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## **Snowboard Nova Scotia's Return to Snowboard post injury/concussion policy**

This policy is put in place to protect all SBNS athletes from further harm after a potential concussion.

Concussions are very serious injury's-injuries that have leadled to the early termination of some athlete's careers because they didn't take concussions seriously or thought their concussions were weren't serious that bad. Mercedes Nicoll, National and Olympic team rider, suffered a crash in the 2014 Olympics that put her on the sidelines for over two years with concussion symptoms. Mike Robertson, Silver medal in 2010 Olympics, retired after multiple concussions and being diagnosed with Second Impact Syndrome (SIS).

The definition of a concussion is "A **concussion** is a type of traumatic brain injury that is **caused** by a blow to the head or body, a fall, or another injury that jars or shakes the brain inside the skull. Although there may be cuts or bruises on the head or face, there may be no other visible signs of a brain injury." Not all concussions are caused by an impact to the head. Falling hard on your back or butt can cause concussions too.

Signs of concussion include the following:

- Disorientation
- Vomiting
- Headache
- Fatigue
- Nausea
- Temporary loss of consciousness
- Confusion or feeling as if in a fog
- Ringing in the ears
- Slurred speech
- Sleep disturbances
- Concentration or memory problems
- Irritability and other personality changes

If you suffer from any of these symptoms after a fall talk with your coach immediately so they can help you follow the Concussion Management Policy from Canada Snowboard.



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Snowboard Nova Scotia will follow Canada Snowboard's Concussion Management Protocol for returning to play post concussions. **Keep in contact with your coach through**

Steps in the return to play protocol include:

1. Complete physical and cognitive (mental) rest until asymptomatic
2. Low intensity aerobic exercise (walking, spinning on a stationary bike) but no resistance training (weight--training) Heart rate <70% of maximum.
3. Higher intensity aerobic exercise. Heart rate 80--85% of maximum.
4. Easy free snowboarding and can start light resistance training
5. After medical clearance -- can first start more strenuous training on snow
6. Explosive movements and heavy resistance training should be introduced gradually, and their execution and effects must be at pre -- injury levels at the minimum (Consideration must be taken with regard to previous deficits in any of the physical areas, because they might have contributed to the injury occurring).
7. After medical clearance, physiotherapy and strength and conditioning assessment – can return to full training for competition
8. After full competence is shown in riding skills, reaction skills, recovery, general health and fitness excellence (as assessed by the entire IST, including the Medical Lead, Head Physiotherapist, Strength and Conditioning coach and/or Sport Psychologist, clearance by the HP Director, and finally by the athlete's Head Coach), the athlete may return to full competition.

## **Guidelines for return to play post injury (non concussion related)**

Any injury that requires the athlete to be seen by a medical professional (Ski Patrol included) will require a Doctor's note to return practice or competition. The athlete should be pain-free full range of motion. The injured body part should have full movement and flexibility with little or no discomfort.

Return of strength: The injured body part should be approximately equal (90-95 percent) to the opposite side before returning to full activity.

Minimal pain or swelling: Some mild discomfort, stiffness and/or swelling during or after exercise is to be expected during the initial return to activity. Ice can be used to alleviate these symptoms.

Functional retraining: You should be able to effectively perform the specific motions and actions required for your sport before returning to activity. For example, retraining a lower-extremity injury will involve full body weight squats in repetition, jump squats and wall sits.



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**Progressive return to activity:** Depending on the severity of the injury you may need to consider starting at 50 percent of normal activity and progress as tolerable. An informal guideline you can use is to progress activity 10-15 percent per week if the previous level of activity does not result in increased symptoms during exercise or the day after exercise.

**Continue general conditioning with cross-training:** Doing an alternative exercise allows maintenance of general cardiovascular fitness while not interfering with the healing of an injury. For example, ankle and knee injuries may do well with bicycling or swimming.

**Mental confidence in ability to do exercise:** You must feel that you and your injury are ready to perform at the level required for your particular activity. If you have any questions about how the above guidelines apply to your particular injury, please consult with a sports medicine professional.