



# Concussion In Sport Grassroots Workshop

## Concussion Management Guidelines Strategy Session for Amateur Sport in Saskatchewan

Friday, April 26, 2013

3:00 pm to 8:00 pm

Graham Huskie Football Clubhouse  
Griffith's Stadium – College Drive



**Target Audience:** Coaches, teachers, parents, athletes, volunteers, administrators of sports activities

### Goals:

- Education Session - participants will be able to:
  - Define a concussion
  - Identify the MOI for concussion
  - Identify the signs and symptoms of concussion
  - Understand the management of concussion
  - Understand the return to play protocol for concussion
  - Implement prevention strategies for concussion
  - Understand the role of protective equipment in concussion
- Case Presentations will highlight knowledge deficits, concerns, and challenges in participants' concussion experiences. These areas will be key discussion points in the following strategy session.
- Strategy Development
  - Participants will have completed a Concussion Management Guidelines document for their sport / association / school
  - Guidelines will be created in consultation with the input of local concussion management experts. Participants will be provided with a number of resources either in print or web-based format
  - Guidelines can be implemented immediately upon return to their sport / association / school, or be used to facilitate further review & consultation within their own sport / association / school
  - Participants will have the option of further consultation and development with SMSCS consultants to create a finalized document specific to their sport/association/school.

### Agenda:

**2:45pm Registration**

**3:00pm Education Session (1.25 hours)**

SMSCS Concussion Presentation

**4:20pm Case Presentations (15 minutes)**

- a. Athlete description of concussion to include: MOI, signs and symptoms, knowledge of concussion, how they handled school, return to play experience
- b. Parent description of concussion to include: knowledge of concussion, symptoms seen in child, where they got their information on management and RTP, navigation of health care system
- c. Coach description of concussion to include: did they have preseason discussion/guidelines, how they decided if athlete could continue, how they decided when to RTP, how did they keep athlete connect to team, school considerations

**4:40pm Strategy Development (1.5 hours)**

Participants will initiate a Concussion Policy & Action Plan for their school or organization.

Q & A

*Moderator:*

- Rhonda Shishkin - Head Therapist, Huskie Athletics

*Panel:*

- Trevor Len, CAT(c) – Athletic Therapist, Saskatchewan Roughriders
- Ted Tilbury - Diploma Sport Physiotherapy & Men's National Soccer Trainer
- Ross Wilson - Sport Administrator/Educator
- Brian Towriss - Huskie Football Coach
- Merv Dahl - Risk and Insurance Analyst U of S

**6:10pm Reception**

**7 to 8pm Keynote Speaker**

**Tim Fleiszer** - 4 time Grey Cup Champion & Sport Legacy Institute Member



ACQUIRED BRAIN INJURY

Partnership Project



UNIVERSITY OF  
SASKATCHEWAN



**REGISTRATION:** Concussion in Sport Grassroots Workshop – Friday, April 26, 2013

**DEADLINE:** Friday, April 5, 2013

First & Last Name \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Regional Health Authority (if known): \_\_\_\_\_ Fax: \_\_\_\_\_

Sport Involvement: Coach Teacher Athlete Volunteer Parent Administrator Health Provider

**COST: \$40**  Cheque payable to “Continuing Physical Therapy Education”

Mastercard Card # \_\_\_\_\_  
 VISA Expiry date: \_\_\_\_\_  
Name on card: \_\_\_\_\_

Courses are subject to cancellation if minimum number of applicants is not received by the deadline above. In this case, a full refund will be provided. Refund for withdrawal from the course shall be subject to date of notification of withdrawal. If notification of withdrawal is received by CPTe prior to 1:00 pm on the deadline stated above, a processing fee of \$25.00 will be withheld on all refunds. If notification of withdrawal is received after that time, participant will not be refunded unless the position can be filled. The processing fee will still apply. Even if the course has been confirmed, CPTe is not responsible for travel/accommodation costs booked in advance, in the event of sudden unavoidable cancellation of the course (ie. instructor illness, Acts of God). If maximum number of applicants is received, names will be put on a waiting list in case of applicant withdrawal.

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Hotel Rooms: A block of rooms has been reserved for Friday night at the Park Town Hotel, 924 Spadina Crescent East, Saskatoon. [www.parktownhotel.com](http://www.parktownhotel.com) 1-306-244-5564. Conference rooms will be available at \$139.00 for Standard or \$149.00 for Double Queen Riverview, until March 26, 2013 under CPTe Concussion Conference Block 107636.

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CONSENT AND WAIVER FORM: (MUST be signed and enclosed with registration form and fee.)

This course may contain lectures, discussion, and demonstrations where you could be asked to act as a participant. The instructor, assistant or fellow participant may or may not be licensed. If, at any time, you feel uncomfortable or wish to refuse to participate, you must do so by telling the instructor prior to, or during the session. Signing below indicates that you have given consent to full participation in the course, unless you express your refusal to the course instructor before or during participation in the course.

I accept all physical and legal risks in participating in this course. I hereby waive and release Continuing Physical Therapy Education, the University of Saskatchewan, the Saskatchewan Physiotherapy Association Inc., and the premises owner/occupier, as well as all employees, instructor(s) and assistant(s) from all of the above from any claims of loss, damage or injury which in any way results directly or indirectly from this course. I have read and understand the waiver of liability appearing above and I INDICATE MY ACCEPTANCE OF THE SAID WAIVER BY SIGNING BELOW.

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Date)

**Return Completed Registration to: [cpte.program@usask.ca](mailto:cpte.program@usask.ca) OR FAX: 966-7673**

**Mail: Continuing Physical Therapy Education, University of Saskatchewan,  
Box 60001 RPO University, Saskatoon, SK, S7N 4J8**

**Phone: 306-966-2043**