

Updated Recommendations for Concussion Management in Canada (2024) Backgrounder

Why are recommendations for concussion management changing?

Research on concussion is being published at an unprecedented rate. As knowledge about concussion prevention, recognition, diagnosis and management improves, it is important that policies, protocols, education and practice stay up to date.

In June 2023, the most recent Consensus Statement on Concussion in Sport (the 6th) was published. The consensus statement summarizes the latest available research to answer key questions about concussion. The authors of the statement, the Concussion in Sport Group, also developed updated versions of commonly used tools, such as the Concussion Recognition Tool 6 and Sport Concussion Assessment Tool 6.

In Canada, the published research has been combined with expert consensus to provide guidance for concussion, including clinical practice guidelines for healthcare professionals and Parachute's **Canadian Guideline on Concussion in Sport** for all involved with sport, including administrators, coaches, educators, parents/caregivers and others. The Canadian Guideline on Concussion in Sport, 2nd edition was published in March 2024 with updated recommendations.

How do these changes affect organizations?

To ensure they are aligned with current guidance in Canada and providing accurate evidence-based information about concussion, organizations should make appropriate updates to documents and resources. This may include updating:

- concussion policy and/or protocol
- tools used for protocol implementation (e.g., medical assessment and clearance letters, tools used to track progress through return to activities)
- educational resources, communications and information on the organization's website
- training

It is also important that changes to information, procedures and requirements be communicated to all relevant parties.

What has changed?

The table on the next page summarizes key changes to recommendations.

More information

- Access the [Canadian Guideline on Concussion in Sport, 2nd edition](#)
- Contact Parachute: Stephanie Cowle, scowle@parachute.ca

Area of change	What has changed
Return-to-sport Strategy Steps	<p>There is no longer a 24-to-48-hour period before beginning the Return-to-sport Strategy. Step 1 of Return-to-sport takes place in the first 24 to 48 hours, and it is the same as step 1 of Return-to-school.</p> <p>Light then moderate effort aerobic exercise is introduced earlier. Resistance training may also begin earlier, if tolerated (at step 2 rather than step 4).</p> <p>Medical clearance is now recommended before step 4 of return to sport (previously it was before step 5). This updated approach allows participants to train and exercise in a low-risk environment. while they are still recovering. Participants should be fully recovered before being exposed to activities with a significant risk of inadvertent impacts, including unintentional contact, collisions or falls.</p>
Return-to-school Strategy Steps	<p>The updated strategy allows students to start returning to the school environment, if tolerated, earlier than before (at step 2 rather than step 3). Generally, more than one week of complete absence from the school environment for children and youth is not recommended. Evidence shows earlier return to the school environment can be safe. This change also supports children and youth to engage with peers and social supports during recovery.</p>
Symptom exacerbation (worsening) during return to activities	<p>The updated recommendations recognize that it is common and acceptable for symptoms to worsen slightly with activity. This differs from previous guidance, which stated that symptoms should not worsen with activity. This shift has resulted in the following guidance for progression through return to activities.</p> <p>For return to sport:</p> <ul style="list-style-type: none"> • Mild and brief worsening of symptoms as the participant progresses through steps 1-3 is OK. • If symptoms worsen more than this, or cannot be tolerated, the participant should stop activity and try again the next day at the same step. • Symptoms should not return after medical clearance. If they do, the person should return to step 3 and be re-assessed. Medical clearance is required again before progressing to step 4. <p>For return to school:</p> <ul style="list-style-type: none"> • Mild and brief worsening of symptoms is OK. • If symptoms worsen more than this, or cannot be tolerated, the student should take a break, adapt the activity, and try again.
Typical recovery time	<p>Typical recovery time for concussion is up to four weeks. Previously, it was described as up to two weeks in adults and up to four weeks in children. A distinction by age is no longer made.</p>

Tools	The Concussion Recognition Tool 6 (CRT6), Sport Concussion Assessment Tool 6 (SCAT6) and Child Sport Concussion Assessment Tool 6 (Child SCAT6, for ages 8-12 years) should be used in place of previous versions.
--------------	--