

# Gators Return to Play Policy

## Swimmer Athletic Injuries

Injuries are a common occurrence for those who exercise. Whether it is in the form of minor sprain-strain, an acute traumatic injury or tendinopathy, many injuries require restriction of and/or change in the swimmer's exercise program.

The amount of time away from exercise varies according to the type of injury, severity of injury, body part involved and other situational factors. Depending on the type and severity of the injury, the swimmer may experience pain, swelling, stiffness, weakness or decreased range of motion.

No swimmer shall be allowed to practice or swim in an athletic contest if he/she is suffering from an injury. The diagnosis of and prescription of treatment for injuries is strictly a medical matter and under no circumstances should be considered within the jurisdiction of the coach. A coach's responsibility is to see that injured swimmers are given prompt and competent medical attention, and that the details of a doctor's instructions concerning the swimmer's functioning as a team member are carried out. NO swimmer will be allowed to practice or compete if there is a question whether he/she is in adequate physical conditioning regardless of a medically signed release from a family physician, or other medically certified profession.

If a swimmer is withheld from participation in practice or competition for reasons related to but not limited to injury, fatigue and/or soreness, the swimmer's parent/legal guardian shall be informed. Under no circumstances will the swimmer be released from practice or competition until the legal guardian is present.

### **IN THE EVENT OF ANY ACCIDENT OR INJURY DURING PRACTICE:**

1. Swimmer needs to come out from the water and notifies the coach.
2. Together with life guard in charge if necessary, the coach shall assess the nature and severity of injury.
3. The coach together with life guard in charge shall make decision regarding the appropriateness of the swimmer to return to practice, sending swimmer home or calling 911.
4. In the event that swimmer needs to be sent home, the coach shall call the parents/guardian of the swimmer and arrange for pick up. It is the responsibilities of the coach to supervise the swimmer until parents/guardian of the swimmer arrive to pick up the injured swimmer.
5. In the event that 911 is called, the coach shall call the parents/guardian of the swimmer to let them know. The club will not be held responsible for any costs associated with tending to the health and care of a swimmer.

## **GUIDELINES FOR RETURN TO SWIMMING:**

The swimmer should have 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:**  
The swimmer 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 in basketball should involve the ability to run, stop, change directions and jump.
- **Progressive return to activity:**  
Consider starting at 50 percent of normal activity and progress as tolerable. An informal guideline the swimmer 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:**  
The swimmer must feel that he/she and their injury are ready to perform at the level required for their particular activity. If the swimmer has any questions about how the above guidelines apply to their particular injury, the swimmer is advised to consult with their family doctor.

## **CONTROLLING THE INITIAL SYMPTOMS (PRICE):**

- **Protect:** Protect the affected area from further injury.
- **Rest:** Rest and protect the injured part at first to experience less swelling and a more rapid recovery.
- **Ice:** Put ice on the affected area to decrease swelling and help control pain. This is especially helpful in the first 48 to 72 hours after injury.
- **Compression:** Wrap or brace the injured part to allow for control of initial swelling and to decrease motion.
- **Elevation:** Elevate the injured part, especially if it is kept above the heart, as this helps decrease swelling and pain.

## **HEALING TIME:**

Healing time depends on the body part involved, severity and type of injury. For example, a mild ankle sprain may heal in two to four weeks, while a fracture of the leg may take eight to 12 weeks. However, healing usually proceeds in certain stages.

- Swelling and pain decreases or disappears in the first 24 to 72 hours.
- Discoloration and bruising usually subsides within ten to 14 days.
- Range of motion increases over seven to 14 days, though stiffness and weakness may persist.

When an injury occurs, it may result in weakness, due to tissue damage and disuse, and decreased control over the damaged body part. Regaining strength and coordination of the injured body part should be considered part of the rehabilitation and healing process. Attempting to return to an activity before proper healing of the injury puts you at risk to reinjure yourself.

## Gators Concussion Policy

*When in doubt, sit them out*

A swim coach, official, or health care provider shall remove a swimmer from any activity when he/she determines that the person exhibits signs, symptoms, or behaviour consistent with a concussion or head injury; or if the swimmer is suspected to have sustained a concussion or head injury.

A swimmer who has been removed from practice or competition, or has a suspected concussion may not participate in any athletic activity with the Gators Swim Club until he or she is evaluated by a medical professional and receives written clearance to participate in activities again.

### **IN THE EVENT OF HEAD INJURY OR COLLISION:**

1. Swimmer needs to come out from the water and notifies the coach.
2. Together with life guard in charge, the coach shall assess the severity of injury and ruling out potential concussion.
3. The coach together with life guard in charge shall make decision regarding the appropriateness of the swimmer to return to practice, sending swimmer home or calling 911.
4. In the event that concussion is suspected, swimmer shall not return to swim on that day; the coach together with the life guard shall decide whether 911 need to be called. In any case, parents/guardian needs to be notified.

**HealthLinkBC** (<https://www.healthlinkbc.ca/kb/content/special/tp23364spec.html#tp23365>) provides comprehensive and up to date information on concussion.

## What is a concussion?

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.

You don't have to pass out (lose consciousness) to have a concussion. Some people will have obvious symptoms of a concussion, such as passing out or forgetting what happened right before the injury. But other people won't. With rest, most people fully recover from a concussion. Some people recover within a few hours. Other people take a few weeks to recover.

In rare cases, concussions cause more serious problems. Repeated concussions or a severe concussion may require surgery or lead to long-lasting problems with movement, learning, or speaking. Because of the small chance of permanent brain problems, it is important to contact a doctor if you have symptoms of a concussion.

## What are the symptoms?

It is not always easy to know if someone has a concussion. You don't have to pass out (lose consciousness) to have a concussion.

Symptoms of a concussion range from mild to severe and can last for hours, days, weeks, or even months. If you notice any symptoms of a concussion, contact your doctor.

In general, symptoms of a concussion fit into four main categories:

1. Thinking and remembering
  - Not thinking clearly
  - Feeling slowed down
  - Not being able to concentrate
  - Not being able to remember new information
2. Physical
  - Headache
  - Fuzzy or blurry vision
  - Nausea and vomiting
  - Dizziness
  - Sensitivity to light or noise
  - Balance problems
  - Feeling tired or having no energy
3. Emotional and mood
  - Easily upset or angered
  - Sad
  - Nervous or anxious
  - More emotional
4. Sleep
  - Sleeping more than usual

- Sleeping less than usual
- Having a hard time falling asleep

Young children can have the same symptoms of a concussion as older children and adults. But sometimes it can be hard to tell if a small child has a concussion. Young children may also have symptoms like:

- Crying more than usual
- Headache that does not go away
- Changes in the way they play or act
- Changes in the way they eat, or sleep
- Being upset easily or having more temper tantrums
- A sad mood
- Lack of interest in their usual activities or favourite toys
- Loss of new skills, such as toilet training
- Loss of balance and trouble walking
- Not being able to pay attention

### Signs of a concussion

- Dazed or stunned appearance
- Change in the level of consciousness or awareness
- Confusion about surroundings
- Forgetful, unsure of self, clumsy
- Answers more slowly than usual
- Shows behaviour changes
- Loss of consciousness
- Repetitive questions or memory concerns

### Common symptoms of a concussion

- Headache, nausea, dizzy or unsteady
- Sensitive to light or noise
- Feeling mentally foggy
- Problems with concentration and memory
- Confused and/or slow

Injured athletes can exhibit many or just a few of the signs and/or symptoms of concussion. However, if a swimmer exhibits any signs or symptoms of concussion, the responsibility is simple: remove them from participation. “When in doubt sit them out.” It is important to notify a parent or guardian when an athlete is thought to have a concussion. Any athlete with a concussion must be seen by an appropriate health care provider before returning to practice (including weight lifting) or competition.

## How is it treated?

Any person who may have had a concussion needs to see a doctor. Some people have to stay in the hospital to be watched. Others can go home safely. People who go home still need to be watched closely for warning signs or changes in behaviour. Call a doctor or seek emergency care right away if you are watching a person after a concussion and the person has:

- A headache that gets worse or does not go away.
- Weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea.
- Slurred speech.
- Extreme drowsiness or you cannot wake them.
- One pupil that is larger than the other.
- Convulsions or seizures.
- A problem recognizing people or places.
- Increasing confusion, restlessness, or agitation.
- Loss of consciousness.

Take your child to the emergency department if he or she has any of the warning signs listed above or:

- Will not stop crying
- Will not eat

A person who might have a concussion needs to immediately stop any kind of activity or sport. Being active again too soon increases the person's risk of having a more serious brain injury. Be sure to see a doctor before returning to play.

Rest is the best way to recover from a concussion. You need to rest your body and your brain.

Below is return to play guidelines after head injury provided by **HealthLinkBC**

**(<https://www.healthlinkbc.ca/kb/content/special/tv6824.html>)**

## Returning to Play After a Head Injury During a Sporting Event

Anyone who has a head injury during a sporting event needs to immediately stop all activity and not return to play that day. Being active again before the brain returns to normal functioning increases the person's risk of having a more serious brain injury.

Every person involved in a sporting event (every coach, player, teacher, parent, and trainer) needs to be trained to importance of getting medical help when a player has a head injury.

The decision about when a player can safely return to play must be made by a doctor. The doctor decides on a case-by-case basis. Things that help the doctor decide when the player can return to play include:

- The symptoms the player has.
- The player's medical history.
- The player's concussion history.
- The player's medicine use.
- The type of sport and the position played.
- The player's ability to stand and keep his or her balance.
- The player's ability to pay attention and to answer questions that test learning and memory.
- How quickly the player can solve problems.

Doctors and other concussion specialists agree that a player must not return to play until symptoms are completely gone, both at rest and during exercise or exertion. Using medicine to improve concussion symptoms is not the same thing as being symptom-free. Medicines must be stopped before an athlete can be considered symptom-free. Children and teens have longer recovery times. So they may have to wait longer before they can return to play.

The first treatment for a concussion is rest, both physical and mental. The return to play needs to occur in a gradual, step-by-step way:

1. No activity. This means complete physical and mental rest.
2. Light aerobic activity. This can include walking, swimming, or other exercise at less than 70% maximum heart rate. No resistance training is included in this step.
3. Sport-specific exercise. This includes skating drills or running drills (depending on the sport) but no head impact.
4. Non-contact training drills. This includes more complex training drills such as passing. The athlete may also begin light resistance training.
5. Full contact practice. **A medical professional must agree that the athlete is ready.** The athlete can participate in normal training.
6. Return to play. This is the final step and allows the athlete to join in normal game play.

The athlete must be symptom-free for 24 hours at the current level of activity before moving on to the next step. If one or more symptoms return, the player needs to go back to the previous level of activity with no symptoms for at least 24 hours before trying to do more. A doctor must always make the final decision about whether a player is ready to return to full-contact play.

These general rules apply to return to play after a first concussion. After more than one concussion, the player will most likely need a longer recovery time. Because the risk for a second concussion is greatest within 10 days of the first concussion, it's very important to make sure the player is completely recovered before he or she returns to play. A second injury, even if it is not a head injury, could cause permanent brain damage or death.

Finally, the athlete must have clearance from an appropriate health care professional. Athletes with multiple concussions and athletes with prolonged symptoms often require a very different return to activity program and should be managed by a physician that has experience in treating concussion.