

# Eastwood Falcons Concussion Protocol

25<sup>th</sup> July 2023

# Summary Points

A concussion is a brain injury.

A injury to the brain can be fatal, most recover completely with correct management.

All concussions should be regarded as potentially serious.

Incorrect management can lead to further injury.

Any one with concussion symptoms following a head injury must be removed from playing.

Loss of consciousness does not occur in majority of concussions.

There must be no return to play on the day of a suspected concussion.

A step-based return to training is recommended after a concussion.

# Introduction

The following guidance is intended to provide information on recognising concussion and how to manage the situation to enable a safe return to football.

Concussion is an injury to the brain resulting in a disturbance of function. There are many symptoms, the common ones being headache, dizziness and balance problems.

Concussion can be caused by a direct blow to the head or when a blow to another part of the body results in rapid movement to the head e.g., whiplash.

The symptoms typically appear immediately but the onset maybe delayed, loss of consciousness does not always occur.

A history of previous concussion increases the risk of further concussions and may also take longer to recover.

# Recognising Concussion

Visible Clues - Dazed or blank look, lying motionless/loss of consciousness, balance issues, confusion, more emotional than usual.

Symptoms - Headache, dizziness, mental clouding, visual problems, nausea, fatigue, drowsiness, pressure in head, sensitivity to light.

Questions to ask the player - Where are you? Who last scored in the game? What half are we in? Who did you last play against? Did you win your last game?

# What to do Next?

Anyone with suspected concussion must be removed from play immediately.

If you suspect someone has concussion you **MUST** do your best to remove them from play in the safest manner possible.

Once removed they must not return that day.

If any of the following are reported the player should be transported for urgent medical assessment. Severe neck pain, deteriorating drowsiness, increasing confusion, severe or increasing headache, repeated vomiting, seizure, double vision, tingling in arms or legs, unusual behaviour change.

# Returning to Play

Ongoing management - Rest the body, rest the brain. Rest is the cornerstone of concussion treatment.

Rest means avoiding physical & cognitive activities.

The graduated return to play protocol should be followed in all cases. The staged programme commences at midnight on day one.

Stage One - Initial rest period is 14 days for all players. Players can only progress to stage two if they have no symptoms.

# Graduated Return to Play Protocol

Stage One - Complete body and brain rest for 24-48 hours this is included in the 14-day rest period, this must be extended if symptoms persist.

Stage Two - Light exercise including walking, jogging & stationery cycling (15 minutes)

Stage Three - Simple movement, running drills, limit body and head movements. No heading or head impact activities. (45 minutes)

Step Four - Non-contact training, may start resistance training. No heading or head impact activities. (60 minutes)

Step Five - Full contact practice, including tackling, heading etc.

N.B Step 2-5 should take a minimum of 24 hours for each step.

Step Six - Return to play, player rehabilitated.

# Return to Play Pathway

## Stage One

- Initial Rest period, 14 days beginning at midnight on the day of the injury.

## Stage Two

- Minimum Duration 24 Hours.

## Stage Three

- Minimum Duration 24 Hours.

## Stage Four

- Minimum Duration 24 Hours.

## Stage Five

- Minimum Duration 24 Hours.

## Stage Six

- Day 19, earliest date to return to play.