


LaSalle Stompers Soccer Club 	Concussion and Return to Play Policy			Page 1 of 2
	Issued: November 8, 2020	Supersedes:	Approved By: LSSC BOD	

Return to play guideline for sport is designed for the safety of the players. It must be remembered that a sport concussion is a form of a mild traumatic brain injury, which is a complex pathophysiological process affecting most brain functions. The LaSalle Stompers Soccer Club follows the guidelines proposed by the Concussion in Sport Group.

LSSC proposes that all players that are suspected of having received a concussion should follow the following guidelines:

I. If a player is suspected of having a concussion by the coach, trainer, or parent, they should be immediately removed from further play, and if on LSSC fields, will be examined by our onsite, trained and certified medics, if warranted they should not go back to play that day and only return on subsequent days after an assessment indicates readiness.

II. The coach or trainer should perform a sideline assessment.


III. If the player has experienced unconsciousness assume a neck injury : call 911. If there is a significant loss of awareness and orientation take the player to the emergency room at the nearest hospital for required treatment and follow up by health care professionals.

IV. All suspected concussions are referred to see a physician or nurse practitioner within 24 hours.

I. During the next 24-72 hours complete mental and physical rest is needed. Most concussions resolve in 7-10 days, but every player will respond individually.

II. Coaches and parents should not pressure the player to return until medically cleared.

III. The player should then be medically cleared to participate in game play. A letter of clearance must be obtained from a medical professional.

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Rehabilitation Stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive test	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum predicted heart rate; no resistance training	Increase heart rate
3. Sport-specific exercise	Skating drills in ice hockey, running drills in soccer- no head impact activities	Add movement
4. Non-contact training drills	Progression to more complex drills, eg passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination, and cognitive load
5. Full contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	