted to sport organization officials with injury reporting and surveillance programs in place.

Athletes with a medical clearance letter may return to full sport activities as tolerated. If new or worsening concussion-like symptoms occur, athletes must cease play, notify their parents, coaches, trainer, or teacher and undergo a followup medical assessment.

**Appendix A: Pre-season Concussion Education Sheet**

<https://parachute.ca/wp-content/uploads/2019/06/Pre-Season-Concussion-Education-Sheet.pdf>

**Appendix B: Concussion Recognition Tool 5**

<https://coach.ca/sites/default/files/2020-01/CRT5.pdf>

