



# Return-to-Sport Protocol

## Designated Person(s)

In accordance with the requirements set out in Rowan's Law and its associated regulation, Skate Ontario is required to identify a designated person(s) as having specific responsibilities under the Removal-from-Sport and Return-to-Sport Protocols. The responsibilities for the designated person(s) may be shared between one or more individuals. Each designate must be clear about who has what responsibility under the Removal-from-Sport and Return-to-Sport Protocols.

## Under the Return-to-Sport Protocol for Skate Ontario, the designated person(s) is/are responsible for ensuring that:

- A skater who has sustained a concussion or is suspected of having sustained a concussion does not return to training, practice or competition until permitted to do so in accordance with the Skate Ontario Return-to-Sport Protocol
- When a skater has not been diagnosed with a concussion, the skater is only permitted to return to training, practice or competition if the skater or, if the skater is under 18 years of age, the skater's parent or guardian provides confirmation to the designated person(s) about the outcome of the skater's medical assessment, specifically that the skater has undergone a medical assessment by the physician or nurse practitioner and has not been diagnosed as having a concussion, and has been medically cleared to return to training, practice or competition by a physician or nurse practitioner
- When a skater is diagnosed by a physician or nurse practitioner as having a concussion, the skater is not permitted to move on to unrestricted training, practice or competition unless the skater or, if the skater is under 18 years of age, the skater's parent or guardian provides a confirmation of medical clearance by the physician or nurse practitioner to the designated person(s)
- A skater is not permitted to return to training, practice or competition through Skate Ontario's graduated Return-to-Sport steps unless the skater or, if the skater is under 18 years of age, the skater's parent or guardian has shared the medical advice or recommendations they received, if any, with the designated person(s)
- When a skater is diagnosed by a physician or nurse practitioner as having a concussion, the skater or, if the skater is under 18 years of age, the skater's parent/guardian has been informed of the importance of disclosing the diagnosis to any other sport organization with which the skater is registered or school that the skater attends

The regulation states that a designated person(s) may rely on the information received from a skater or, if the skater is under 18 years of age, from the skater's parent or guardian in carrying out their responsibilities under the Skate Ontario Return-to-Sport protocol.

## The following outlines a Return-to-Sport process for a skater who has been removed from training, practice or competition due to a suspected or diagnosed concussion, regardless of whether or not the concussion was sustained or is suspected of having been sustained during a sport activity associated with Skate Ontario:

1. Receive Confirmation
  - a. Ensure that a skater who has sustained a concussion or is suspected of having sustained a concussion does not return to training, practice or competition until the skater or, if the skater is under 18 years of age, the skater's parent or guardian provides confirmation to the designated person(s) that the skater:
    - Has undergone a medical assessment by a physician or nurse practitioner and has not been diagnosed as having a concussion, and;
    - Has been medically cleared to return to training, practice or competition by the physician or nurse practitioner.
2. If Diagnosed with Having a Concussion
  - a. If a skater has been diagnosed by a physician or nurse practitioner as having a concussion the skater must proceed through the graduated Return-to-Sport steps
3. Graduated Return-to-Sport Steps
  - a. Skate Ontario has adopted the Skate Canada Return-to-Sport Strategy. See Appendix A.



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4. Share Medical Advice
  - a. A skater, or the skater's parent or guardian must share the medical advice or recommendations they receive with the designated person(s) before being permitted to return to training, practice or competition through the graduated return-to-sport steps, if any
5. Disclosing Diagnosis
  - a. The designated person(s) must inform the skater or, if the skater is under 18 years of age, the skater's parent or guardian of the importance of disclosing the diagnosis to any other sport organization with which the skater is registered or school that the skater attends
6. Medical Clearance
  - a. The skater, or the skater's parent or guardian must provide the designated person(s) a confirmation of medical clearance by a physician or nurse practitioner before the skater is permitted to move on to unrestricted training, practice or competition
7. Record Progression
  - a. Skate Ontario must make and keep a record of the skater's progression through the graduated return-to-sport steps until the skater, or the skater's parent or guardian, has provided a confirmation of medical clearance by a physician or nurse practitioner to the designated person(s)
  - b. This information will be kept on file by Skate Ontario in accordance with the Skate Ontario Records Retention Policy



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## Return-to-Sport Protocol – Appendix A

### Skate Canada Return-to-Sport Strategy

The following is an outline of the Skate Canada Return-to-Sport Strategy that should be used to help skaters, coaches, trainers and medical professionals’ partner in allowing the individual to make a gradual Return-to-Sport activities.

An initial period of 24-48 hours of rest is recommended before starting the Skating-Specific Return- to-Sport Strategy. The individual should spend a minimum duration of 24 hours without symptom increases at each stage before progressing to the next one. If the individual experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that individuals RETURN TO FULL-TIME LEARN/SCHOOL/COACHING ACTIVITIES before progressing to stage 5 and 6 of the Skate Canada Return-to-Sport Strategy. It is also important that all individuals provide their coach, skating club board of directors or skating school administrators with a Medical Clearance Letter prior to returning to full contact sport activities.

### Return-to-Learn/School/Coaching Strategy

The following is an outline of the Return-to-Learn/School/Coaching Strategy that should be used to help student-skaters/coaches, parents, and teachers to collaborate in allowing the individual to make a gradual return to school activities. Depending on the severity and type of the symptoms present individual will progress through the following stages at different rates. If the individual experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. The individual should also be encouraged to ask their school if they have a school-specific Return-to-Learn Program in place to help them make a gradual return to school.

Stage	Aim	Activity	Goal of Each Step
1	Daily activities at home that do not give the individual symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities
2	Learn/School/Coaching activities	Learn/School: Homework, reading or other cognitive activities outside of the classroom. Coaching: Reading or other cognitive activities off the ice	Increase tolerance to cognitive work
3	Return to Learn/School /Coaching part-time	Learn/School: Gradual introduction of schoolwork. May need to start with a partial learn/school day or with increased breaks during the day. Coaching: gradual return to work – may need to start with a partial work day and should remain off the ice	Increase academic/coaching activities
4	Return to Learn/School/Coaching full-time	Learn/School: Gradually progress Coaching: Gradual progress to coaching, first remaining off the ice, then progressing to on - ice; Should start progression from stage 2 to6 of the Skate Canada Specific Return-to-Sport Strategy for coaches as tolerated.	Return to full academic activities and catch up on missed school work

Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847.



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## Skate Canada Specific Return-to-Sport Strategy for SINGLES

Stage	Aim	Activity	Goal of Each Step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms	Gradual re-introduction of work/school activities
2	Light aerobic activity	<p>Cardio-vascular testing if available to establish the basic heart rate (HR), where the symptoms appear. If not possible:</p> <ul style="list-style-type: none"> <li>• Medium pace walking without symptoms (HR 100-130)</li> <li>• Light intensity stationary cycling or jogging for 15-20 minutes at sub- symptom threshold intensity</li> <li>• No resistance training</li> </ul>	<p>Increase heart rate</p> <p>Regain normal heart rate variability.</p>
3	Sport-specific exercise	<p>Running or skating drills. No head impact activities. Off-ice warm-up:</p> <ul style="list-style-type: none"> <li>• sub-maximal with agility exercises.</li> </ul> <p>On-ice intervals:</p> <ul style="list-style-type: none"> <li>• stroking, then turns (no twizzles)</li> <li>• 5 x 3 minutes program parts without jumps or spins at 60-70% max heart rate (around 140), and rest until back to 50-55% max HR (around 80-100)</li> </ul> <p>Off-ice training (gym):</p> <ul style="list-style-type: none"> <li>• under 80% of 1 maximal repetition (MR)</li> <li>• No jumps, avoid exercises with head below hips</li> <li>• Core, proprioception, stabilization &amp; flexibility exercises</li> </ul>	<p>Add movement</p> <p>No jumps, no spinning.</p> <p>Try to plan ice session with less skaters on the ice.</p>
4	Non-contact training drills	<p>Warm up:</p> <ul style="list-style-type: none"> <li>• Off-ice double jumps without symptoms (start with 5-10 reps)</li> <li>• Agility with intervals, 8 x 30sec.</li> </ul> <p>On-ice training:</p> <ul style="list-style-type: none"> <li>• Full programs with single jumps; no spins; 80-90% max HR (165-180) <ul style="list-style-type: none"> <li>○ Rest until back to 50-55% max HR (around 80-100)</li> <li>○ Single and double jumps outside programs</li> <li>○ No spins</li> </ul> </li> </ul> <p>If tolerated:</p> <ul style="list-style-type: none"> <li>• Complete programs with single and double jumps, but no spins <ul style="list-style-type: none"> <li>○ Mastered triple jumps outside programs</li> <li>○ No spins</li> </ul> </li> </ul> <p>If tolerated:</p> <ul style="list-style-type: none"> <li>• Add more difficult triple jumps</li> <li>• No spins</li> </ul>	<p>Exercise, coordination, and increased thinking</p> <p>Avoid repetitive falls.</p> <p>Avoid session with a lot of skaters.</p>



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		Off ice training (gym): <ul style="list-style-type: none"><li>• No more than 80% of 1 MR (maximal resistance);</li><li>• Add exercises with external resistance</li><li>• Avoid jumps in training if jumps being done during same day on-ice training</li></ul>	
5	Full contact practice	Following medical clearance  Warm-up Same as previous to injury On-ice training: <ul style="list-style-type: none"><li>• Complete/full programs with all jumps but no spins<ul style="list-style-type: none"><li>○ Spins outside programs</li></ul></li></ul> If tolerated: <ul style="list-style-type: none"><li>• Progress to full programs</li></ul> Off-ice training (gym): <ul style="list-style-type: none"><li>• Pre-injury strength &amp; conditioning</li><li>• Limit jumping depending on how much was done on ice</li></ul>	Restore confidence and assess functional skills by coaching staff
6	Return-to-Sport	Normal training; no restrictions	



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## Skate Canada Specific Return-to-Sport Strategy for PAIRS/DANCE/SYNCHRONIZED SKATING

Stage	Aim	Activity	Goal of Each Step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms	Gradual re-introduction of work/school activities
2	Light aerobic activity	<p>Cardio-vascular testing if available to establish the basic heart rate (HR), where the symptoms appear. If not possible:</p> <ul style="list-style-type: none"> <li>• Medium pace walking without symptoms (HR 100-130)</li> <li>• Light intensity stationary cycling or jogging for 15-20 minutes at sub- symptom threshold intensity</li> <li>• No resistance training</li> </ul>	<p>Increase heart rate</p> <p>Regain normal heart rate variability.</p>
3	Sport-specific exercise	<p>Running or skating drills. No head impact activities. Off-ice warm-up:</p> <ul style="list-style-type: none"> <li>• sub-maximal with agility exercises.</li> </ul> <p>On-ice intervals:</p> <ul style="list-style-type: none"> <li>• stroking, then turns (no twizzles)</li> <li>• 5 x 3 minutes program parts without jumps or spins at 60-70% max heart rate (around 140), and rest until back to 50-55% max HR (around 80-100)</li> </ul> <p>Off-ice training (gym):</p> <ul style="list-style-type: none"> <li>• under 80% of 1 maximal repetition (MR)</li> <li>• No jumps, avoid exercises with head below hips</li> <li>• Core, proprioception, stabilization &amp; flexibility exercises</li> </ul>	<p>Add movement</p> <p>No jumps, no spinning.</p> <p>Try to plan ice session with less skaters on the ice.</p>
4	Non-contact training drills	<p>Warm up:</p> <ul style="list-style-type: none"> <li>• Off-ice double jumps without symptoms (start with 5-10 reps)</li> <li>• Agility with intervals, 8 x 30sec.</li> </ul> <p>On-ice training:</p> <ul style="list-style-type: none"> <li>• Full programs with single jumps; no spins; 80-90% max HR (165-180) <ul style="list-style-type: none"> <li>○ Rest until back to 50-55% max HR (around 80-100)</li> <li>○ Single and double jumps outside programs</li> <li>○ No spins</li> </ul> </li> </ul> <p>If tolerated:</p> <ul style="list-style-type: none"> <li>• Complete programs with single and double jumps, but no spins <ul style="list-style-type: none"> <li>○ Mastered triple jumps outside programs</li> <li>○ No spins</li> </ul> </li> </ul> <p>If tolerated:</p> <ul style="list-style-type: none"> <li>• Add more difficult triple jumps</li> <li>• No spins</li> </ul>	<p>Exercise, coordination, and increased thinking</p> <p>Avoid repetitive falls.</p> <p>Avoid session with a lot of skaters.</p>



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		Off ice training (gym): <ul style="list-style-type: none"><li>• No more than 80% of 1 MR (maximal resistance);</li><li>• Add exercises with external resistance</li></ul> Avoid jumps in training if jumps being done during same day on-ice training	
5	Full contact practice	Following medical clearance  Warm-up Same as previous to injury On-ice training: <ul style="list-style-type: none"><li>• Complete/full programs with all jumps but no spins<ul style="list-style-type: none"><li>○ Spins outside programs</li></ul></li></ul> If tolerated: <ul style="list-style-type: none"><li>• Progress to full programs</li></ul> Off-ice training (gym): <ul style="list-style-type: none"><li>• Pre-injury strength &amp; conditioning</li><li>• Limit jumping depending on how much was done on ice</li></ul>	Restore confidence and assess functional skills by coaching staff
6	Return-to-Sport	Normal game play	



# Return-to-Sport Protocol

Skate Canada Specific Return-to-Sport Strategy for COACHES

Stage	Aim	Activity	Goal of Each Step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms	Gradual re-introduction of work/school activities
2	Light aerobic activity	<p>Cardio-vascular testing if available to establish the basic heart rate (HR), where the symptoms appear. If not possible:</p> <ul style="list-style-type: none"> <li>• Medium pace walking without symptoms (HR 100-130)</li> <li>• Light intensity stationary cycling or jogging for 15-20 minutes at sub- symptom threshold intensity</li> <li>• No resistance training</li> </ul>	<p>Increase heart rate</p> <p>Regain normal heart rate variability.</p>
3	Sport-specific exercise	<p>Running or skating drills. No head impact activities. On-Ice intervals:</p> <ul style="list-style-type: none"> <li>• stroking, then turns (no twizzles)</li> <li>• 5 x 3 minutes program parts without jumps or spins at 60-70% max heart rate (around 140), and rest until back to 50-55% max HR (around 80-100)</li> </ul> <p>Off-ice training (gym):</p> <ul style="list-style-type: none"> <li>• under 80% of 1 maximal repetition (MR)</li> <li>• No jumps, avoid exercises with head below hips</li> <li>• Core, proprioception, stabilization &amp; flexibility exercises</li> </ul>	<p>Add movement</p> <p>No jumps, no spinning.</p>
4	Non-contact training drills	<p>On-Ice Intervals:</p> <ul style="list-style-type: none"> <li>• Stroking then turns; 80-90% max HR (165-180)</li> <li>• Rest until back to 50-55% max HR (around 80-100) Single and double jumps</li> <li>• No spins</li> </ul> <p>If tolerated:</p> <ul style="list-style-type: none"> <li>• Mastered triple jumps outside programs</li> <li>• No spins</li> </ul> <p>If tolerated:</p> <ul style="list-style-type: none"> <li>• Add more difficult triple jumps</li> </ul> <p>Off ice training (gym):</p> <ul style="list-style-type: none"> <li>• No more than 80% of 1 MR (maximal resistance);</li> <li>• Add exercises with external resistance</li> </ul>	<p>Exercise, coordination, and increased thinking</p> <p>Avoid repetitive falls.</p>
5	Full contact practice	<p>Following medical clearance</p> <p>Warm-up Same as previous to injury</p> <p>On-ice training:</p> <ul style="list-style-type: none"> <li>• Jumps</li> <li>• Reintroduce spins</li> </ul> <p>If tolerated:</p>	Restore confidence



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		<ul style="list-style-type: none"><li>• Progress to full coaching session physically</li></ul> Off-ice training (gym): <ul style="list-style-type: none"><li>• Pre-injury strength &amp; conditioning</li><li>• Limit jumping depending on how much was done on ice</li></ul>	
6	Return-to-Sport	Normal training, no restrictions	