

ONTARIO 
EQUESTRIAN



Concussion Policy & Return to Play Guidelines

Proud Risk Management
Partner of Ontario Equestrian:

CapriCMW 





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Like all sports, riding is an activity that comes with a certain level of risk, especially considering the involvement of a large animal as the equipment. All riders, regardless of age, discipline or experience level are encouraged to wear a certified riding helmet when working around and riding horses. While helmets save lives, concussions can still occur and can threaten the long-term health of equestrian athletes. If a concussion is not properly identified and managed, it can lead to permanent damage or even death.

As the provincial sport organization for equestrian disciplines, Ontario Equestrian (OE) plays an integral role in the education and development of equestrian athletes. As such, we also have an essential role to play in promoting safety awareness, which is why we have developed these concussion guidelines.

This document is intended to fulfill two functions:

- 1) To help riders, parents, coaches and facility owners/providers learn to recognize a concussion;
- 2) To guide equestrians as they prepare to return to riding/driving following a concussion.

This policy is intended to aid in the identification and management of concussions experience by equestrian athletes, notably those members of Ontario Equestrian, and includes procedures for concussions experienced during training and competition circumstances.

1. AWARENESS AND TRAINING

Awareness

A **concussion** is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or over the course of 24-72 hours. A concussion can be a result of a direct blow to the head, face or neck, or elsewhere on the body with an impulsive force transmitted to the head. A concussion can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness) and cannot normally be seen on X-rays, standard CT scans or MRIs. Symptoms of a concussion can be expected to last up to 4 weeks in children (18 years and younger), and in some cases these symptoms may be prolonged.

Second Impact Syndrome is a rare condition that causes rapid and severe brain swelling and often catastrophic results when a child or youth sustains a second concussion before he or she is symptom-free from the first concussion.

Since it's clear that a concussion can have a significant impact on an athlete's cognitive and physical abilities, proper management and reintroduction into activities of daily living is crucial for a safe recovery. In fact, activities that require concentration can actually cause an athlete's concussion symptoms to reappear or worsen – therefore, strategies to assist the “return to learn” is equally important as strategies for “return to physical activity”.

The signs/symptoms listed above are a broad guideline and each person's presentation may differ to some degree. It's important to remember that while signs/symptoms generally appear immediately after the injury, sometimes it takes hours or days before they appear.

Signs can be difficult to recognize in children, particularly young children under the age of 10 who might not communicate how they are feeling. It can be equally problematic to assess those with special needs or athletes who don't speak English or French as their first language.

Remember, dusting yourself off and getting “right back on the horse” isn't always the best approach. A second impact is no joke!

Training

To ensure all stakeholders are trained to respond accordingly in the incidence of a concussion, it is their responsibility to the athletes and the sport to educate themselves on concussion identification and management. Coaches, trainers, facility owners and officials are required to receive training on the national standards of concussion prevention and treatment. This training can be completed through an online learning E-module provided by the Coaching Association of Canada titled “Making Head Way – Concussion E-Learning Series”. Though stakeholders are only required to undergo training once throughout their time active in the sport, any policy revisions will be communicated by Ontario Equestrian followed by further training if necessary.

2. PREVENTION/ENSURE SAFE PLAY

Though concussions are often sustained from an “accident”, it is important athletes take precautionary measures to minimize the risk of a head injury when involved in sport.

Equestrians can reduce their risk of suffering from a concussion by:

- Wearing an SEI or ASTM certified helmet when riding or in the area of horses
- Check riding facilities to ensure a safe environment for participation (jumps are safe, jump cups removed)
- Ride safe, sound horses that match the athlete’s skill level
- Check tack to ensure for correct fit and good condition, replacing according to manufacturer’s instructions
- Be frank and honest with your coach concerning illness and injury and your ability to train fully within the competition/event requirements
- Practice clean sport at all times. Refrain from the use of illegal substances on yourself and equine partner. Speak to your team coach and/or chef relating to any medical injections, treatment and supplements.

3. DETECTION: RECOGNIZE, REMOVE, REFER

Although the formal diagnosis of concussion should be made following a medical assessment, all sport stakeholders including participants, parents, coaches, officials, trainers and licensed healthcare professionals are responsible for the recognition and reporting of participants who demonstrate visual signs of a head injury or who report concussion symptoms.

If you believe a rider has suffered a concussion following a fall from a horse, a blow to the head, face, neck or body (hard hits to the body can transmit force to the head), stop participation immediately take action as outlined below. It is important to remember that symptoms can take 24-72 hours to appear and a participant does not have to be unconscious to suffer a concussion.

- 1) Recognize a suspected concussion: If there is doubt whether a concussion has occurred, it is to be assumed it has. Depending on the situation (i.e. training or competition) all relevant stakeholders should be trained to recognize the signs of symptoms of concussions (Refer to Tables 1-3) and report the suspected concussion to the most responsible person (MRP).
- 2) Remove the athlete with the suspected concussion: When a suspected concussion occurs, is it the responsibility of the MRP (most responsible person; coach, trainer, facility owner, official, competition manager) to follow these steps:

Training

- a. After a blow to the body or head, any participant who reports concussion signs and symptoms to the MRP (coach/trainer or facility owner) or another participant, or is observed to have concussion signs and symptoms – has a suspected concussion.
- b. The participant with a suspected concussion must be removed from participation immediately for medical assessment by a medical doctor or nurse practitioner.
- c. If Red Flag symptoms (Table 1) are present, the MRP must call 911 for immediate transfer to an emergency department.
- d. The MRP is to contact the parent or guardian or emergency contact for an adult athlete.
- e. Athlete should be monitored until released to a parent/guardian or paramedic. No participant with a suspected concussion should be left alone.
- f. The MRP must refer the parent/guardian or athlete to seek a medical professional diagnosis.
- g. The coach/trainer should advise the athlete to suspend training until given clearance from a medical professional.

Competition

- a. After a blow to the body or head, any participant who reports concussion signs and symptoms to the MRP (coach/trainer or competition manager) or is observed to have concussion signs and symptoms – has a suspected concussion.
- b. The participant with a suspected concussion must be removed from participation immediately for medical assessment by medical staff on-site.
- c. If Red Flag symptoms (Table 1) are present, the MRP or medical professional must call 911 for immediate transfer to an emergency department.
- d. The MRP is to contact the parent or guardian.
- e. Athlete should be monitored until released to a parent/guardian or paramedic. No participant with a suspected concussion should be left alone.
- f. If a concussion is suspected by the competition medic, the show manager must suspend the athlete's ability to compete in future competitions until receiving written clearance from a medical professional (refer to the Equestrian Canada rule attached as Appendix 'A').
- g. If signs of concussion are not observed and a trained medical provider deems the athlete fit to continue, the individual can resume their regular riding activities with caution. However, parents/guardians of athletes under the age of 18 must first provide their consent.

4. REFER

Scenario 1: If a licensed healthcare professional is present

The athlete should be taken to a quiet area and undergo Sideline Medical Assessment using the Sport Concussion Assessment Tool 5 (SCAT5) or the Child SCAT5. The SCAT5 and Child SCAT5 are clinical tools that should only be used by a licensed medical professional that has experience using these tools. It is important to note that the results of SCAT5 and Child SCAT5 testing can be normal in the case of acute concussion. As such, these tools can be used by licensed healthcare professionals to document initial neurological status but should not be used to make sideline return-to-sport decisions in youth athletes. Any youth athlete who is suspected of having sustained a concussion must not return to training or competition and should be referred for Medical Assessment.

If a youth athlete is removed from participation following a significant impact and has undergone Sideline Medical Assessment, but there are NO visual signs of a concussion and the athlete reports NO concussion symptoms then the athlete can be return to participation but should be monitored for delayed symptoms.

In the case of national team-affiliated athletes (age 18 years and older) who have been removed from participation following a suspected concussion, an experienced certified athletic therapist, physiotherapist or medical doctor providing medical coverage for the sporting event may make the determination that a concussion has not occurred based on the results of the Sideline Medical Assessment. In these cases, the athlete may return to training or competition without a Medical Clearance Letter but this should be clearly communicated to the coaching staff. Riders that have been cleared to return to training or competition should be monitored for delayed symptoms by the licensed healthcare professional. If the athlete develops any delayed symptoms the athlete should be removed from participation and undergo Medical Assessment by a medical doctor or nurse practitioner*.



Scenario 2: If there is no licensed healthcare professional present

The athlete should be referred immediately for Medical Assessment by a medical doctor or nurse practitioner, and the athlete must not return to participation until receiving medical clearance.

Referring a participant with a suspected concussion:

- 1) **Red Flags:** If any Red Flag Symptom(s) are present (Table 1), the MRP or designate is to call 911 immediately.
- 2) **Concussion Sign(s) and/or Symptom(s):** If any concussion sign(s) and or symptom(s) are present (Table 2 and Table 3) the MRP or designate will communicate to the participant's parent/guardian the need for immediate medical assessment by a medical doctor or a nurse practitioner. It is the parent/guardian's responsibility to ensure the participant with the suspected concussion receives immediate referral to a medical doctor or nurse practitioner for medical assessment.

Table 1: RED FLAGS SYMPTOMS (Call 911 immediately to go to nearest emergency department)

- Neck Pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative
- Loss of consciousness

Table 2: OBSERVABLE SIGNS – Visual clues that suggest possible concussion

(immediate referral to medical doctor or nurse practitioner*)

- Lying motionless on the playing surface
- Disorientation or confusion, or an inability to respond appropriately to questions
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Slow to get up after a direct or indirect hit to the head
- Blank or vacant look
- Facial injury after hear trauma

Table 3: GENERAL CONCUSSION SYMPTOMS

(immediate referral to medical doctor or nurse practitioner*)

- Headache
- Blurred vision
- "Pressure in head"
- Sensitivity to light
- Balance problems
- Sensitivity to noise
- Nausea or vomiting
- Fatigue or low energy
- Drowsiness
- "Don't feel right"
- Dizziness
- More emotional
- Nervous/anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

5. MANAGEMENT PROCEDURES

We have prepared (attached as Appendix 'A') a reporting tool for Coaches to use when they are responding to a suspected concussion or injury. We recommend that this document be kept on file with the rider's emergency contact information and that a copy be given to the parent/guardian or adult rider to be shared with their medical professional when they are being assessed.

It is the responsibility of the parent/guardian to provide Medical Assessment Letter completed by a medical doctor or nurse practitioner* regarding diagnosis (concussion or no concussion) to the MRP.

For a no-concussion diagnosis by a medical doctor or nurse practitioner*: Where the Medical Assessment Letter indicates no concussion has occurred the participant can return to activity.

For a concussion diagnosis by a medical doctor or nurse practitioner*: Where the Medical Assessment Letter indicates a concussion has occurred the participant will be managed by the MRP and in accordance with the graduated return to sport (RTS) guidelines (see Table 4

Stage	Aim	Activity	Goal of each step
1.	Symptom-linked activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2.	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training.	Increased 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 from a medical doctor or nurse practitioner* to participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6.	Return to sport	Normal game play	

iMcCrory, Paul, et al. "Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016." Br J Sports Med (2017): bjsports-2017

NOTE: An initial period of 24–48 hours of both relative physical rest and cognitive rest is recommended before beginning the RTS progression. There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the participant should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest). If symptoms are persistent (e.g., more than 10–14 days in adults or more than 1 month in children), the participant may benefit from referral to a medically-supervised multidisciplinary concussion clinic that has access to professionals with licensed training in traumatic brain injury that may include experts in sport medicine, neuropsychology, physiotherapy, occupational therapy, neurology, neurosurgery, and rehabilitation medicine.

For a participant to progress to Step 4 Medical Clearance Letter is required from a medical doctor or nurse practitioner *indicating that the participant is able to return to Step 5, full contact practice. Parent/guardian is responsible for providing this information to the MRP

6. GRADUATED RETURN TO PLAY GUIDELINES

Athletes diagnosed with a concussion should follow a medically supervised plan to return to physical activity, or play. An individualized approach should be created through a collaborative team comprised of:

- The concussed individual
- His/her parents or guardians, if applicable
- His/her coach or trainer
- School staff, if applicable
- A medical doctor or nurse practitioner

The Return to Play plan outlined below is only a guideline. Typically, however, a Return to Play plan is made up of six steps. A minimum of 24 hours must be observed before each step is assessed, although this time could be considerably longer depending on the condition of the individual. If symptoms return at any step, the athlete must return to the previous stage until symptoms disappear.

Oversight should be provided by a medical professional throughout the entire return to play process.

Suggested Stages of Return to Play		
Rehabilitation Stage	Suggested Exercise	Objective
Stage 1: Complete rest	No activity in this stage. This includes limiting cognitive activities that provoke symptoms, such as reading, texting, television, activities requiring concentration, etc.	Recovery
Stage 2: Light aerobic exercises	Walking, swimming or stationary cycling at low intensity. No resistance training.	Increased heart rate without symptom recurrence
Stage 3: Sport-specific exercises	No activities that could result in head impact. Exercises could include walking/jogging a course or pattern without a horse, grooming, stretching, or practicing riding position on a stability ball. Helmet use when in contact with horse mandatory.	Add movement
Stage 4: Training drills	Progression to more complex training drills. May start progressive resistance training. Exercises could include	Exercise, coordination and cognitive load
barn chores, lunging a horse, light riding lessons on a lunge line on a suitable horse, or light supervised riding (walk-trot) on a suitable horse. Helmet use when in contact with horse mandatory.	Exercise, coordination and cognitive load	Restore confidence and access functional skills.
Stage 5: Full practice	Resume full schedule of riding on a suitable horse in stable weather conditions (no young or spooky horses). No trail riding, unsupervised rides, or competitions. Helmet use when in contact with horse mandatory.	Restore confidence and access functional skills
Stage 6: Return to regular riding activities	Rider rehabilitated. Return to competition, if applicable. Helmet use when in contact with horse mandatory.	Recover

7. RECOVERY FROM CONCUSSION

Although most athletes are eager to return to their sport as quickly as possible, concussion symptoms must not be ignored. Equestrian athletes must not begin riding again until they have fully returned to their academics or employment, have no symptoms of concussion with or without exercise and have undergone a comprehensive medical assessment that clears them to resume their normal equestrian activities.

Children and adolescents, in particular, require a conservative approach when returning to play. Concussions can have more serious effects on a young, developing brain and need to be managed appropriately.

Riders need to be honest with themselves and medical staff when assessing their recovery progress. Parents or other collateral sources of observational information regarding behaviour and symptom pattern are critical to assure a complete understanding of the problems. The risks associated with returning to the saddle prematurely are serious. A second head impact in an individual who has not fully recovered from a concussion can lead to dangerous neurological implications, including death. Research also suggests a link between repeated brain injuries and long-term degenerative brain diseases.

Lastly, before resuming riding activities, the helmet worn at the time of injury will need to be replaced due to subtle damage to the cushioning materials as they exert their protective capacities. Even if damage is not visible, the helmet still needs to be replaced.

Injury Tracker - Playsafe, Sunnybrook Office for Injury Prevention has a useful on-line Free Injury Tracker that can be used by the most responsible person to record injuries and incidents occurring during training.

This free injury tracker can be found at: www.playsafeinitiative.ca/injury-tracker.html

Resources

Coaching Association of Canada – Visit www.coach.ca and download the Concussion Recognition Tool in the Coach Resources section

Parachute – A charitable organization dedicated to preventing injury and saving lives. Visit www.parachutecanada.org

Canadian Academy of Sport and Exercise Medicine – Find a sports medical physician in your area by visiting www.casm-acms.org

Concussions Ontario – www.ConcussionsOntario.org is the website of the Concussion/mTBI Strategy, which aims to improve the recognition, diagnosis, and management of concussion/mTBI in Ontario.

CHAPTER 1: SAFETY AND WELFARE

Article A101 Accidents & Return to Play

1. This rule is applicable to all competitors (including foreign) at EC sanctioned events and applies to falls/accidents that occur at the event location.
2. In the event of a fall/accident where a concussion can be reasonably suspected, (not limited to a direct blow to the head or loss of consciousness), the competitor must receive medical clearance by qualified medical personnel onsite, through the EC Accident Injury Report Form before continuing. The competitor is solely responsible for ensuring the onsite medical assessment takes place by the onsite qualified medical personnel. If the competitor refuses to be evaluated, he/she is disqualified from the event.
3. If the qualified medical personnel suspects a concussion (regardless of symptoms displayed), or believes that the competitor may be at risk of concussion due to the nature of the fall or impact, the competitor is suspended from competition until medically released, as outlined in paragraph 6 below.
4. In the case of the preceding paragraphs, an EC Accident/Injury Report Form must be completed by either the attending Steward, Technical Delegate or the attending qualified medical personnel onsite and submitted to EC within 24 hours of the occurrence. It is the Steward's/Technical Delegate's responsibility to ensure forms are complete and submitted on time.
5. Any competitor suspended from competing further at the event on the basis of any of the preceding paragraphs will be placed on a medical suspension list, managed by EC, until medically released as in the process described in paragraph 6.
6. In the event a competitor is determined ineligible to compete based on the above conditions, the competitor must submit the EC Return to Play Form to EC, completed by a licensed physician. The EC Return to Play Form will be processed by EC within two business days, at which point the competitor will be removed from the EC Medical Suspension list and may return to regular competition. If the competitor wishes to compete after being medically released by a physician but before the EC processing period of the form, the competitor must also submit a copy of the EC Return to Play Form to the show secretary. In this case, the competitor is competing at their own risk and may be pursuant to fines and penalties if the form is found to be incomplete in any way.
7. No competitor shall compete in an EC sanctioned event while on the EC Medical Suspension List. It is the responsibility of the competitor to refrain from competition and the competition organiser may refuse entry to anyone currently on the EC Medical Suspension List.
8. These rules also apply to EC sanctioned competitors competing in FEI and USEF competitions.
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APPENDIX A - EQUESTRIAN ACCIDENT, INCIDENT, INJURY REPORT

Name of Student: _____

Name of Coach On-site: _____

Date & Time: _____

Location of Incident: _____

Emergency Contact: _____

Describe the Incident:

- Was the rider mounted?
- Was the rider wearing a helmet?
- Did the injury involve a fall?
 - From a height of _____
- Body part injured _____
- Nature of suspected injury
(note all that apply)
 - Concussion
 - Cut
 - Sprain
 - Fracture
 - Bruise

- Did the rider lose consciousness?
- Did the rider collide with anything?
 - If yes, what _____
- Did the rider:
 - Experience a Red Flag Symptom - check list (over)
 - Appear confused
 - Experience any loss of memory
 - Report feeling Nauseous

Describe the Cause of the Injury:

- Called 911
- Emergency Contact Notified
- Copy of Report Provided to Emergency Contact



RED FLAG SYMPTOMS

- NECK PAIN OR TENDERNESS
- DOUBLE VISION
- WEAKNESS OR TINGLING/BURNING IN ARMS OR LEGS
- SEVERE OR INCREASING HEADACHE
- SEIZURE OR CONVULSION
- DETERIORATING CONSCIOUS STATE
- VOMITING
- INCREASINGLY RESTLESS, AGITATED OR COMBATIVE
- LOSS OF CONSCIOUSNESS



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