

Swansea Girls Hockey League Concussion Protocol Summary

Note: The purpose of this Concussion Protocol Summary is to provide parents, athletes and others with an overview of Swansea Girls Hockey League's Concussion Protocol. It is intended as a communication tool and does not replace the full protocol document, which follows.

For the full Swansea Girls Hockey League Concussion Protocol, please see below (page 3 +) or visit <https://www.sghl.ca/>

1. All athletes, parents/guardians, coaches, and officials participating in Swansea Girls Hockey League activities are required to review the *Canadian Guideline on Concussion in Sport Pre-season Concussion Education Sheet* prior to the first on-ice opportunity of the season. In addition to reviewing information on concussion, it is also important that all sport stakeholders have a clear understanding of the SGHL Concussion Protocol.
2. If an athlete is suspected to have sustained a concussion or other head injury, the following procedures shall be followed:
 - a) If a severe head or neck (spine) injury is suspected, an ambulance shall be called immediately to transfer the athlete to the nearest hospital for medical assessment.
 - b) If an athlete has signs or symptoms of a concussion, they shall be removed from participation in sports (including warm-up, practice and competition) immediately and be medically assessed as soon as possible by a medical doctor or nurse practitioner.
 - c) If the athlete develops delayed concussion symptoms (e.g., in the evening after a game or practice), they shall be medically assessed as soon as possible by a medical doctor or nurse practitioner.
 - d) All athletes with a suspected concussion must provide a **Medical Assessment Letter** indicating whether they have been diagnosed with a concussion. Completed forms should be submitted to the team coach, who will forward the completed Medical Assessment Letter to the Director of Health and Safety via email league@sghl.ca
3. If an athlete has been medically assessed and that assessment confirms the athlete does not have a concussion, they can return to full participation in sport.
4. **If an athlete is diagnosed with a concussion**, they shall follow the Hockey- specific Return-to-Sport Strategy.

5. An athlete diagnosed with a concussion shall provide a **Medical Clearance Letter** before returning to full practice and competition/gameplay.

For more information on concussion please visit:

- Swansea Girls Hockey League Website, Concussion Resources <https://www.sghl.ca/>
- Parachute (Canada's national charity dedicated to injury prevention)
www.parachute.ca/concussion
- The Living Guideline for Pediatric Concussion <https://pedsconcussion.com/>

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1. SCOPE

Swansea Girls Hockey League (SGHL) has developed the **Swansea Girls Hockey League Concussion Protocol (SGHL Concussion Protocol)** to help guide the management of athletes who have a suspected concussion as a result of participation in SGHL activities. This protocol has been developed in accordance with the Canadian Harmonized Sport Concussion Protocol (Parachute, 2024).

Purpose

This protocol covers the recognition, medical diagnosis, and management of athletes who sustain a suspected concussion during hockey play (i.e., game, practice). It aims to ensure that athletes with a suspected concussion receive timely and appropriate care and proper management to allow them to return to their daily life activities, including hockey, safely. This protocol may not address every possible clinical scenario that may occur but includes critical elements based on the latest evidence and current expert consensus.

Who should use this protocol?

This protocol is intended for use by all individuals who have a role interacting with athletes, including other athletes, parents/caregivers, coaches, officials, trainers, and volunteers.

For a visual summary and decision-making tree of the **SGHL Concussion Protocol** please refer to the **SGHL Sport Concussion Pathway** figure at the end of this document.

2. PRE-SEASON EDUCATION

2.1 Concussion Education

Despite increased attention focusing on concussion in research and policy, there is a continued need to improve concussion education and awareness. Optimizing the prevention and management of concussion depends on annual education of all individuals with a role in the sport community on evidence-informed approaches that can help (i) prevent concussion and more serious forms of head injury, (ii) identify an athlete with a suspected concussion, and (iii) manage an athlete with a suspected concussion.

Concussion education shall include information on:

- a) the definition of concussion,
- b) possible mechanisms of injury,
- c) common signs and symptoms,
- d) steps that can be taken to prevent concussions from occurring in sport,
- e) what to do when an athlete has suffered a suspected concussion or more serious head injury,
- f) what measures should be taken to ensure proper medical assessment including Return-to-Sport Strategies, and
- g) Return-to-Sport medical clearance requirements.

2.2 Swansea Girls Hockey League Concussion Protocol

In addition to reviewing information on concussion, all sport stakeholders shall have a clear understanding of the **SGHL Concussion Protocol**. This shall be accomplished through pre-season in-person orientation sessions for athletes, parents/caregivers, coaches, officials, volunteers and other sport stakeholders.

2.3 Pre-season Concussion Education Sheet Submission

All parents/caregivers and athletes are required to review Parachute Smart Hockey Pre-season Concussion Education Sheet prior to the first practice of the season. The Pre-season Concussion Education Sheet outlines the following: definition of concussion, causes of concussion, when to suspect a concussion, common signs and symptoms of concussion, what to do if a concussion is suspected, when and how to return to school and sports following a concussion, and the expected timeline to recovery following concussion. After reviewing the Pre-season Concussion Education Sheet, all parents/caregivers and athletes shall submit a signed Pre-season Concussion Education Attestation Form to their coach prior to the first practice of the season, confirming that they have reviewed the information on concussions.

3. RECOGNITION OF SUSPECTED CONCUSSION

Although the formal diagnosis of concussion should be made following a medical assessment, all individuals in the sport community, including athletes, parents/caregivers, coaches, and officials are responsible for the recognition and reporting of athletes with a suspected concussion. This is particularly important because many sport and recreation venues will not have access to on-site licensed healthcare professionals.

Suspected concussion

A concussion should be suspected if an athlete sustains an impact to the head, face, neck or body and:

- **demonstrates one or more observable signs** of a suspected concussion (as detailed in the Concussion Recognition Tool 6), OR
- **reports one or more symptoms** of suspected concussion (as detailed in the Concussion Recognition Tool 6).

This includes cases where the impact wasn't witnessed, but someone witnesses the athlete exhibiting one or more observable signs of suspected concussion or the athlete reports one or more symptoms of suspected concussion to one of their peers, parents/caregivers, or coaches (i.e., the impact does not have to be observed but other criteria for suspected concussion are met).

Delayed signs and symptoms

If an athlete is removed from play following an impact for cautionary reasons, but there are no observable signs or symptoms of a suspected concussion, then the athlete can be returned to play but should be monitored for delayed symptoms for up to 48 hours.

- **Who might recognize a concussion?** Athletes, parents/caregivers, coaches, officials, licensed healthcare professionals on the scene.
- **How should they intervene?** Concussion Recognition Tool 6.

RED FLAG SYMPTOMS

In some cases, an athlete may show signs or symptoms that potentially indicate a more severe head injury or injury to the spine, including loss of consciousness, convulsions, worsening headaches, repeated vomiting or neck pain (see a detailed list in the Concussion Recognition Tool 6).

If an athlete demonstrates any red flag symptoms, a more severe head injury or spinal injury should be suspected. Principles of first aid should be followed, and emergency medical assessment should be pursued.

- **Who might recognize red flag symptoms?** Athletes, parents/caregivers, coaches, officials, licensed healthcare professionals on the scene
- **How should they intervene?** Call 9-1-1.

4. REMOVAL-FROM-PLAY

In all cases of suspected concussion, the athlete shall be removed from the activity immediately and undergo medical assessment as soon as possible. If there is doubt whether a concussion has occurred, it is to be assumed that it has.

While athletes, parents/caregivers, coaches, officials, and licensed healthcare professionals on the scene are responsible for recognizing a concussion, it is the responsibility of the athlete's coach to remove the athlete from participation in the hockey activity immediately.

4.1 Monitoring the athlete

Coaches are responsible for monitoring the athlete with a suspected concussion until a parent/caregiver is contacted and on-site. Athletes with a suspected concussion should not be left alone or drive a motor vehicle.

4.2 Reporting a suspected concussion

If a suspected concussion occurs, the coach is responsible for completing the SGHL Suspected Concussion Reporting Form. One copy of the report shall be provided to the athlete's parent/caregiver, who shall provide this to the practitioner who completes the medical assessment (physician or nurse practitioner). A second copy shall be provided to the SGHL Director of Health and Safety via email league@sghl.ca

4.3 Referring for medical assessment

The coach shall recommend to the athlete's parent/caregiver that they seek medical assessment as soon as possible by a physician or nurse practitioner. The Remove-from-Sport Protocol Summary (Figure 1) shall be provided to parents/caregivers to outline the requirement for medical assessment and documentation.

- **Who is responsible for removal-from-play, monitoring the athlete, reporting a suspected concussion, and referring for medical assessment?** Coaches.
- **How should they intervene?**
 - SGHL Suspected Concussion Reporting Form
 - Remove-From-Sport Protocol Summary

5. ONSITE MEDICAL ASSESSMENT

Depending on the suspected severity of the injury, an initial assessment may be completed by emergency medical professionals or by an on-site licensed healthcare professional where available.

In cases where any red flag symptoms are present, an emergency medical assessment by emergency medical professionals should take place (see 4.1 below).

If a more severe injury is not suspected, the athlete should undergo a Sideline Medical Assessment or Medical Assessment, if there is a licensed healthcare professional present (see 5.2 and 6. below).

- **Who can intervene?** Emergency medical professionals or on-site licensed healthcare professional.
- **How should they intervene?** Sideline Medical Assessment or Medical Assessment

5.1 EMERGENCY MEDICAL ASSESSMENT

If an athlete is suspected of having sustained a more severe head injury or spinal injury, an ambulance shall be called immediately to transfer the patient to the nearest emergency department for further medical assessment.

Coaches, parents/caregivers, and officials should not make any effort to remove equipment or move the athlete. The athlete should not be left alone until the ambulance arrives. After the emergency medical services staff has completed the emergency medical assessment, the athlete should be transferred to the nearest hospital for medical assessment.

Because SGHL athletes are youth, the athlete's parents or legal guardian should be contacted immediately to inform them of the injury.

- **Who can complete an emergency medical assessment?** Emergency medical professionals.

5.2 SIDELINE MEDICAL ASSESSMENT

If an athlete is suspected of having sustained a concussion and there is no concern of a more serious head injury or spinal injury, the player shall immediately be removed from the ice.

Scenario 1: A licensed healthcare professional is present.

The athlete should be taken to a quiet area and undergo a sideline medical assessment using the Sport Concussion Assessment Tool 6 (SCAT6; for children 13 years of age and older) or the Child SCAT6 (for children aged 8 to 12 years).

The SCAT6 and Child SCAT6 are clinical tools that should only be used by a licensed healthcare professional who has training and experience using them. These tools can be used as part of the overall clinical assessment and screening for concussion.

*It is important to note that the results of SCAT6 and Child SCAT6 testing can be normal in the setting of acute concussion and that signs and symptoms may evolve over time. As such, these tools can be used by licensed healthcare professionals to document initial symptoms and neurological status but should not be used to make sideline return-to-sport decisions in youth athletes. **Any youth athlete who is suspected of having sustained a concussion shall not return to the game or practice and should be referred for medical assessment.***

- **Who can complete sideline medical assessment?** Licensed healthcare professionals
- **How?** Sport Concussion Assessment Tool – 6th Edition (SCAT6) Child Sport Concussion Assessment Tool – 6th Edition (Child SCAT6)

Scenario 2: There is no licensed healthcare professional present

An athlete with a suspected concussion should be referred for medical assessment by a medical doctor or nurse practitioner as soon as possible. Any youth athlete who is suspected of having sustained a concussion shall not return to the game or practice and should be referred for medical assessment.

6. MEDICAL ASSESSMENT

A medical assessment is required to determine whether the athlete has a diagnosed concussion or not. To provide comprehensive evaluation of athletes with a suspected concussion, the medical assessment shall:

- rule out more serious forms of traumatic brain injury and/or spinal injuries,
- rule out medical and neurological conditions that can present with

- concussion-like symptoms, and
- make the differential diagnosis of concussion based on findings of the clinical history and physical examination and the evidence-based use of adjunctive tests as indicated (e.g., CT scan).

Licensed healthcare professionals in Canada whose scope of practice matches these requirements are medical doctors and nurse practitioners. Medical doctors who can evaluate patients with a suspected concussion include pediatricians, family medicine physicians, sports medicine physicians, emergency department physicians, internal medicine physicians, physiatrists (rehabilitation physicians), neurologists and neurosurgeons.

Athletes who are determined to have not sustained a concussion should be provided with a Medical Assessment Letter indicating a concussion has not been diagnosed. The athlete can return to school, work and sport activities without restriction. (Medical Assessment Letter Template).

Athletes diagnosed with a concussion should be provided with a Medical Assessment Letter indicating a concussion has been diagnosed. The athlete must follow a gradual return to activities, including school, work and sport activities (see 5. Concussion Management).

Because the Medical Assessment Letter contains personal health information, it is the responsibility of the athlete or their parent/legal guardian to provide this documentation to the athlete's coaches (the physician or nurse practitioner cannot forward the Medical Assessment Letter to the coach). It is also important for the athlete or coach to provide this information via email league@sghl.ca to the Director of Health and Safety who is responsible for injury reporting and concussion surveillance.

- **Who can complete a medical assessment?** Medical doctor, nurse practitioner
- **How?** Medical Assessment Letter

7. CONCUSSION MANAGEMENT

Athletes diagnosed with a concussion shall be provided with education about the signs and symptoms of concussion, treatment/management of their symptoms, the risks of returning to sport without medical clearance and recommendations regarding a gradual return to school and sport activities.

Athletes diagnosed with a concussion are to be managed according to their Return-to-School and Return-to-Sport Strategies (hockey specific strategies) under the supervision of a medical doctor or nurse practitioner.

7.1 Return-to-School

The following is an outline of the Return-to-School Strategy that should be used to help students, parents/caregivers and teachers to partner in allowing the athlete to make a gradual return to school activities (Table 1). Every concussion is unique and, depending on the severity and type of the symptoms present, progression through the following steps will look different for each student-athlete. This tool is a recommendation and should not replace medical advice.

Medical clearance is not required to return to school, except for full participation in school-based sport and physical activity. Return to sport and physical activity should be guided by the Return-to-Sport Strategy.

Students do not need to be symptom-free to return to school and complete absence from school of more than one week is not recommended. It is common for a student's symptoms to worsen slightly with activity. This is acceptable as they progress through the steps in Table 1, provided the symptom exacerbation is:

- **mild:** symptoms worsen by only one to two points on a zero-to-10 scale, as shown in Figure 2, and,
- **brief:** symptoms return to pre-activity levels within an hour.

If the student's symptoms worsen more than this, they should pause and adapt activities as needed.

7.2 Hockey-Specific Return-to-Sport Strategy

See Table 2 for an outline of the Return-to-Sport Strategy that should be used to help athletes, parents/caregivers, coaches, and medical professionals to partner in allowing the athlete to make a gradual return to sport activities. This tool is a guideline and should not replace medical advice. With direction from a healthcare professional, timelines and activities may vary.

The athlete shall spend a minimum of 24 hours at each step in Table 2 before progressing on to the next step. It is common for an athlete's symptoms to worsen slightly with activity. This is acceptable as they progress through steps 1 to 3 of Table 2, provided symptom exacerbation is:

- **mild:** symptoms worsen by only one to two points on a zero-to-10 scale, as shown in Figure 2, and,
- **brief:** symptoms return to pre-activity levels within an hour.

If the athlete's symptoms worsen beyond this (i.e., mild and brief), they should immediately stop the activity and resume the next day at the same step.

Before progressing to step 4 of the Hockey-Specific Return-to-Sport Strategy, an athlete must:

- successfully complete all steps of the Return-to-School Strategy, as specified in subsection 6.1 (if applicable), and

- provide their coach with a Medical Clearance Letter indicating they have been medically cleared to return to activities that hold a risk of falling or physical contact.

If the athlete experiences concussion symptoms after medical clearance (i.e., during steps 4 to 6), they should return to step 3 of Table 2, to establish a full resolution of symptoms. Medical clearance is required again before progressing to step 4.

If the athlete completes steps 4, 5, and/or 6 outside of SGHL (i.e., at practices [steps 4 and 5] and games [step 6] at another hockey league), the athlete's parent/caregiver should be provided with a Completion of Hockey-Specific Return-to-Sport Strategy Letter where they will indicate that all steps of the Hockey-Specific Return-to-Sport Strategy have been completed. This Letter must be signed and returned via email league@sghl.ca to the Director of Health and Safety prior to the anticipated date of return-to-play. The Director of Health and Safety must approve the return-to-play and will notify the player's coach of the player's anticipated date of return-to-play.

- **Who can oversee the Return-to-Sport Strategy?** Medical doctor, nurse practitioner, licensed healthcare professionals
- **How?** Return-to-School Strategy, Hockey-Specific Return-to Sport Strategy, Medical Clearance Letter

8. INTERDISCIPLINARY CONCUSSION CARE

Most athletes who sustain a concussion while participating in sport will make a complete recovery and be able to return to full school without any concussion-related accommodations and full sport participation without restrictions within four weeks of injury. However, approximately 15 to 30 per cent of individuals will experience symptoms that last beyond this time frame.

Athletes who experience persisting symptoms (longer than four weeks) may benefit from referral to specialized interdisciplinary concussion care for assessment and care that addresses the athlete's individual symptoms and needs.

Care of persisting symptoms should follow the management recommendations in Canada's clinical practice guidelines for concussion:

- [Pediatric guidelines \(children and youth under 18\)](#)
- [Adult guidelines \(18 and older\)](#)

9. RETURN-TO-SPORT

If it is determined that an athlete has not sustained a concussion, and a Medical Assessment Letter to this effect is provided, the athlete can return to school, work and sport activities without restriction.

Athletes who have been diagnosed with a concussion can be considered for medical clearance to return to sport activities that carry a risk of falling or physical contact once they have successfully completed:

- all steps of the Return-to-School Strategy of the SGHL Concussion Protocol, and
- steps 1 to 3 of the Hockey-Specific Return-to-Sport Strategy of the SGHL Concussion Protocol.

The final decision to medically clear an athlete to return to activity with risk of falls and physical contact should be based on the clinical judgment of the medical doctor or nurse practitioner, taking into account the athlete's past medical history, clinical history, physical examination findings and the results of other tests and clinical consultations where indicated (e.g., neuropsychological testing, diagnostic imaging).

To progress to step 4 of return-to-sport strategy, the athlete shall provide their coach with a Medical Clearance Letter that specifies that a medical doctor or nurse practitioner has evaluated the patient in-person and has cleared the athlete to return to sport.

It is also important for the athlete or coach to provide this information to the Director of Health and Safety via email league@sghl.ca who is responsible for injury reporting and concussion surveillance.

Athletes who have been provided with a Medical Clearance Letter may progress through steps 4, 5 and 6 of the Hockey-Specific Return-to-Sport Strategy in Table 2, to gradually return to full, unrestricted sport activities. If the athlete experiences any new concussion-like symptoms during these steps, they should be instructed to stop the activity and return to step 3 of Table 2 to establish a full resolution of symptoms. Medical clearance is required again before progressing to step 4.

If the athlete sustains a new suspected concussion, the **Swansea Girls Hockey League Concussion Protocol** shall be followed as outlined here.

- **Who can oversee the Return to Sport?** Medical doctor, nurse practitioner
- **Document:** Medical Clearance Letter

10. PROTOCOL REVIEW

The SGHL board of directors shall review, update (as required) and approve the SGHL Concussion Protocol annually and prior to the start of the hockey season in September of each year.

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Approved By:	SGHL Board of Directors

Date Approved:	Oct 30, 2025
Effective Date:	December 1, 2025

Table 1 - Return-to-School Strategy

Step	Activity	Description	Goal of each step
1	Activities of daily living and relative rest (first 24 to 48 hours).	○ Typical activities at home (e.g. preparing meals, social interactions, light walking) that do not result in more than mild and brief worsening of symptoms. ○ Minimize screen time.	Gradual reintroduction of typical activities.
After a maximum of 24 to 48 hours after injury, progress to step 2.			
2	School activities with encouragement to return to school (as tolerated).	○ Homework, reading or other light cognitive activities at school or at home. ○ Take breaks and adapt activities if they result in more than mild and brief worsening of symptoms. ○ Gradually resume screen time, as tolerated.	Increase tolerance to cognitive work and connect socially with peers.
If the student can tolerate school activities in Step 2, progress to step 3.			
3	Part-time or full days at school with accommodations (as needed).	○ Gradually reintroduce schoolwork. ○ Build tolerance to the classroom and school environment over time. Part-time school days with access to breaks throughout the day and other accommodations, as required. ○ Gradually reduce accommodations related to the concussion and increase workload.	Increase academic activities.
If the student can tolerate full days at school without accommodations for concussion, progress to step 4.			
4	Return to school full-time	○ Return to full days at school and academic activities, without accommodations related to the concussion. ○ For return to sport and physical activity, including physical education class, refer to the Return-to-Sport Strategy.	Return to full academic activities.
Return to school is complete.			

Table adapted from: Patricios, Schneider et al., 2023; Reed, Zemek et al., 2023

Table 2 - Hockey-Specific Return-to-Sport Strategy

The athlete shall spend a minimum of 24 hours at each step in Table 2 before progressing on to the next step. It is common for an athlete's symptoms to worsen slightly with activity. This is acceptable as they progress through steps 1 to 3 of Table 2, provided symptom exacerbation is:

- **mild:** symptoms worsen by only one to two points on a zero-to-10 scale, as shown in Figure 2, and,
- **brief:** symptoms return to pre-activity levels within an hour.

If the athlete's symptoms worsen beyond this (i.e., mild and brief), they should immediately stop the activity and resume the next day at the same step.

If the athlete experiences concussion symptoms after medical clearance (i.e., during steps 4 to 6), they should return to step 3 of Table 2, to establish a full resolution of symptoms. Medical clearance is required again before progressing to step 4.

Step	Activity	Activity details	Goal of each step
1	Activities of daily living and relative rest (first 24 to 48 hours).	○ Typical activities at home (e.g. light walking, social interactions) that do not result in more than mild and brief worsening of symptoms. ○ Minimize screen time.	Gradual reintroduction of typical activities.
After a maximum of 24 to 48 hours after injury, progress to step 2.			
2	2A: Light effort aerobic exercise.	○ Start with light aerobic exercise, such as stationary cycling and walking at a slow to medium pace. ○ May begin light resistance training that does not result in more than mild and brief worsening of symptoms. ○ Take breaks and modify activities as needed.	Increase heart rate.

	2B: Moderate effort aerobic exercise.	○ Gradually increase tolerance and intensity of aerobic activities, such as stationary cycling and walking at a brisk pace. ○ Moderate effort means the activity may cause faster breathing and heart rate, but not enough to prevent you from being able to talk comfortably. ○ Take breaks and modify activities as needed.	
If the athlete can tolerate moderate aerobic exercise, progress to step 3.			
3	Individual sport-specific activities, without risk of inadvertent head impact.	○ Add sport-specific activities (e.g., running, shooting a puck, skating). ○ Perform activities that can be done individually (away from other participants) in a low-risk environment. ○ Activities should be performed under supervision of a parent/caregiver or coach. ○ Continue progressing at this step until symptom-free, even when exercising.	Increase the intensity of aerobic activities and introduce low-risk sport-specific movements.
Medical Clearance If the athlete has completed the return to school strategy and has been medically cleared, progress to step 4.			
4	Training drills and activities with no contact.	○ Progress to usual intensity exercise and add in more challenging drills such as passing drills. ○ Participate in a multi-athlete and non-contact training or practice. ○ There should be no impact activities.	Resume usual intensity of exercise, co-ordination and activity-related cognitive skills.
If the athlete can tolerate usual intensity of activities with no return of symptoms, progress to step 5.			

5	Return to all non-competitive activities, full-contact* practice and physical education activities.	○ Progress to typical training activities and physical education class activities. ○ Do not participate in competitive gameplay.	Return to activities that have a risk of falling or body contact, restore confidence and assess functional skills by coaching staff.
<i>* For the purposes of SGHL (a non-contact league) 'full-contact practice' refers to practice as usual (participating in all drills in a multiplayer environment with no concussion-related precautions)</i>			
If the athlete can tolerate non-competitive, high-risk activities, progress to step 6.			
6	Safe return to sport and physical activity without restriction.**	Unrestricted sport and physical activity.	
<i>** If any of steps 4, 5, and/or 6 of the Hockey-Specific Return-to-Sport Strategy are completed at another hockey league outside of SGHL, the athlete's parent/caregiver will complete the Completion of Hockey-Specific Return-to-Sport Strategy Letter where they will indicate that all steps of the Strategy have been completed. This Letter must be signed, returned, and approved by the Director of Health and Safety prior to the anticipated date-of-return.</i>			
Return to sport is complete.			

Table adapted from: Patricios, Schneider et al., 2023; Reed, Zemek et al., 2023; Parachute (2025). Smart Hockey Return-to-Sport Strategy

Figure 1. Remove-From-Sport Protocol Summary

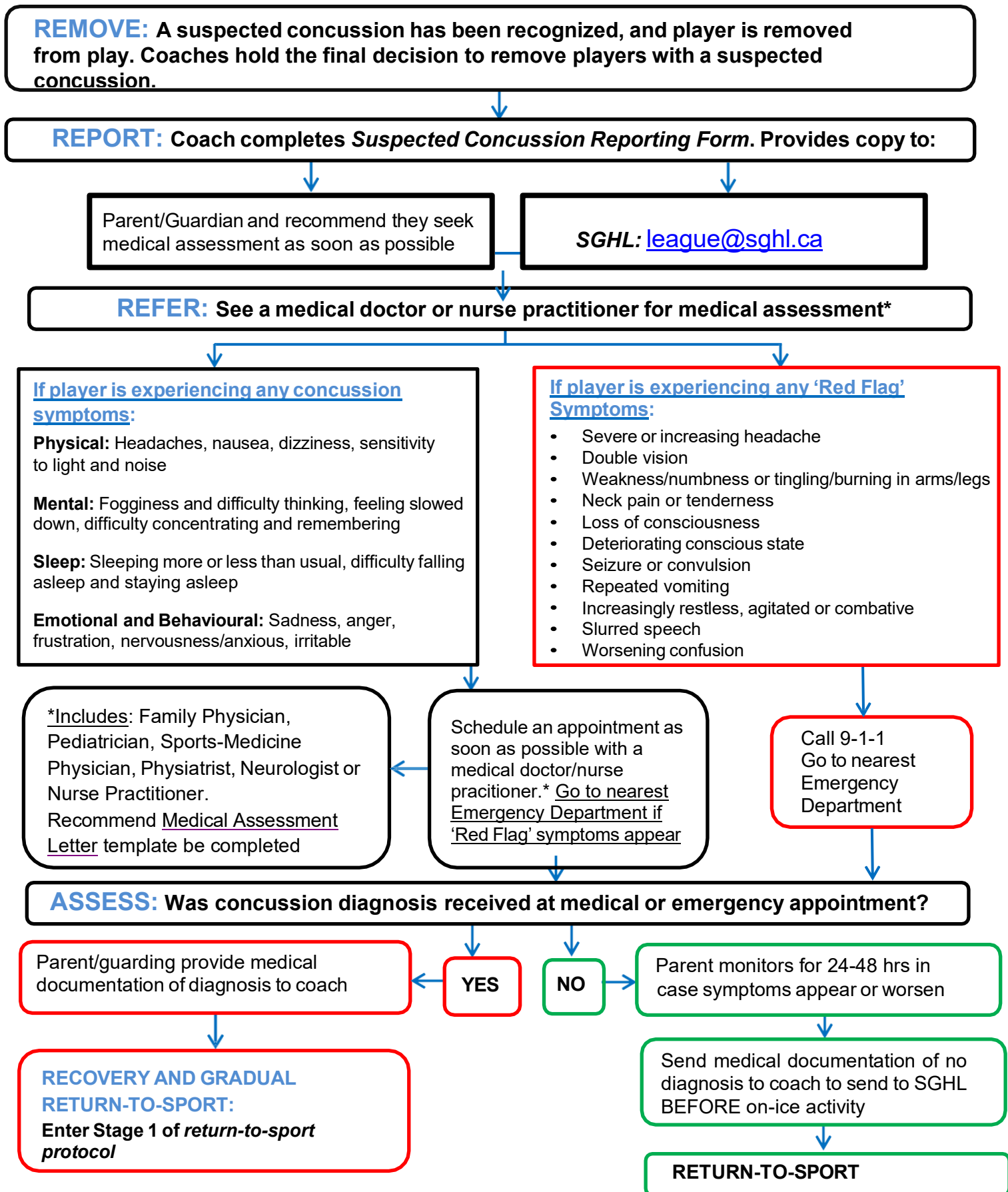
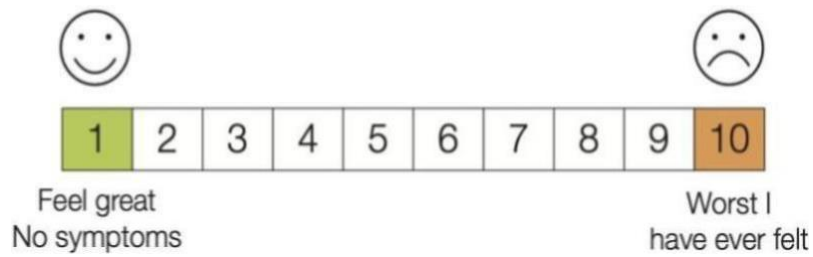


Figure 2 - Symptom Severity Scale

Sample 0-10 scale for describing symptom severity



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