Lightning Basketball Organization By-Law 004 – Concussion Policy

Introduction

1. This By-Law is derived from the 5th Consensus Statement on Concussion in Sport, issued in April 2017. It incorporates guidance from the 2017 Concussion in Sport Group (CISG), a collective of sports concussion experts, and adapts their recommendations for concussion assessment and management to Lightning Basketball Organization's needs.

2. The CISG outlined 11 key 'R's for Sport-Related Concussion (SRC) management. This By-Law mirrors these 11 R's: Recognize, Remove, Re-Evaluate, Rest, Rehabilitation, Refer, Recover, Return to Sport, Reconsider, Residual Effects, and Risk Reduction.

3. Only a qualified physician can diagnose a concussion. **LIGHTNING BASKETBALL ORGANIZATION** (the Organization) is not liable for how participants or others use or interpret this By-Law.

Definitions

The following terms are defined for this By-Law:

1. "Participant" – Includes coaches, players, volunteers, officials, and other registered individuals.
2. "Registered Individuals" – Refers to all people associated with the Organization, including employees, volunteers, administrators, committee members, and directors.

3. “Suspected Concussion” – Refers to the suspicion that an individual may have experienced a concussion based on an injury or impact, or unusual behavior indicative of a concussion.
4. “Sport-Related Concussion (SRC)” – A traumatic brain injury caused by biomechanical forces. Key characteristics include:
    a. Resulting from a direct or indirect blow to the head, face, neck, or body that transmits force to the head.
    b. Typically leads to rapid onset of short-lived neurological impairment that resolves on its own, though symptoms can develop over time.
    c. May involve neurological changes, but mainly reflects a functional disturbance rather than structural injury, with no visible abnormalities.
    d. Includes a variety of signs and symptoms, which may or may not involve loss of consciousness. Symptoms generally follow a sequential course but can be prolonged.

Purpose

1. The Organization is committed to the safety of all participants in Lightning Basketball. We recognize the importance of concussion awareness and prevention to safeguard the health of our athletes.

2. This By-Law offers guidelines for identifying concussion signs and symptoms, protocols for managing a suspected concussion, and a structured approach for returning to participation after a concussion diagnosis. Effective concussion management is crucial for recovery and avoiding further complications.

Recognize

1. Immediate medical attention should be sought if any of the following serious symptoms are present:
    a. Neck pain or tenderness
    b. Double vision
    c. Weakness or tingling/burning in limbs
    d. Severe or worsening headache
    e. Seizures or convulsions
    f. Loss of consciousness
    g. Deteriorating level of consciousness
    h. Vomiting
    i. Increased agitation or combativeness

2. Observable signs that may suggest a concussion include:

a. Lying motionless on the ground
b. Slow to rise after a head impact
c. Disorientation or confusion, including difficulty answering questions
d. Blank or vacant expression
e. Balance issues, motor incoordination, or stumbling
f. Facial injury following head trauma

3. Symptoms of a concussion may include:
    a. Headaches or a feeling of pressure in the head
    b. Dizziness or balance problems
    c. Nausea or vomiting
    d. Fatigue or drowsiness
    e. Blurred vision
    f. Sensitivity to light or noise
    g. Increased emotional sensitivity or irritability
    h. A general feeling of not being right
    i. Feelings of sadness, nervousness, or anxiety
    j. Neck pain
    k. Difficulty with memory or concentration
    l. A sense of mental fog or feeling slowed down

4. Inability to answer the following memory questions correctly may indicate a concussion:
    a. Where is the game taking place today?
    b. Which team is currently leading?
    c. What quarter is it?
    d. Which team is the opponent?

Remove

1. If a concussion is suspected based on observable signs, symptoms, or incorrect answers to memory questions, the Participant must be immediately removed from the activity.

2. A Participant who has been removed due to a suspected concussion should:
    a. Not be left alone (at least for the first 1-2 hours).
    b. Avoid alcohol.
    c. Refrain from using recreational or prescription drugs.
    d. Not be sent home alone.
    e. Not drive until cleared by a medical professional.

3. The Participant should not return to activity until evaluated by a physician, ideally one familiar with the Sport Concussion Assessment Tool – 5th Edition (SCAT5) for those over

12 years old or the Child SCAT5 for those aged 5 to 12, even if symptoms seem to resolve.

4. If a Participant is removed, the parent/guardian should be immediately contacted. The Participant should be kept in a dark, quiet space, monitored, and any cognitive, emotional, or physical changes should be documented.

Re-Evaluate

1. A Participant with a suspected concussion must be assessed by a licensed physician, who will conduct a thorough neurological evaluation and determine if neuroimaging is necessary.

2. Rest and Rehabilitation

3. Participants diagnosed with an SRC should rest for the first 24-48 hours and then gradually increase activity levels, provided symptoms do not worsen. Vigorous activities should be avoided.

4. Rehabilitation should consider the diverse symptoms associated with SRCs and involve controlled, progressive activities that do not exceed peak performance thresholds.

Refer

Participants who experience persistent post-concussion symptoms beyond the expected recovery period (10-14 days for adults and up to 4 weeks for children) should be referred to a physician experienced in managing SRCs.

Recovery and Return to Sport

1. SRCs impact cognitive function and balance during the first 24-72 hours. Most Participants show significant improvement within the first two weeks. Severity of initial symptoms can influence recovery speed.

2. The following table outlines a graduated return-to-sport protocol for Participants, particularly those who did not experience severe initial symptoms:

Table 1 – Return to Sport Strategy

Stage	Aim	Activity	Stage Goal
1	Symptom-limited activity	Engage in daily activities that do not increase symptoms	Gradual return to normal activities
2	Light aerobic exercise	Perform walking or stationary cycling at a moderate pace without resistance training	Increase heart rate
3	Sport-specific exercise	Engage in running drills without head impact activities	Add movement
4	Non-contact training drills	Perform more intense training drills (e.g., defensive drills) and begin progressive resistance training	Enhance coordination and cognitive engagement
5	Full contact practice	After medical clearance, participate in regular training activities	Restore confidence and assess functional skills
6	Return to Sport	Resume full participation in games and practices	

3. Begin the Return to Sport strategy only after an initial 24-48 hours of physical and cognitive rest.

4. Each stage should last at least 24 hours. If symptoms return or worsen, revert to the previous stage.

5. Resistance training should only be introduced in the later stages (Stage 3 or Stage 4).

6. If symptoms persist, consult with a physician.

7. The Participant’s return-to-sport process should be guided and approved by a physician, with regular consultations throughout the process.

8. A medical clearance form, signed by a physician, is required before advancing to Stage 6.

Reconsider

1. The CISG reviewed whether different populations (children, adolescents, elite athletes) should have different management approaches for SRC.

2. It was concluded that all Participants should follow the same SRC management principles, regardless of their competition level.

3. Specific considerations for adolescents (13 to 18 years old) and children (5 to 12 years old) include longer recovery times. The approach for these groups should be tailored based on individual needs.

Residual Effects

Participants should be aware of potential long-term issues such as cognitive impairment and depression. The possibility of developing chronic traumatic encephalopathy (CTE) is also a consideration, though a direct cause-and-effect relationship between CTE and SRCs or contact sports has not been established.

Risk Reduction and Prevention

Understanding a Participant's concussion history can aid in developing effective management and return-to-sport strategies. The Organization encourages participants to share their concussion histories with coaches and relevant stakeholders.

Non-Compliance

Failure to adhere to the guidelines and protocols outlined in this By-Law may result in disciplinary action according to the Organization's internal policies.

Record of Change:

Version Number	Reason for Change	Date
001	New Policy	2024-06-15