

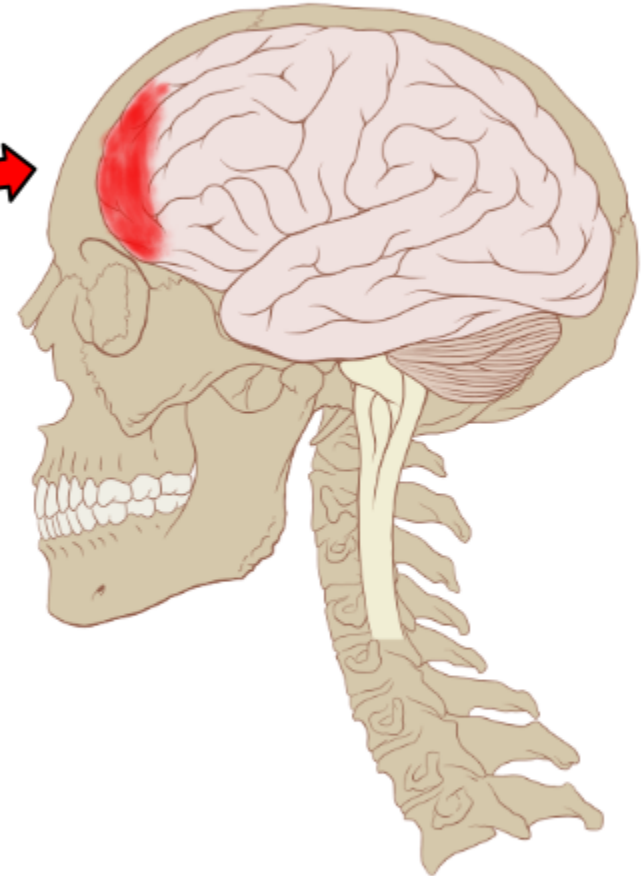
Gaelic Games Council of Britain Concussion Guidelines

What is Concussion?

- * Concussion is a brain injury and can be caused by a direct or indirect hit to the players head or body.
- * It typically results in an immediate onset of short lived signs and symptoms.
- * In some cases, however, signs and symptoms of concussion may evolve over a number of minutes or hours.

Concussion: A traumatic brain injury that changes the way your brain functions.

This can lead to bruising and swelling of the brain, tearing of blood vessels and injury to nerves, causing the concussion.



The brain is made up of soft tissue and is protected by blood and spinal fluid. When the skull is jolted too fast or is impacted by something, the brain shifts and hits against the skull.

Most concussions are mild and can be treated with appropriate care. But left untreated, it can be deadly.



Signs & Symptoms

- * Contrary to belief, most concussion injuries occur without a loss of consciousness.
- * Concussion be recognised as an evolving injury in the acute stage, some symptoms will develop immediately but others may appear gradually over time.
- * Monitoring of players after the injury is extremely important.

Diagnosing Concussion

1. Player Subjective Report of Symptoms
2. Observation of Physical Signs
3. Assessment of cognitive change or decline
4. Observation of behavioural changes
5. Player reporting sleep disturbance

1. Subjective Report

- * **Headaches*** - this is the most common symptom
- * Pressure in the head
- * Dizziness
- * “Feeling in a fog” – sluggish, hazy, groggy
- * Feelings of unsteadiness
- * Blurry or double vision
- * Sensitivity to light or noise
- * Does not “feel right” or is “feeling down”

2. Physical Signs

- * Loss of consciousness
- * Vomiting
- * Vacant facial expression
- * Clutching head
- * Motor in-coordination



3. Cognitive Change

- * Loss of short term memory
- * Difficulty with concentration
- * Answers questions slowly
- * Confused about their position
- * Forgets an instruction
- * Decreased attention
- * Diminished work performance

4. Behavioural Changes

- * Irritability
- * Anger
- * Mood swings
- * Feeling nervous
- * Anxious

5. Sleep Disturbance

- * Drowsiness
- * Difficulty falling asleep

Pitch Assessment

- * Player should be assessed by a doctor or Physio or a nurse on the field using standard emergency principles. Important to exclude Cervical Spine Injury
- * If no healthcare practitioner available the player should be removed from practice or play and urgent referral to a doctor is required
- * Once first aid issues are addressed, an assessment of the concussive injury should include clinical judgement and the use of the SCAT 3

Pitch Assessment continued....

- * **The player should NOT be left alone following the injury** and regular observation for deterioration is essential over the initial few hours following injury
- * **Important to recognise that the appearance of symptoms might be delayed several hours following a concussive episode.** Eg. No memory loss at 0 mins post injury, yet forgetfulness (amnesia) may be present at 10 mins post injury
- * **Orientation tests** (i.e name, place, and person) have been shown to be an unreliable cognitive function test in the sporting situation.

Return to Play

- * A player with diagnosed concussion should **NEVER** be allowed to return to play on the day of injury
- * Return to play must follow a medically supervised stepwise approach and a player **MUST NEVER** return to play while symptomatic
- * Must have physical and cognitive rest until the acute symptoms resolve and then a graded program of exertion prior to medical clearance and return to play (RTP)

Return to Play

1. Should be an initial period of **24-48 hours rest** for adult players after a concussive injury
2. There should be a **2 week rest period** for players up to the age of 18
3. RTP protocols follow a stepwise approach. With the stepwise progression, the player should proceed to the next level if asymptomatic at the current level
4. Generally each step should take 24 hours, so that the player would take approx 1 week to proceed to full rehabilitation once they are asymptomatic at rest

Table 1 Graduated return to play protocol

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Symptom limited physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum permitted heart rate No resistance training	Increase HR
3. Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills, eg, passing drills in football and ice hockey May start progressive resistance training	Exercise, coordination and cognitive load
5. Full-contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	

Helping players cope with concussion

- * Best medical management for concussion is rest (Cognitive and Physical)
- * Support should be provided to players during recovery period
- * Alcohol should be avoided
- * Only take medications prescribed by your doctor
- * Recovery should not be rushed or players pressurised as risk of re-injury is high
- * Better to have missed one game than the whole season

Concussion Management in Children

5 years – 12 years

- * Management is different in children due to factors such as brain development, variable growth rates, language difficulties, child versus parental report of symptoms, lack of medical coverage at underage games
- * NB – rest for a MINIMUM of 2 weeks – no sport, exertion, minimal TV, PC use, music, etc
- * Occasionally there is a need for gradual return to school work, increase breaks during school day, etc

Action Plan for Players – 4 R's

- * **RECOGNISE** the signs and symptoms
- * **REPORT** if suspicious, don't hide it
- * **REHAB** with rest and medical guidance
- * **RETURN** after following Return to Play (RTP) protocol and getting medical clearance