



Management of Concussion

The on-field and sideline assessment of concussion and the return-to-play decisions are of critical importance in the welfare of players and particularly young players under the care and control of the ASSRL at the Championships.

With the advent of a Doctor being in attendance at all 15 and 18 Years Championships through the financial support of the NRL, the off-field assessment and management becomes less burdensome for team trainers and staff. Nevertheless, there is a need for a clear policy to be followed by all Team Coaches, Managers and Trainers in regard to their role in the management of the concussion process.

It should be highlighted that a recent conference of international concussion experts agreed the importance of treating athletes 18 years old and younger more conservatively than older athletes.

BACKGROUND

1. What is a Concussion?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. An incorrect common assumption is that an athlete must be knocked out to sustain a concussion. Concussion may be caused by either a direct blow to the head, face, neck or elsewhere on the body with an impulsive force that is transmitted to the head. Any change in mental status or function associated with a head injury qualifies as a concussion.

Unconsciousness is clearly an indicator of a concussion. Loss of memory following head trauma is also a sign of a potentially more significant concussion.

2. Recognition of a Concussion.

Symptoms of concussion may include confusion, dizziness, nausea, vomiting, headache, blurred or double vision, vacant stare, ringing in the ears, poor coordination, loss of balance, sensitivity to light and/or noise, flashing lights, emotional instability (anger, crying and anxiety), feeling sluggish, slurred speech and loss of memory. Refer to CRT5 (Concussion Recognition Tool 5).

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3. Concussion and Return-To-Play Decisions

Recent research on athletes 18 years of age and younger has shown that even when they say they are normal after showing signs of an initial concussion, brain functions and coordination may not return to normal for many weeks in some athletes.

Any player with a suspected concussion should immediately be **removed from the field of play** and **should not be permitted to return to play the same day**. Initial Medical evaluation should be promptly sought (before any return to school or training is attempted) and the player should not be left alone but observed for possible delayed problems eg vomiting, dizziness, worsening headaches, double vision or excessive drowsiness.

Return to play after a concussion should only take place after a thorough evaluation process. This should confirm that the player is free of all signs and symptoms of a concussion and has a qualified written clearance by the NRL appointed doctor. Any player suffering a concussion will not be able to participate in the Championships for the remainder of that week and must have a medical clearance before returning to contact training. Generally a young athlete whose symptoms clear within the first 24 to 48 hours after injury will generally take approximately 1 to 4 weeks to complete the full rehabilitation protocol once they exhibit no symptoms at rest.

GUIDELINES

1. On-field assessment – Sports Trainers

Identifying a concussion as early as possible is paramount and Trainers should be competent in this very important aspect of their duties.

The assessment by the Trainer should include the use of **Maddocks Score** modified questions.

Maddocks Score:

“I am going to ask you a few questions, please listen carefully and give me your best answer

- » What ground are we at today?
- » Which half is it now?
- » Who scored last in this game?
- » What team did you play last (week or yesterday)?
- » Did your team win the last game?

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Incorrect response indicates that the player should be removed from the field for assessment by the doctor.

In addition, the player should be immediately removed from the field of play if any of the following signs are present after a direct or indirect blow to the head:

- » loss of consciousness (LOC)
- » player lying motionless on the ground or slow to get up
- » player exhibits balance or motor coordination problems (player stumbles, has slow/laboured movements or unsteady gate)
- » player is disoriented or confused (inability to respond appropriately to questions; not aware of plays or scores)
- » player exhibits a loss of memory
- » player has dazed, blank or vacant look on face
- » player displays impact seizure (stiff or jerking arms and/or legs)
- » player reports significant, new or progressive concussion symptoms
- » behaviour changes not consistent with that player
- » player has visible facial injury in combination with any of the other signs.

WHEN IN DOUBT, SIT THEM OUT!

2. Sideline (Dressing Room) Assessment

Sideline (dressing room) assessment should be undertaken by the NRL Doctor at 15 and 18 Years Championships and the result communicated in writing to team management and the ASSRL Events Coordinator. This should be followed by an off-site assessment by a doctor.

3. Post-concussion monitoring

Recovery time is variable across individuals and the player will require careful ongoing monitoring by a responsible adult. Any change in behaviour, vomiting, dizziness, worsening headaches, irritableness, double vision, weak or numb arms or legs, unsteady on their feet, slurred speech or excessive drowsiness, the doctor or the nearest hospital emergency department should be contacted immediately.

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Recovery:

1. Physical and mental rest – while strict bed rest is not recommended, restrictions on physical activity and mental activity (eg use of computer, phone etc) in the first 24 to 48 hours are recommended.
2. No alcohol.
3. No prescription or non-prescription drugs without medical supervision:
Specifically – no sleeping tablets, no aspirin, anti-inflammatory medication or sedating painkillers.
4. No driving
5. Team management must liaise with the NRL doctor and the ASSRL Executive in assessment of the player.

Any player who seeks to play again in the championships must first be cleared to play by the NRL doctor, however it will not be possible to clear a player that has suffered a concussion to play again within the same week.

6. A full and detailed report should be provided by the NRL doctor to the player's Club doctor or family doctor for ongoing assessment and monitoring of the player's recovery after the Championships.

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