

VOLLEYBALL Pre-season Concussion Education Sheet

All parents and athletes are required to review and submit a signed copy of this Pre-season Concussion Education Sheet (or preferred a picture of Question 8 and the signature block at the end of this document emailed is acceptable too) to their coach or club administrator prior to the first practice of the season.

Review of this sheet consist of 1) completing this 8-question quiz, 2) review and correct the answer so the score is 100%, and review concussion protocol located in the volleyball yukon link at the bottom of this sheet.

It is important that all sport stakeholders have a clear understanding of the Volleyball Canada Concussion Protocol.

In addition, coaches and support staff must complete Making Headway elearning module in the NCCP Locker.

What's your Concussion IQ? (note: this quiz is general in sports and not sport specific – regardless information is still valid)

Concussions can occur while participating in any sport or recreational activity. Since the circumstances under which a concussion can be sustained are so varied, it is important for all coaches, parents, and athletes to educate themselves on the signs, symptoms, and what to do if a concussion occurs.

Start by taking this short quiz to test your concussion knowledge. Hopefully the information you take away from it will help you better respond to, or even prevent, a concussion.

1) What is a concussion (check all that apply)?

- a. A bruise to the brain
- b. A black out or loss of consciousness
- c. A traumatic brain injury
- d. Whiplash

2) What can cause a concussion (check all that apply)?

- a. A direct bump or blow to the head
- b. Activity that causes a sudden increase in heart rate
- c. A hit to the body that causes the head to move rapidly
- d. Any other activity that causes the head to move rapidly

3) How do you identify a concussion (check all that apply)?

- a. By looking at a CT or MRI scan of the brain
- b. By watching for specific symptoms
- c. By attempting to walk in a straight line with your arms extended
- d. By checking your heart rate and blood pressure

4) What are the signs and symptoms of a concussion (check all that apply)?

- a. Symptoms: somatic (eg, headache), cognitive (eg, feeling like in a fog) and/or emotional symptoms (eg, liability)
- b. Physical signs (eg, loss of consciousness, amnesia, neurological deficit)
- c. Balance impairment (eg, gait unsteadiness)

- d. Behavioural changes (eg, irritability)
- e. Cognitive impairment (eg, slowed reaction times)
- f. Sleep/wake disturbance (eg, somnolence, drowsiness)

5) How do you reduce the likelihood of getting a concussion (check all that apply)?

- a. Wear a properly fitted helmet
- b. Avoid high-contact situations
- c. Avoid high-contact sports until the age of 18
- d. Increased level of physical fitness, including cardiovascular and strength training

6) What should you do immediately after noticing symptoms of a concussion (check all that apply)?

- a. Rest for a few minutes until the effects wear off, then resume your activity
- b. Tell a friend, family member, teammate, trainer or coach that you think you might have a concussion
- c. Remove yourself from the sport or activity
- d. Seek medical attention immediately

7) What is the appropriate treatment for a concussion (check all that apply)?

- a. Complete mental and physical rest for the first 48 hours following a concussion
- b. Prescribed medication
- c. Psychiatric evaluation
- d. Physiotherapy
- e. Gradual return to activity that does not worsen symptoms and is followed closely by a qualified health care professional

8) After a concussion, when should you return to sports (check all that apply)?

- a. As soon as the immediate effects wear off
- b. After you have completed a 6-stage protocol with gradual and monitored activity
- c. After you have been cleared by your doctor
- d. Never

Source: www.coach.ca/concussion-awareness-s16361 and www.volleyballyukon.com/coach.html

Parent / Guardian name (PRINT):

Athlete name (PRINT):

Parent / Guardian name (SIGNATURE):

Athlete name (SIGNATURE):

Location:

Today's Date:

Club:

Program:



By printing and signing your name, you acknowledged that 1) you have completed this concussion 8 question quiz, 2) the quiz is corrected to 100%, 3) and you will review the volleyball concussion protocol located volleyball Yukon website (see link above), or ask a coach or club admin for a copy of this protocol.

Photo of completed question 8 and this signature block can be emailed to your coach or club admin. Keep this completed sheet for your reference.