



## **ALBERTA BICYCLE ASSOCIATION**

### **CONCUSSION POLICY**

#### **PURPOSE**

1. The Alberta Bicycle Association is committed to maintaining the health of its athletes and believes that an athlete's health is more important than participating in the sport of cycling. The Alberta Bicycle Association recognizes the increased awareness of concussions and their long-term effects and the Alberta Bicycle Association therefore enacts this Policy as a tool to help manage concussed and possibly-concussed athletes and preserve the health of its members.

#### **SCOPE**

2. This Policy applies to all Alberta Bicycle Association athletes, coaches, officials, and members.

#### **PROCEDURE**

3. During all cycling events, competitions, and practices sanctioned by the Alberta Bicycle Association, participants (which include coaches, athletes, officials, and other members) will use their best efforts to:
  - a) Be aware of incidents that may cause a concussion, such as:
    - i. Falls
    - ii. Accidents
    - iii. Collisions
    - iv. Head trauma
  - b) Identify athletes or other individuals who have been involved in any of the above incidents and evaluate them for RED FLAGS, SIGNS, SYMPTOMS and MEMORY based on the Concussion Recognition Tool (CRT5<sup>®</sup>, Concussion in Sport Group 2017). In the event of a suspected concussion, first look for the presence of RED FLAGS, which would indicate that an ambulance should be called immediately.

#### **RED FLAGS (Call an ambulance):**

- i. Neck pain or tenderness
- ii. Double vision
- iii. Weakness or tingling/burning in arms or legs
- iv. Severe or increasing headache
- v. Seizure or convulsion
- vi. Loss of consciousness
- vii. Deteriorating conscious state
- viii. Vomiting
- ix. Increasingly restless, agitated or combative

- c) If RED FLAGS are not present, assess for observable SIGNS and SYMPTOMS of concussion, and perform a MEMORY ASSESSMENT:

OBSERVABLE SIGNS (Indicate possible concussion)

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

SYMPTOMS

- i. Headache/Pressure in head
- ii. Nausea
- iii. Drowsiness/fatigue/low energy
- iv. Dizziness
- v. Sadness/irritability/anxiety
- vi. Poor concentration
- vii. Poor memory
- viii. Sensitivity to light or noise

MEMORY ASSESSMENT (Athletes over 12)

- i. What venue are we at today?
- ii. What race is happening right now?
- iii. Who was leading the race?
- iv. Where was your last race?
- v. Who won your last race?

4. Athletes or other individuals who have been involved in an incident that may cause a concussion and who may exhibit SIGNS and SYMPTOMS of a concussion or fail to correctly answer the MEMORY ASSESSMENT questions shall be identified and REMOVED from the cycling activity.
5. Following the athlete being removed from the cycling activity, the athlete's coach or other individual in charge of the athlete (if the athlete is a minor) or someone familiar to the athlete should:
  - a) Call an emergency number (if the situation appears serious or there are RED FLAGS)
  - b) Notify the athlete's parent (if the athlete is a minor) or someone close to the athlete (if the athlete is not a minor)
  - c) Have a ride home for the athlete arranged
  - d) Reduce external stimulus (noise, other people, etc)
  - e) Remain with the athlete until he or she can be taken home
  - f) Advise the athlete to avoid alcohol, prescription or recreational drugs
  - g) Advise the consultation of a physician

## RETURN TO CYCLING

6. Once the athlete's immediate needs have been met, the athlete's family or the athlete should be directed to the following:

a) An athlete who has been concussed should, in consultation with a physician, follow a progressive return-to-cycling and return-to-school/work strategy. The following are the suggested sport-specific steps for return-to-cycling:

**STEP 1: Symptom-limited activity.** Immediately consult a physician. Limit school, work and tasks requiring concentration. Refrain from physical activity for the first 48-72 hours, and then gradually increase activity levels (NOT TRAINING) if symptoms do not worsen. Once activities of daily living are tolerated without concussion-related symptoms, re-consult with physician for clearance to proceed to Step 2.

**STEP 2: Light aerobic exercise** to reintroduce physical activity (eg. 10-15 minutes of walking or low intensity cycling on a stationary bike. NO resistance training).

**STEP 3: Low intensity sport-specific exercise:** The environment should be managed so as to ensure the athlete is not in excessive traffic and that there is minimum risk of falling or colliding with other athletes. The athlete may also attempt basic balance drills. (eg: 30 minutes of cycling at 75% of Max Heart Rate. Discipline-specific examples from Cycling Canada Concussion Protocol:  
Road: flat, non-paceline, low stress  
Track: non-group ride on track or road ride  
MTB: road ride, no technical  
BMX: low intensity, road ride, no technical)

**STEP 4: Increased intensity:** (eg. 30 minutes of cycling on a stationary bike at 75% of Max Heart Rate with 30 second intervals at minutes 10, 15, and 20. Discipline-specific examples:  
Road: climbs, intervals, pacelines  
Track: group riding on track, intervals  
MTB: training drills - low/moderate technical skills, intervals  
BMX: training drills - low/moderate technical skills, intervals)

**STEP 5: Regular training and skill execution:** (eg. 30 minutes of cycling at 75% of Max Heart Rate with 30 second maximum effort intervals at minutes 10, 15, and 20. Discipline-specific examples:  
Road: motorpacing or group riding  
Track: motorpacing  
MTB: course pre-riding, technical riding  
BMX: course pre-riding, technical riding)

**STEP 6: Return to unrestricted training and competition once cleared by a physician.**

Note: Each step should take a minimum of one day (24 hours). If the athlete has any symptoms of concussion (e.g. see SYMPTOMS above) that return either with activity, or later that day, stop the activity immediately and return to the previous step in the progression.

## **MEDICAL CLEARANCE**

7. This Policy requires the athlete to consult with a physician throughout this process and the ABA will comply with all directions provided by the physician which may supersede this policy.