Ontario

Concussion Management Tracking Tool

Instructions

This tool is intended to assist designated person(s) with concussion identification and management by recording and transmitting key information among athletes, students, parents/guardians of athletes under 18 years old, school officials, coaches, sports organizations, and concerned healthcare professionals. This tool is not for use in diagnosing a concussion and is not a substitute for medical guidance. For more information on concussions and concussions in sport, please visit www.ontario.ca/concussions.

What to do if you Suspect a Concussion?

Follow these three steps if you – or someone you know – experiences a blow to the head, face, neck or body and you suspect a concussion.

1. **Recognize signs and symptoms of a concussion** on this page and **remove yourself or the athlete from the sport/physical activity**, even if you feel OK or they insist they are OK. Inform the athlete's parent or guardian about the removal.
2. Get yourself or the athlete **checked out by a physician or nurse practitioner**.
3. **Support gradual return to school and sport** using the concussion management tracking tool on the next page.

Red Flags

If any of these symptoms are observed following a hit, **treat the incident as an emergency and call 911**.

- ☐ Double vision
- ☐ Weakness or tingling in arms or legs
- ☐ Seizure or convulsion
- ☐ Vomiting more than once
- ☐ Getting more and more confused
- ☐ Neck pain or tenderness
- ☐ Severe or increasing headache
- ☐ Loss of consciousness (knocked out)
- ☐ Increasingly restless, agitated or aggressive

Common Signs and Symptoms

If any of these symptoms are observed following a hit, **treat the incident as an emergency and call 911**.

Physical

- ☐ Headache
- ☐ Pressure in the head
- ☐ Dizziness
- ☐ Nausea or vomiting
- ☐ Blurred vision
- ☐ Sensitivity to light or sound
- ☐ Ringing in the ears
- ☐ Balance problems
- ☐ Tired or low energy
- ☐ Drowsiness
- ☐ "Don't feel right"

Sleep-related

- ☐ Sleeping more or less than usual
- ☐ Having a hard time falling asleep

Cognitive (Thinking)

- ☐ Not thinking clearly
- ☐ Slower thinking
- ☐ Feeling confused
- ☐ Problems concentrating
- ☐ Problems remembering

Emotional

- ☐ Irritability (easily upset or angered)
- ☐ Sadness
- ☐ Depression
- ☐ Nervous or anxious

1. Incident Details

Athlete Name	Athlete Age	Incident Date (yyyy/mm/dd)

Description of Incident

2. Graduated Return-to-Learn and Return-to-Sport Progress Tracker

2.1 Receive Confirmation the athlete has been diagnosed as having a concussion

Date physician or nurse practitioner confirmed suspected concussion (yyyy/mm/dd)

2.2 Return-to-School Stages Tracking

Stages	Activities and Duration	Completed (yyyy/mm/dd)
Stage 1: Activities of daily living and relative rest	Daily activities at home that don't worsen symptoms more than mildly and briefly. Minimize screen time. First 24 to 48 hours.	
Stage 2: School activities (as tolerated)	Gradual reintroduction of light cognitive activities with accommodations as needed. Short periods of screen time as tolerated. Progress to stage 3 if they can tolerate the activities in Stage 2.	
Stage 3: Part-time or full-time at school with accommodations (as needed)	Continued progression of cognitive activities (e.g., schoolwork) and exposure to the school environment Continued increased use of screened devices. Progress to Stage 4 if they can tolerate full days of cognitive activities and the school environment without accommodation.	
Stage 4: Return to school full-time without accommodations related to concussion		

Return-to-Sport Steps Tracking

Steps	Activities and Duration	Completed (yyyy/mm/dd)
Step 1: Activities of daily living and relative rest	Daily activities at home that don't worsen symptoms more than mildly and briefly. Minimize screen time. First 24 to 48 hours.	
Step 2: Light then moderate effort aerobic exercise	Walking or stationary bicycling, slowly at first then increase the pace. May begin light resistance training (if appropriate).	
Step 3: Individual sport-specific activities, with low risk of accidental head impact	Individual physical activity (away from other participants), such as running or simple drills. No contact or head impact activities. At least 24 hours. Obtain clearance from physician or nurse practitioner before unrestricted training, practice or competition.	
Step 4: Non-contact training, practice drills with low risk of body contact	High intensity exercises and harder training drills, including activities with other participants. No contact. At least 24 hours.	
Step 5: Return to non-competitive activities and full-contact practices	Unrestricted practice- with contact where applicable. At least 24 hours.	

Steps	Activities and Duration	Completed (yyyy/mm/dd)
Step 6: Return-to-Sport		

2.3 **Receive Confirmation that the athlete undergone a medical assessment** by a physician or nurse practitioner and has been medically cleared to return to training, practice or competition.

Date physician or nurse practitioner medically cleared athlete (yyyy/mm/dd)

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