



BC Wheelchair Basketball Society

Concussion and Return to Play Protocol

1. Purpose

BC Wheelchair Basketball Society (BCWBS) is committed to providing a safe environment for all participants. Concussions are serious injuries, and proper recognition, care, and recovery are essential. This policy outlines how suspected concussions will be recognized, assessed, and managed, and how athletes safely return to play.

This policy is based on the [Canadian Guideline on Concussion in Sport \(2nd edition, 2024\)](#) and the [Wheelchair Basketball Canada Concussion Protocol](#).

2. Who This Protocol Applies To

This protocol applies to **all BCWBS athletes, coaches, parents/guardians, officials, trainers, and volunteers** involved in BCWBS programs, leagues, camps, and events.

3. Education

- Each season, athletes, parents/guardians, coaches, and officials will receive [concussion education](#).
- Education will cover:
 - What a concussion is
 - Signs and symptoms
 - What to do if a concussion is suspected
 - Return-to-Sport steps
- Athletes and parents are encouraged to review and sign the **Pre-Season Concussion Information Sheet**.

4. Recognition of Concussion

A concussion should be suspected if an athlete experiences a **significant impact to the head, face, neck, or body** and shows **any symptoms** such as but not limited to:

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- Headache, dizziness, blurred vision
- Confusion, memory problems, blank stare
- Nausea, vomiting, balance issues
- Unusual emotions (irritability, sadness, nervousness)
- Sleep problems or fatigue

Red flag signs (call 911 immediately): loss of consciousness, worsening headache, repeated vomiting, seizures, weakness, or neck pain.

Key rule:

Any athlete suspected of concussion must be **immediately removed from play** and **not return the same day**.

CRT 6: [Concussion Recognition Tool](#)

SCAT6: [Sport Concussion Assessment Tool](#)

Child SCAT6: [Sport Concussion Assessment Tool for Children Ages 8 to 12 Years](#)

5. Medical Assessment

- All athletes with suspected concussion must see a **medical doctor or nurse practitioner** as soon as possible.
- Only these professionals can provide a diagnosis and a **Medical Assessment Letter**.
- Athletes cannot return to practice or competition until they provide a **Medical Clearance Letter**.

6. Return to Sport

Recovery comes first.

Return-to-Sport Steps (each step takes at least 24 hours):

Step 1 Complete Rest (24–48 hours)

- Physical and cognitive rest. Typical activities at home. Minimal screen time.

Step 2 Light effort aerobic exercise

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- Easy wheeling, light cycling, no resistance training.

Step 3 Sport-specific activities (no contact, low risk)

- Low-intensity chair skills, ball handling, shooting.
- *Medical clearance required before moving to Step 4.*

Step 4 Non-contact training drills

- More intense drills, no contact.

Step 5 Full contact practice

- Normal training with body/chair contact. No competitive game play.

Step 6 Return to competition

- Full game play.

If symptoms return at any step, the athlete must rest until symptoms resolve, then restart at the previous step.

7. Roles and Responsibilities

- **Athletes/Parents:** Report symptoms, follow medical advice, provide clearance notes.
- **Coaches/Officials:** Remove athletes with suspected concussion, ensure no same-day return, support safe reintegration.
- **BCWBS:** Provide education, enforce protocol, update annually with best practices.

8. Protocol Review

This protocol will be reviewed **annually** in light of new concussion research and national guidelines.