

TRACKING SHEET – CONCUSSION MANAGEMENT PROTOCOL – 2019

This sheet is used to record and transmit information to the participant, parents, educational and sports organizations concerned and healthcare system personnel. It should not be used to diagnose a concussion, and it is not a substitute for a medical opinion. *** For more detailed information on the use of this sheet, go to Section 5.3 of the protocol.

NAME:	AGE:	DATE OF THE INCIDENT:
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1. RECOGNITION

Immediately remove the participant from the activity, **never leave the participant unattended** and direct the participant to the person responsible for checking symptoms.

In the presence of warning signs (obtain transportation to a hospital emergency department):

FILL OUT THE WARNING SIGNS SECTION AND THE SYMPTOMS SECTION.

In the presence of symptoms (seek a medical evaluation as soon as possible to obtain a diagnosis):

FILL OUT THE SYMPTOMS SECTION.

In the absence of symptoms Preventive removal of the participant due to:

- an impact or a sudden movement of the head
- doubt regarding the information provided
- history of concussions

In the case of a minor, inform the parents as quickly as possible.

Circumstances of the incident:



WARNING SIGNS

(IMMEDIATE MEDICAL EVALUATION AT A HOSPITAL EMERGENCY DEPARTMENT REQUIRED)

- Loss or deterioration of consciousness
- Confusion
- Repeated vomiting
- Convulsions
- Headaches getting worse
- Significant drowsiness
- Difficulty walking, speaking, recognizing people or places
- Double vision
- High state of agitation, excessive crying
- Serious balance problems
- Weakness, tingling or numbness in arms or legs
- Intense neck pain

SYMPTOMS

	UNDER 24 HOURS	BETWEEN 24 AND 48 HOURS
Headaches or pressure in the head	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue, drowsiness	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty sleeping	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness, vertigo	<input type="checkbox"/>	<input type="checkbox"/>
Feeling slowed down	<input type="checkbox"/>	<input type="checkbox"/>
Concentration problems	<input type="checkbox"/>	<input type="checkbox"/>
Memory problems	<input type="checkbox"/>	<input type="checkbox"/>
Blurred vision	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to light	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to noise	<input type="checkbox"/>	<input type="checkbox"/>
Unusually emotional, irritable, sad	<input type="checkbox"/>	<input type="checkbox"/>
Nervous, anxious	<input type="checkbox"/>	<input type="checkbox"/>
Neck pain	<input type="checkbox"/>	<input type="checkbox"/>
Searches for words or repeats them	<input type="checkbox"/>	<input type="checkbox"/>

2. OBSERVATION PERIOD

The participant has not shown any symptoms since removal from the activity, has successfully completed the 48-hour observation period, and can resume activities without having to go through the stages involved in a progressive return to activities.

PROCEDURE COMPLETED

The participant has presented or presents symptoms and must immediately begin the initial rest period.

FILL OUT THE BACK OF THE TRACKING SHEET

3. RETURN TO INTELLECTUAL, PHYSICAL AND SPORTS ACTIVITIES

INITIAL REST PERIOD

Intellectual, physical and sports activities and driving a motor vehicle should be limited for at least 48 hours or until symptoms gradually decrease.

INTELLECTUAL ACTIVITIES	DATE / STAGE COMPLETED
1. At home: - Short periods of intellectual activities (15-20 minutes)	1 / / /
2. Progressive return to structured activities (part time): - Start with half days, and increase gradually - As needed, move to a calm setting or take breaks throughout the activity	2 / / /
3. Return to activities (full time): - Resume normal school activities (e.g. exams, presentations) if tolerated	3 / / /
Move to Stage 4 only if symptoms have subsided during activity and at rest.	
4. Complete return to activities: - Return to activities without accommodations	4 / / /

No increase of symptoms

PHYSICAL AND SPORTS ACTIVITIES	DATE / STAGE COMPLETED
1. Very light activity: - Resume simple day-to-day domestic activities, for short periods of time (15-20 minutes) (e.g. taking short walks, tidying, sweeping)	1 / / /
Move to Stage 2 only after an initial medical evaluation	
2. Light aerobic activities (performed individually): - Resume activities that increase heart rate slightly, for short periods of time (20-30 minutes) (e.g. rapid walking, stationary bike)	2 / / /
3. Specific exercises (performed individually): - Gradually increase activity intensity and duration - Start exercises related to the activity (e.g. throwing a ball, dribbling)	3 / / /
Move to Stage 4 only:	
- if no symptoms are felt during activity and at rest - after complete return to intellectual activities	

Avoid activities involving a risk of contact, collisions or falls



Following the initial 48-hour rest period, the return to intellectual activities (Stages 1 to 4) and physical and sports activities (Stages 1 to 3) can begin at the same time even in the presence of mild symptoms. You must go back to the previous stage if symptoms worsen or reappear.

It is important to wait at least 24 hours between each stage in the progressive return to intellectual, physical and sports activities.

4. More strenuous exercises or workouts (with or without teammates) - Start more complex technical exercises (e.g. passing drills, practising a choreography) - Increase intensity of activity - Introduce resistance training	4 / / /
Medical authorization is required before moving to Stage 5 for all activities involving a risk of contact, collisions or falls	
5. Unrestricted training: - Resume complete training, including activities involving a risk of contact, collisions or falls	5 / / /
6. Return to competition: - At least 24 hours after successfully completing unrestricted training with no symptoms	6 / / /

For additional information or to consult the protocol:

www.education.gouv.qc.ca/en/concussions