



BLUE CARD



PROTOCOLS AND IMPLEMENTATION PROCEDURES
www.rugbyontario.com/bluecard

CONTENTS

OVERVIEW	3
ON-FIELD PROCESSES AND PROCEDURES	4
OFF-FIELD FOLLOW UP PROCESSES AND PROCEDURES	5
INCORRECT PLAYER REPORTED	7
MEDICAL ASSESSMENT	8
MEDICAL CLEARANCE	8
WHO CAN PROVIDE A MEDICAL ASSESSMENT OR CLEARANCE	9
SPORT SPECIFIC RETURN TO SPORT STRATEGY	9
RETURN TO WORK/SCHOOL STRATEGY	10
RUGBY ONTARIO CONTACTS	10

APPENDICES

Appendix A - Rugby Ontario Concussion Medical Assessment Letter	11
Appendix B - Rugby Ontario Concussion Medical Clearance Letter	13
Appendix C – Player Notification Email	15
Appendix D - Holland Bloorview Signs of Concussion Card	16
Appendix E - Parachute Canada Concussion: The Basics	17

REFERENCES

World Rugby - Concussion Guidance

<https://playerwelfare.worldrugby.org/concussion>

New Zealand Rugby - Blue Card Concussion Initiative <http://www.bluecard.co.nz/>

Parachute Canada – Canadian Guideline on Concussion in Sport

<http://www.parachutecanada.org/injury-topics/item/canadian-guideline-on-concussion-in-sport>

Holland Bloorview Kids Rehabilitation Hospital - Concussion Handbook

<https://hollandbloorview.ca/programsandservices/concussioncentre/concussioneducation/handbook>

OVERVIEW

INTRODUCTION

Enhancing player safety and welfare is a primary concern and responsibility of Rugby Ontario. Consequently, all matches played under the jurisdiction of Rugby Ontario must comply with World Rugby Concussion Guidelines. To assist in player safety and welfare, in 2019 Rugby Ontario will be piloting the introduction of the Blue Card.

WHAT IS A BLUE CARD?

The Blue Card is a process initiated on field by the Match Official when a player has been removed from the field of play due to a suspected concussion in accordance with Law 3.22 or Law 3.24. The Blue Card has been already successfully introduced in Australia, New Zealand and France.

WHAT IS A CONCUSSION?

A concussion is a brain injury that can affect how your brain works. Concussions may happen because of a hit to the head, face, neck or somewhere else on the body. When a hit takes place, the brain moves back and forward inside the skull. If it moves hard enough, the brain can become injured. This can make your brain and body work and feel different. (Holland Bloorview Concussion Handbook)

THE PILOT

The pilot will be conducted in all Marshall, OWL, McCormick Cup and OWL Cup 1st team matches during the 2019 season, with the intention to introduce it throughout competitions conducted under the jurisdiction of Rugby Ontario in the 2020 season.

PROCESS

- 1) When a player is removed from the field of play for a suspected concussion, the match official will issue that player with a "Blue Card", in a similar manner to which a red or yellow card is issued.
- 2) That player is required to leave the field of play immediately and cannot return and play in that match. Please note in accordance with World Rugby and

Rugby Canada direction, there is no sideline Head Injury Assessment (HIA) process at any level of Club rugby.

- 3) The match official includes the issuing of the Blue Card in their match report.
- 4) The player and their club receive written notification from Rugby Ontario of the issuing of the Blue Card and the required process to be followed (Appendix C).
- 5) The player issued with the Blue Card cannot return to play in any future match without receiving a written medical clearance, meeting the requirements of the World Rugby Return to Play Protocols and receiving a written clearance from Rugby Ontario to return to play.

ON-FIELD PROCESSES AND PROCEDURES

RELEVANT WORLD RUGBY LAWS

Law 3.24

If, at any point during a match, a player is concussed or has suspected concussion, that player must be immediately and permanently removed from the playing area. This process is known as “Recognize and Remove”.

Law 3.22

A player is deemed to be injured if:

- a. At national representative level, it is the opinion of a doctor that it would be inadvisable for the player to continue.
- b. In other matches, where a match organizer has given explicit permission, it is the opinion of a medically trained person that it would be inadvisable for the player to continue. If none is present, that player may be replaced if the referee agrees.
- c. The referee decides (with or without medical advice) that it would be inadvisable for the player to continue. The referee orders that player to leave the playing area.

ISSUING OF A BLUE CARD

When a player is removed from the field of play in accordance with Law 3.22 and/or Law 3.24, the match official shall issue a Blue Card to that player. An

assistant referee may not issue a Blue Card, but may consult with the match official to assist them in their decision as to whether to issue a Blue Card. It is also recommended that the match official consult with any medical staff present in determining whether it would be inadvisable for the player to continue.

REPLACEMENT OF A PLAYER WHO IS ISSUED A BLUE CARD

A player issued a Blue Card may be replaced. Furthermore, a tactically replaced player may return to play to replace a player who has been issued a Blue Card.

OFF-FIELD PROCESSES AND PROCEDURES

The issuing of a Blue Card by a match official initiates the Rugby Ontario Blue Card off-field processes and procedures:

- 1) The match official includes in their match report to Rugby Ontario the name, club and circumstances surrounding the issuing of the Blue Card.
- 2) Rugby Ontario notifies the player and their Club President & Secretary in writing (see Appendix C) indicating that the player has been stood down from playing rugby because of a concern regarding concussion. The notification will outline the procedure to facilitate the player's return to training and playing.
- 3) Rugby Ontario enters the player and incident details into the Rugby Ontario Blue Card register.
- 4) Rugby Ontario changes the status of the player in the Rugby Canada Registration system from active to inactive/blue carded. The player cannot be included on a team sheet or participate in any match until the player's status is returned to active.
- 5) The player seeks medical attention from a qualified medical doctor, ideally within 24 to 48 hours. The doctor completes and signs the Rugby Ontario Medical Assessment Letter (See Appendix A). The player provides a copy of this letter to Rugby Ontario, their team coach and Club President and Secretary.

6) If the medical doctor indicates through signing the Rugby Ontario Medical Assessment Letter that the player has not been diagnosed with a concussion, they can resume full participation in rugby related activities and will be returned to “active” status in the Rugby Canada Registration system.

7) If the medical doctor indicates through signing the Rugby Ontario Medical Assessment Letter that the player has been diagnosed with a concussion, the player must undertake the World Rugby Graduated Return to Play (GRTP) Program.

WORLD RUGBY GRADUATED RETURN TO PLAY (GRTP) PROGRAM TABLE

From World Rugby - Concussion Guidance

<https://playerwelfare.worldrugby.org/concussion>

REHABILITATION STAGE	EXERCISE ALLOWED	OBJECTIVE
1. Minimum Rest Period *	Complete body and brain rest without symptoms	Recovery
2. Light Aerobic Exercise	Light jogging for 10-15 minutes, swimming or cycling at low to moderate intensity. No resistance training. Symptom free during full 24 hour period.	Increased heart rate
3. Sport Specific Exercise	Running drills. No head impact activities.	Add movement
4. Non-Contact training drills	Progression to more complex drills (e.g. passing drills). May start progressive resistance training.	Exercise, coordination and cognitive load
5. Full contact practice	Normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to Play	Player rehabilitated	Recover

* A minimum rest period of one week for adults (over 18 years of age) and two weeks for children and adolescents (18 years and under) is required before commencing the GRTP program.

8) Prior to entering stage 5 of the GRTP (i.e. the stage at which the player resumes full contact practice), the player must obtain a signed copy of the Rugby Ontario Medical Clearance Letter (see Appendix B) from a medical doctor clearing them of any concussion symptoms. The player must provide a copy of this medical clearance letter to Rugby Ontario as well as their team coach and Club President and Secretary no later than 9am on the business day prior to a scheduled match in which a return to play is planned.

9) Upon receipt of this medical clearance, Rugby Ontario will amend the status of the player in the Rugby Canada Registration System from “inactive” to “active”. The player and their Club President and Secretary will be notified accordingly. Once this notification is issued, the player is eligible to commence playing again.

10) If a player participates in a match prior to clearance for return to play being issued by Rugby Ontario (i.e. whilst the player’s status is inactive), both the player and their Club may be sanctioned in accordance with the Rugby Ontario Schedule of Sanctions.

INCORRECT PLAYER REPORTED

In the event that the player issued a Blue Card, for whatever reason, is incorrectly identified in a Match Official’s match report, the player’s Club shall notify Rugby Ontario by return email as soon as practicable following the receipt of the Blue Card notification. In their notification, the Club shall:

- 1) indicate the name of the player who was incorrectly reported
- 2) indicate the name of the player that should have been reported

In such circumstances, the correctly identified player shall be required to undertake the Blue Card Initiative protocols and procedures.

MEDICAL ASSESSMENT

A player issued with a Blue Card, is required to seek medical attention from a qualified medical doctor, ideally within 24 to 48 hours. The doctor having completed the medical assessment of the player, completes and signs the Rugby Ontario Medical Assessment Letter (See Appendix A).

This letter confirms that the player has either:

- a. been diagnosed with a concussion or
- b. not been diagnosed with a concussion

The player, based on the medical assessment letter, either:

- a. if diagnosed with a concussion commences the World Rugby Graduated Return to Play (GRTP) Program
- b. if not diagnosed with a concussion can resume full participation in rugby related activities

The player must provide a copy of the completed and signed Medical Assessment letter to Rugby Ontario, their team coach and Club President and Secretary.

MEDICAL CLEARANCE

Prior to entering stage 5 of the Graduated Return to Play (GRTP) program (i.e. the stage at which the player resumes full contact practice), the player must obtain a signed copy of the Rugby Ontario Medical Clearance Letter (see Appendix B) from a medical doctor clearing them of any concussion symptoms.

The player must provide a copy of this medical clearance letter to Rugby Ontario as well as their team coach and Club President and Secretary no later than 9am on the business day prior to a scheduled match in which a return to play is planned (e.g. 9am Friday for a Saturday match).

WHO CAN PROVIDE A MEDICAL ASSESSMENT OR MEDICAL CLEARANCE

Whilst the role of the any medical staff present on match day (e.g. athletic therapists, physiotherapists) is vital in the recognize and remove procedures for any player with a suspected concussion, medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to provide comprehensive evaluation of athletes with a suspected concussion. Therefore, all players with a suspected concussion should undergo evaluation by one of these professionals.

The types of medical doctors 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.

SPORT SPECIFIC RETURN TO SPORT STRATEGY

Both the Medical Assessment Letter (Appendix A) and Medical Clearance Letter (Appendix B) contain a Sport Specific Return to Sport Strategy sourced from the 5th International Conference on Concussion in Sport held in Berlin in 2016. This strategy has been included as it has been widely circulated within Canada and thus medical practitioners in Canada may be more likely to be familiar with this strategy than the World Rugby Graduated Return to Play (GRTP) program. Please note The Sport Specific Return to Sport Strategy and World Rugby Graduated Return to Play (GRTP) program directly align.

RETURN TO WORK/SCHOOL STRATEGY

Whilst the requirements of Rugby Ontario under the Blue Card initiative only relate to the Graduated Return to Play (G RTP) program, an important part of the recovery process from a concussion also involves the player being able to return to regular life activities such as work or school.

As such, information in this regard, provided by Parachute Canada and sourced from the 5th International Conference on Concussion in Sport held in Berlin in 2016, is designed to assist those who have suffered a concussion by providing a Return to School Strategy. Whilst this strategy is targeted at students, the content can also be applied to those returning to the work environment.

The Return to Work/School Strategy is included with the Medical Assessment Letter (see Appendix A) and Medical Clearance Letter (see Appendix B).

RUGBY ONTARIO CONTACTS

All correspondence relating to the Rugby Ontario Blue Card initiative including the lodging of a Medical Assessment Letter and/or Medical Clearance Letter should be directed to:

David Patterson – Director of Administration and Member Services

Email: dpatterson@rugbyontario.com

Phone: 647 560 4790 ext 1003

Elisa Di Giulio – Member Services Coordinator

Email: edigiulio@rugbyontario.com

Phone: 647 560 4790 ext 1011

APPENDIX A**Medical Assessment Letter**

(Adapted from the Canadian Guideline on Sport Medical Assessment Letter)

Date: _____ Player's Name: _____

To whom it may concern,

Athletes who sustain a suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*. Accordingly, I have personally completed a Medical Assessment on this patient.

Results of Medical Assessment

- This patient has not been diagnosed with a concussion and can resume full participation in school, work and sport activities without restriction.
- This patient has not been diagnosed with a concussion but the assessment led to the following diagnosis and recommendations:

- This patient has been diagnosed with a concussion.

The goal of concussion management is to allow complete recovery of the patient's concussion by promoting a safe and gradual return to work, school and sport activities. The patient has been instructed to avoid all recreational and organized sports or activities that could potentially place them at risk of another concussion or head injury. Starting on _____ (date), I would ask that the patient be allowed to participate in work, school and low risk physical activities as tolerated and only at a level that does not bring on or worsen their concussion symptoms. The above patient should not return to any full contact practices or games until Rugby Ontario, the team coach and Club President and Secretary have been provided with the Rugby Ontario *Medical Clearance Letter* completed by a medical doctor in accordance with the *Canadian Guideline on Concussion in Sport*.

Other comments:

Thank you very much in advance for your understanding.

Yours Sincerely,

Doctor's name _____ M.D.

Doctor's Signature _____

Return to School Strategy¹

The following is an outline of the *Return to School Strategy* that should be used to help student athletes, parents, and teachers to partner in allowing the athlete 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.

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 parttime	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 fulltime	Gradually progress.	Return to full academic activities and catch up on missed school work.

Sport Specific Return to Sport Strategy¹

The following is an outline of the *Return to Sport Strategy* that should be used to help athletes, coaches, trainers, and medical professionals to partner in allowing the athlete to make a gradual return to sport activities. Activities should be tailored to create a sport specific strategy that helps the athlete return to their respective sport.

An initial period of 24 to 48 hours of rest is recommended before starting their *Sport Specific Return to Sport Strategy*. If the athlete 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 fulltime school activities before progressing to stage 5 and 6 of the *Sport Specific Return to Sport Strategy*. It is also important that all athletes provide their coach with a *Medical Clearance Letter* prior to returning to full contact sport activities.

Stage	Aim	Activity	Goal of each step
1	Symptom limiting activity	Daily activities that do not provoke symptoms.	Gradual reintroduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance and complete return to school.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	

¹Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847. <http://dx.doi.org/10.1136/bjsports-2017->



APPENDIX B

Medical Clearance Letter

(Adapted from the Canadian Guideline on Sport Medical Clearance Letter)

Date: _____ Player's Name: _____

To whom it may concern,

Athletes who are diagnosed with a concussion should be managed according to the *Canadian Guideline on Concussion in Sport* including the *Return-to-School* and *Return-to-Sport Strategies* (see page 2 of this letter). Accordingly, the above athlete has been medically cleared to participate in the following activities as tolerated effective the date stated above (please check all that apply):

- Symptom-limiting activity (cognitive and physical activities that don't provoke symptoms)**
- Light aerobic activity (Walking or stationary cycling at slow to medium pace. No resistance training)**
- Sport-specific exercise (Running or skating drills. No head impact activities)**
- Non-contact practice (Harder training drills, e.g. passing drills. May start progressive resistance training. Including gym class activities without a risk of contact, e.g. running, swimming)**
- Full-contact practice (Including activities with risk of contact and head impact, (e.g. rugby, soccer, dodgeball, basketball))**
- Full game play**

What if symptoms recur? Any athlete who has been cleared for physical activities, gym class or non-contact practice, and who has a recurrence of symptoms, should immediately remove himself or herself from the activity and inform the teacher or coach. If the symptoms subside, the athlete may continue to participate in these activities as tolerated.

Athletes who have been cleared for full contact practice or game play must be able to participate in full-time school (or normal cognitive activity) as well as high intensity resistance and endurance exercise (including non-contact practice) without symptom recurrence. Any athlete who has been cleared for full-contact practice or full game play and has a recurrence of symptoms, should immediately remove himself or herself from play, inform their teacher or coach, and undergo medical assessment by a medical doctor before returning to full-contact practice or games.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*.

Other comments:

Thank-you very much in advance for your understanding.

Yours Sincerely,

Doctor's name _____ M.D.

Doctor's Signature _____



Return-to-School Strategy¹

The following is an outline of the *Return-to-School Strategy* that should be used to help student-athletes, parents, and teachers to partner in allowing the athlete 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.

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.

Sport-Specific Return-to-Sport Strategy¹

The following is an outline of the *Return-to-Sport Strategy* that should be used to help athletes, coaches, trainers, and medical professionals to partner in allowing the athlete to make a gradual return to sport activities. Activities should be tailored to create a sport-specific strategy that helps the athlete return to their respective sport.

An initial period of 24-48 hours of rest is recommended before starting their *Sport-Specific Return-to-Sport Strategy*. If the athlete 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 *Sport-Specific Return-to-Sport Strategy*. It is also important that all athletes provide their coach with a *Medical Clearance Letter* prior to returning to full contact 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	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance and complete return to school.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	

¹Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847. <http://dx.doi.org/10.1136/bjsports-2017->

**APPENDIX C
BLUE CARD – PLAYER NOTIFICATION EMAIL**

Dear

Match Details: _____ V _____

Date of Match: _____

This email confirms that you were issued with a Blue Card during the match listed above. As a result, you are stood down from rugby until you have completed the Rugby Ontario Blue Card Protocols and Procedures. This is to ensure your risk of further injury is reduced as far as possible.

Please find attached the following documents which provides you with the relevant information:

- Rugby Ontario Blue Card Protocols and Implementation Procedures
- Blue Card – Player Key Points
- Blue Card – Club Key Points

Specific points to note are:

- The requirement to undertake a medical assessment from a doctor and get them to complete and sign the Rugby Ontario Medical Assessment Letter.
- Submit a copy of this assessment letter to your club and Rugby Ontario.
- If this assessment clears you of a concussion you can resume full participation in rugby activities.
- If the assessment diagnoses you with a concussion:
 - You need to undertake the World Rugby Graduated Return to Play (GRTP) program.
 - Prior to commencing full contact practice or returning to play, see a doctor and get them to complete and sign the Rugby Ontario Medical Clearance Letter.
 - Submit a copy of this clearance letter to your club and Rugby Ontario at least 48 hours before your scheduled return to play.

Please note your Club President and Secretary have been copied on this email.

If you require any further information regarding this email or the Rugby Ontario Blue Card Initiative, please contact myself or Vivian Lee (copied on this email).

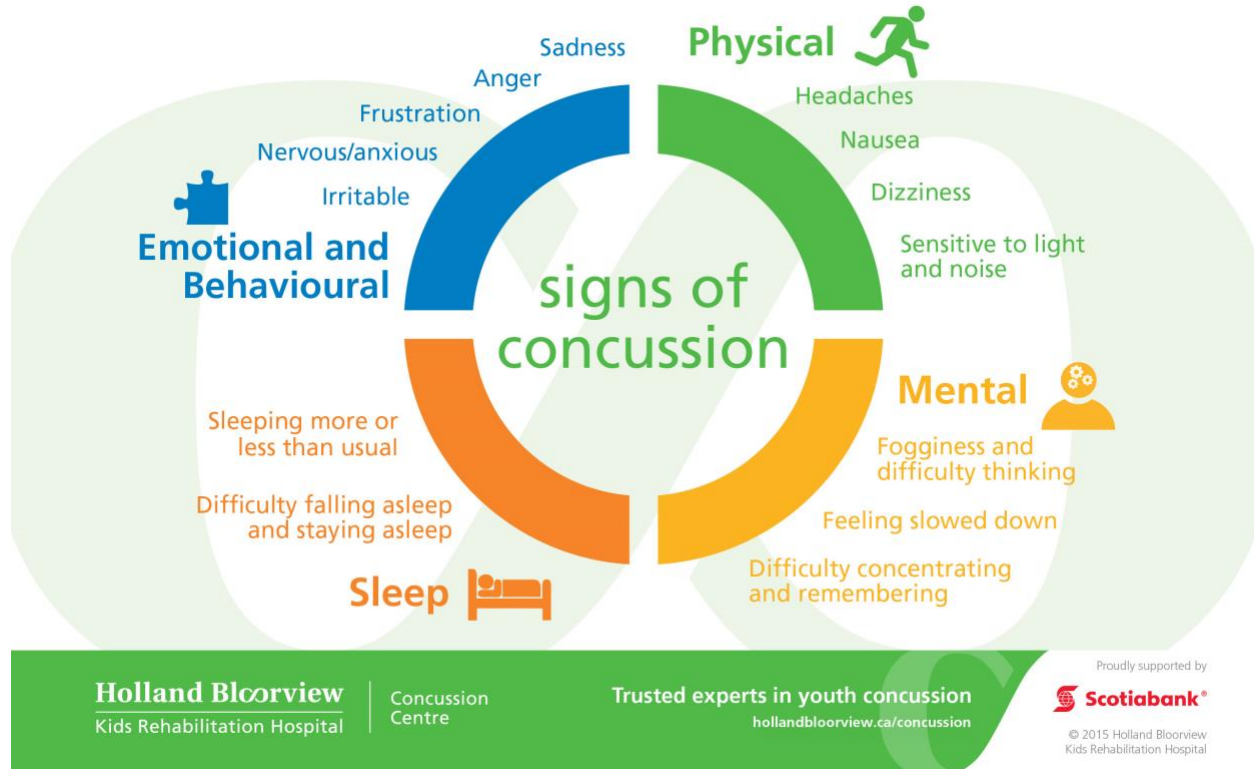
Thank you for your understanding and support in this matter.

Kind Regards

David Patterson
Director of Administration & Member Services

APPENDIX D

HOLLAND BLOORVIEW - SIGNS OF CONCUSSION CARD



APPENDIX E

PARACHUTE CANADA – CONCUSSION: THE BASICS







What is a concussion?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans or MRIs. Any blow to the head, face or neck, or a blow to the body that jars the head, could cause a concussion.

What are the signs and symptoms of a concussion?

Symptoms of a concussion can appear immediately or a few days after the impact. Concussions can appear as a variety of symptoms, and each person might experience concussion in a different way. It is typical to experience one or more of the following symptoms:

<p>PHYSICAL</p>  <ul style="list-style-type: none"> • Dizziness • Nausea or vomiting • "Pressure in the head" • Headache • Balance problems • Sensitivity to light • Neck pain • Seizure or convulsion • Blurred vision • Loss of consciousness 	<p>COGNITIVE</p>  <ul style="list-style-type: none"> • Sensitivity to noise • Feeling slowed down • Fatigue or low energy • Difficulty remembering • Confusion • Drowsiness • Difficulty concentrating • Amnesia
<p>EMOTIONAL</p>  <ul style="list-style-type: none"> • Irritability • Nervous or anxious • More emotional • Feeling like in a "fog" • "Don't feel right" • Sadness 	<p>SLEEP</p>  <ul style="list-style-type: none"> • Insomnia—unable to sleep • Poor sleep quality • Sleeping too much

Parachute  Our aim is an injury free Canada. Parachute is bringing attention to the issue of preventable injury and help Canadians reduce their risk of injury and enjoy a longer, healthier life.

CONCUSSION: THE BASICS

What should I do if I suspect a concussion?

Anyone with a suspected concussion should be checked out by a medical doctor.

If any red flag symptoms are present, get medical help immediately.

If the person is unconscious, call an ambulance. Do not move the person or remove any equipment, such as a helmet, in case of a spine injury.

RED FLAGS



- Person complains of neck pain
- Deteriorating conscious state
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double vision
- Weakness or tingling/burning in arms or legs

How long does a concussion last?

The symptoms of a concussion often start to improve within 10-14 days, but may last longer. In some cases, it can take weeks or months to heal. If you have had a concussion before, you may take longer to heal the next time.

How is a concussion treated?

Care for a concussion can involve a variety of treatments and a team of health professionals, depending on the symptoms and how a person's condition improves. Common recommendations would include rest in the early days, followed by a gradual return to activity under the supervision of a medical professional.

Where can I get more information?

Parachute has resources to learn about concussion prevention, recognition, and management. Visit our website parachutecanada.org/concussion or download the [ConcussionEdApp](#) for information on the go.