





Concussions...
What is a Coach to do?





Canadä





U16 HPDP





OST Saas Fee



- Thank-you for spending an hour with me we are changing the world one person at a time.
- With us all knowing our role, we can take the fear and drain out of Concussions
- I am not afraid of Concussions, I am afraid of Mismanaged Concussions
- Neglect is a form of abuse

AOA Fall Education Summit 2017



- My name is Erin Smith, and I am a concussion patient
- Athletic Therapist
- Holistic Lifestyle Coach

Why should you listen to me?

- Preseason
- Time of Injury
- Return to Snow
- Having a team to delegate to
- Knowing our roles

What is a Coach to do?

- Send your staff/group a digital copy of;
 - The Preseason Education Sheet
 - Signed contract?
 - SCAT5
 - The Child SCAT5 (5-12 yoa)
 - The Apps:
 - Concussion Ed
 - The ACA Concussion Protocol

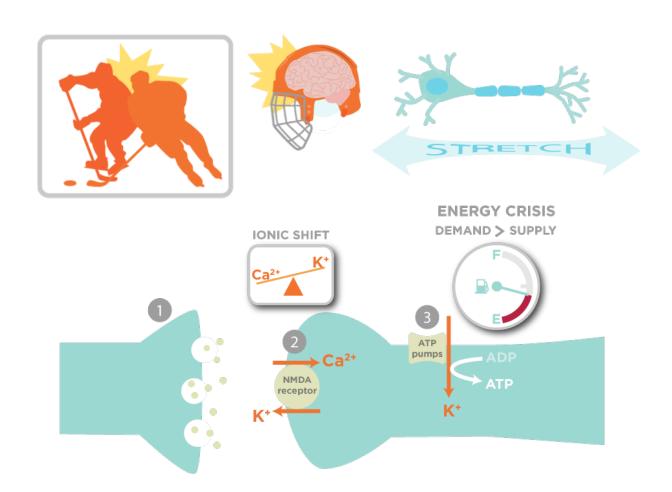
Preseason

- Review the Pocket Recognition Tool
- Baseline testing is not advised
- Locate a referral network; Doctor, AT, PT
 - Shift Concussion or Complete Concussion Provider

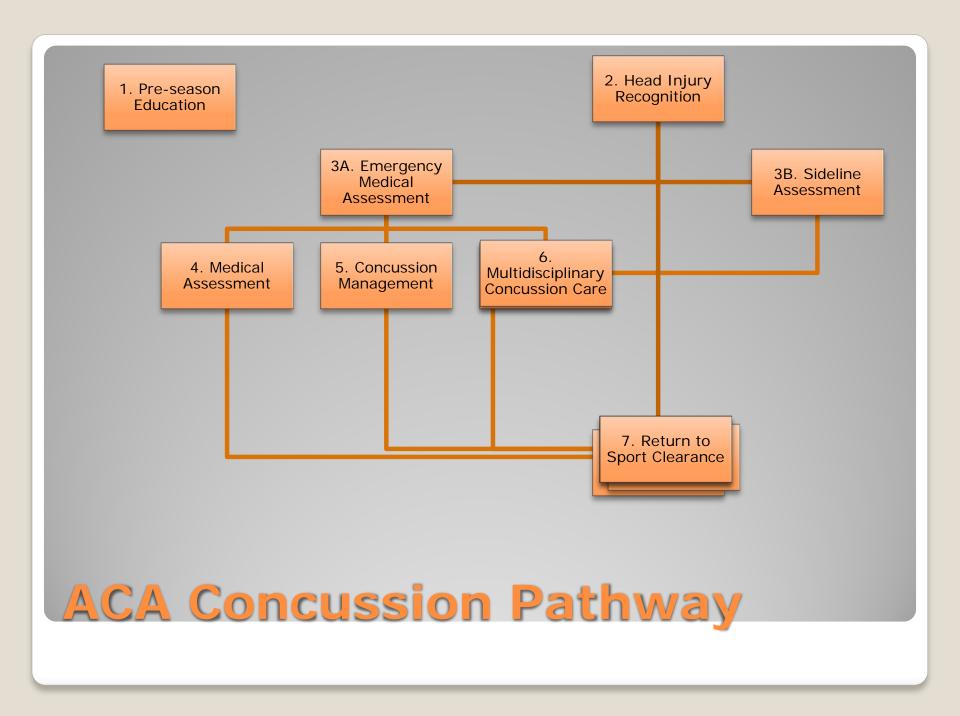
Pre-Season

- ACA protocol
- Pocket Recognition Tool
- ACA Pathway
 - Guardian or adult with the patient
- Nutraceuticals:
 - Organic electrolyte beverages as the only beverages for 1st 72 hours
 - Home made or coconut water (for neurological inflammation)
 - Macronutrients a neurological rehab protocol like Atkin's or Low GI – Omega 3s
- EMFs lowered as much as possible
- Eye stretching to relax the eyes and neck
- Dental Protector

I hit my head...



What happens on the inside...



Canadian CT Head Rule

CT head is only required for minor head injury patients with any one of these findings:

High Risk (for Neurological Intervention)

- 1. GCS score < 15 at 2 hrs after injury
- 2. Suspected open or depressed skull fracture
- 3. Any sign of basal skull fracture*
- 4. Vomiting ≥ 2 episodes
- 5. Age ≥ 65 years

Medium Risk (for Brain Injury on CT)

- 6. Amnesia before impact ≥ 30 min
- 7. Dangerous mechanism ** (pedestrian, occupant ejected, fall from elevation)

*Signs of Basal Skull Fracture

- hemotympanum, 'racoon' eyes, CSF otorrhea/ rhinorrhea, Battle's sign
- ** Dangerous Mechanism
- pedestrian struck by vehicle
- occupant ejected from motor vehicle
- fall from elevation = 3 feet or 5 stairs

Rule Not Applicable If:

- Non-trauma cases
- GCS < 13
- Age < 16 years
- Coumadin or bleeding disorder
- Obvious open skull fracture

Glasgow Coma Scale

EYE OPENING

VERBAL RESPONSE

5

4

3

MOTOR RESPONSE



Spontaneous >

To sound > 3

4

To pressure > 2

None > 1



Orientated >

Confused >

Words >

Sounds >

None >



Obey commands > 6

Localising > 5

Normal flexion > 2

Abnormal flexion > 3

Extension > 2

None > 1

GLASGOW COMA SCALE SCORE

Mild 13-15 Moderate 9-12 Severe 3-8

MEDIC *TESTS #1 EMT & PARAMEDIC EXAM PREP

- Great outline in Protocol of criteria
 - Note from a health care professional & SCAT5
- Bridge missing in between injury and return
 - Not the coaches job, though guidance is appreciated
 - Treatment, progressions, baby steps
- Delegate RTS?

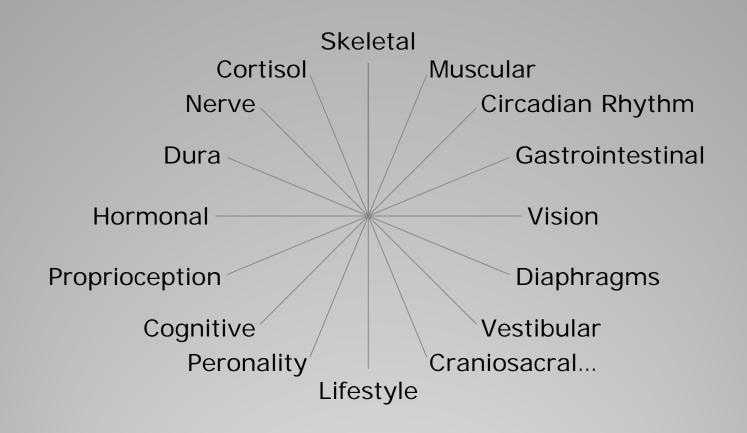
I want to ski!

- SIS; Second Impact Syndrome
- Autoimmune System Dysfunction
- Post Concussion Syndrome
 - -pain
 - · -the web...

Secondary Complications

- Second Impact Syndrome (SIS)
- Danger Situations
- "Clearing the Slate"
- Helmets
 - No GoPro (free ski)
 - FIS rule 6.8
 - MIPS (multi-directional instability protection system)
 - Stickers
 - weaken, hide, surface change

Prevention



How I look at a Concussion: Pre & Post Injury

- Is real
- They are vulnerable to SIS (2nd Impact Syndrome)
- Autoimmune Dysfunction
- Pain
- Lifestyle/Purpose shift
- Finding a new "normal"
- Don't settle! (if you love them, don't let them settle)

Post Concussion Syndrome

- ACA Concussion Protocol 2017-18
- Parachute Canada
- Canadian Concussion Guideline
- Shift Concussion.ca
- Erin Smith
 - erin@totemwellness.ca
 - 416-275-4427

Refer not Defer