



RETURN TO PLAY FROM INJURY POLICY

Injuries will occur during the course of a season and especially in divisions where body contact is part of the game. Parents, coaches and players will often look to the Health & Safety Person for advice and direction regarding removal from, and return to, play.

- Communication with the player, parents, and coaches is vital when a decision needs to be made about removing a player from action or returning to play.
- The Health Safety Person's duty may be to observe the injured player or refer the injured player to one of the Club's medical/rehabilitation contacts. If the player is unable to participate at their usual skill level due to injury or illness such as high fever or influenza, or they complain of pain and weakness during the activity, then remove them from play and the appropriate action should be taken.
- Caution should be exercised when such a decision needs to be made. Your primary goal and duty is not to make a decision whether a player can return to play but rather to ensure the safety of the player is the top priority at all times.
- It is recommended that players who are removed from games or practices due to injury or serious illness such as mononucleosis, COVID-19 and do not return to that game or practice, should obtain a note from a physician before they are allowed to return to play. A Chilliwack FC Injury Report form should be completed and the injury recorded on the team injury log so that an accurate injury/recovery history is maintained.
- If you are ever in doubt as to the seriousness of a player's injury or illness, exercise common sense and direct the parents to seek medical attention for the player and request that a physician's note be obtained before permitting the player to play or practice. Clearly communicate the necessity of medical permission from a physician to the player's parents or guardians and the coaching staff. Once medical permission is requested, you should work with coaches and parents to ensure the player does not return without it.
- After an extended layoff players should practice before they play. The practice situation is a controlled setting which allows players to gradually adapt, feel comfortable, and regain confidence without risking further injury. The practice situation also permits a player to regain conditioning and cardiovascular endurance before returning to play. Remember, players are much more at risk to re-injure themselves in the injured area or another area because of a lack of conditioning.
- Players returning from injuries should never be permitted on the field unless wearing all protective equipment if it is required.
- Players returning to practice from an injury should wear a different color jersey or training bib than the rest of the team to identify them as returning from an injury until full conditioning has returned.
- The step wise return to play guidelines for concussion management can be a beneficial process for guiding any injured athlete back into competition.
- A player should not return to play unless they can demonstrate appropriate skills in a practice situation. Remember, you want full function and return to pre injury fitness and skill level.



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- There may be pressure on you to allow the player to return to play. This is not your decision. Safety is the top priority and protecting the player from further injury is essential. The Health and Safety Person's role, in conjunction with the team coaching staff, is not to try and get the player back into competition as soon as possible, but to ensure that the player is both ready and safe to return to play. If there are doubts, a physician's advice should be sought.
- When working with older players who are driving, be aware that certain injuries or circumstances may impair their ability to drive or the decision-making process. Ensure that an injured player does not drive home alone.



Chilliwack FC INJURY REPORT FORM

DATE
VENUE

PLAYER INFORMATION

PLAYERS NAME	SURNAME	GIVEN NAME	MIDDLE NAME OR INITIAL
ADDRESS			
CITY	POSTAL CODE		
HOME PHONE	()		
PLAYER EMAIL	@		

INJURED BODY PART

	SPECIFIC BODY PART _____ _____ _____ _____ _____	FOLLOW UP <input type="checkbox"/> HOSPITAL <input type="checkbox"/> FAMILY PHYSICIAN <input type="checkbox"/> OTHER _____	FIRST AID TREATMENT <input type="checkbox"/> ICE <input type="checkbox"/> TAPE <input type="checkbox"/> TENSOR <input type="checkbox"/> SPLINT <input type="checkbox"/> CRUTCHES <input type="checkbox"/> OTHER _____																		
		VITAL SIGNS N/A <input type="checkbox"/> <table border="1"> <thead> <tr> <th>TIME</th> <th>PULSE</th> <th>B.P.</th> <th>RESP. RATE</th> <th>TEMP</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		TIME	PULSE	B.P.	RESP. RATE	TEMP													
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TYPE OF INJURY

<input type="checkbox"/> CONCUSSION WITH LOSS OF CONSCIOUSNESS	<input type="checkbox"/> RUPTURE OF TENDON	<input type="checkbox"/> CONTUSION
<input type="checkbox"/> CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS	<input type="checkbox"/> LIGAMENT RUPTURE WITH INSTABILITY	<input type="checkbox"/> TENDONITIS / BURSITIS
<input type="checkbox"/> FRACTURE	<input type="checkbox"/> LIGAMENT RUPTURE WITHOUT INSTABILITY	<input type="checkbox"/> DENTAL INJURY
<input type="checkbox"/> DISLOCATION	<input type="checkbox"/> LESION OF MENISCUS	<input type="checkbox"/> DEEP WOUND
<input type="checkbox"/> RUPTURE OF MUSCLE	<input type="checkbox"/> SPRAIN	<input type="checkbox"/> LACERATION / ABRASION
<input type="checkbox"/> RUPTURE OF TENDON	<input type="checkbox"/> STRAIN	<input type="checkbox"/> OTHER _____

HISTORY / MECHANISM

HAS THE PLAYER HAD A PREVIOUS INJURY OF THE SAME LOCATION AND TYPE? <input type="checkbox"/> NO _____ <input type="checkbox"/> YES _____ MONTHS AGO	WHEN DID THE INJURY OCCUR? <input type="checkbox"/> TRAINING <input type="checkbox"/> MATCH FIELD CONDITIONS _____
WAS THE INJURY CAUSED BY OVERUSE OR TRAUMA? <input type="checkbox"/> OVERUSE <input type="checkbox"/> TRAUMA	WAS THE INJURY CAUSED BY CONTACT WITH ANOTHER PLAYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

NOTES

TRAINER/MANAGER NAME > TEAM NAME > HEAD COACH NAME >	RETURN TO ACTIVITY TIME-LINE / HOME INSTRUCTIONS >
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