



CONCUSSION AWARENESS



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MINIMAL

MILD

MODERATE

SEVERE

SPORTS CONCUSSION



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OBJECTIVES



Stop & Inform

- Recognise & Remove the player who may have suffered a concussion
- Coaches, players, parents, medical staff, teachers

Rest

- Mental & physical rest for the initial 24 hours
- Rest until you are symptom free

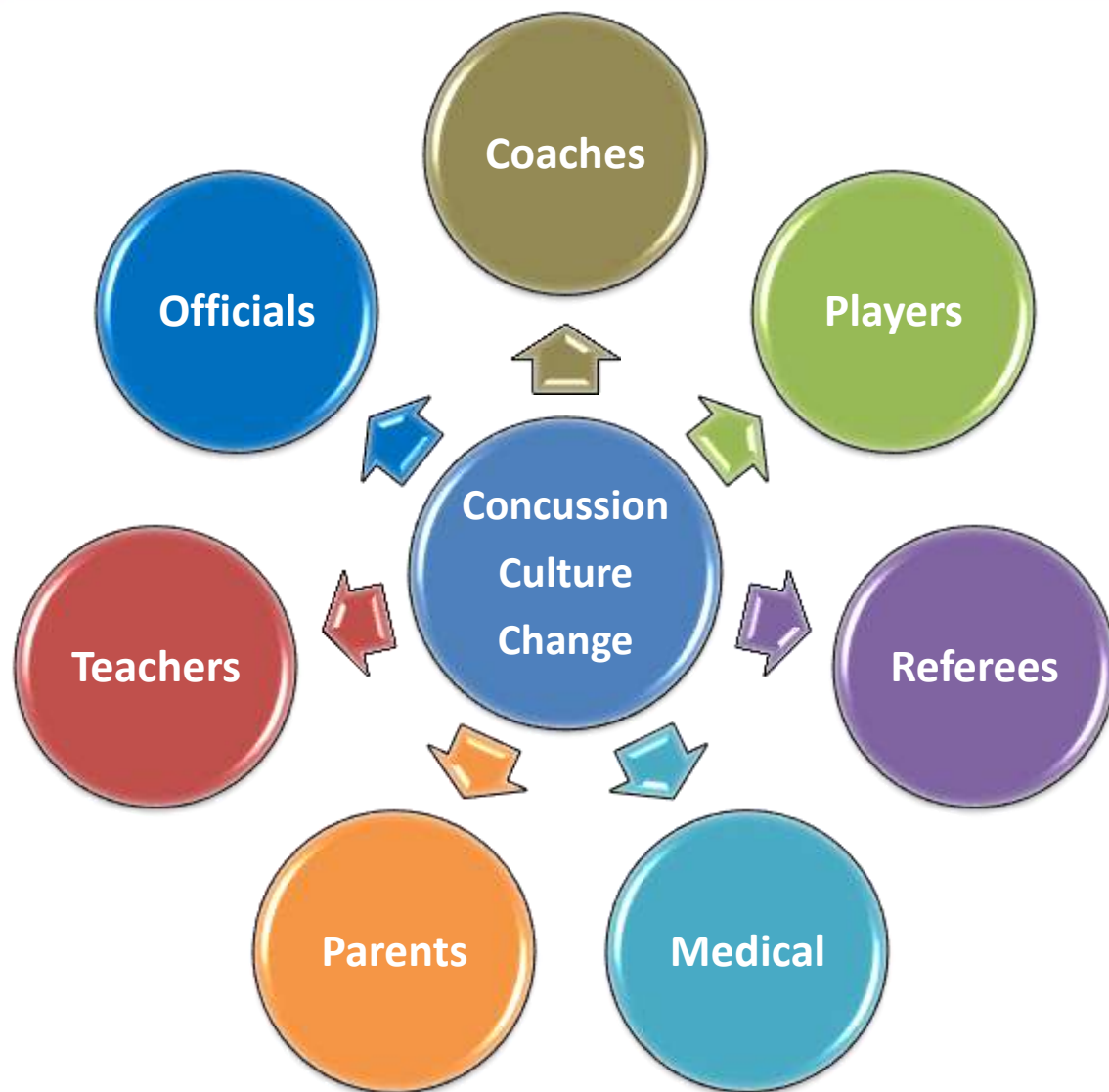
Return

- When you have completed the GRTP Protocols
- When you have been medically assessed and cleared






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***“We all
have a part
to play”***



Sport	Concussion (rate per 1000 player hours)
Horse racing (Amateur)	95.2
Horse racing (Jumps)	25.0
Horse racing (Flat)	17.1
Boxing (professional)	13.2
Australian football (professional)	4.2
Rugby union (professional)	3.9
Ice Hockey (NHL)	1.5
Rugby union (amateur)	1.2
Soccer football (FIFA)	0.4
NFL football (NFL)	0.2



WHY MUST CONCUSSION BE TAKEN SERIOUSLY ?



Ignoring the signs and symptoms of concussion may result in players:

- **Death.**
- Having a more **serious brain injury.**
- **Permanent** neurological impairment.



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WHY MUST CONCUSSION BE TAKEN SERIOUSLY ?



Continuing to play or returning to play with of symptoms:

- Decreased **on-field performance**.
- Having a **prolonged recovery period**.
- A shorter playing **career**.
- **Risk** to themselves and other players.



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CHILDREN / ADOLESCENTS SPECIAL CONSIDERATIONS



- Children's brains are **more susceptible** to concussions than adults and to the **catastrophic effects** of repeated head trauma.
- May have a longer development of symptoms and therefore **require longer period away from sport.**



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RECOGNISE

- WHEN TO SUSPECT
- CLUES
- SIGNS & SYMPTOMS



WHEN TO SUSPECT CONCUSSION



- Mechanism of injury:
 - Tackle, scrum, collision, unseen.
- More than one injury.
- When you're not sure what happened.
- **Neck problems e.g. pain or tenderness.**
- **Weakness, pins and needles, numbness.**





ROD MCLOUGHLIN

Head of Medical Services



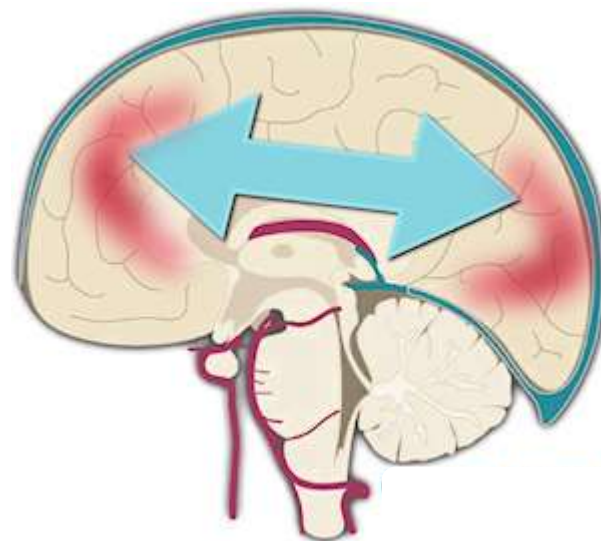
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MECHANISM OF INJURY



- Direct or indirect impact to the **head or body**.
- **Whiplash** type movement of the head.





joyreactor.cc

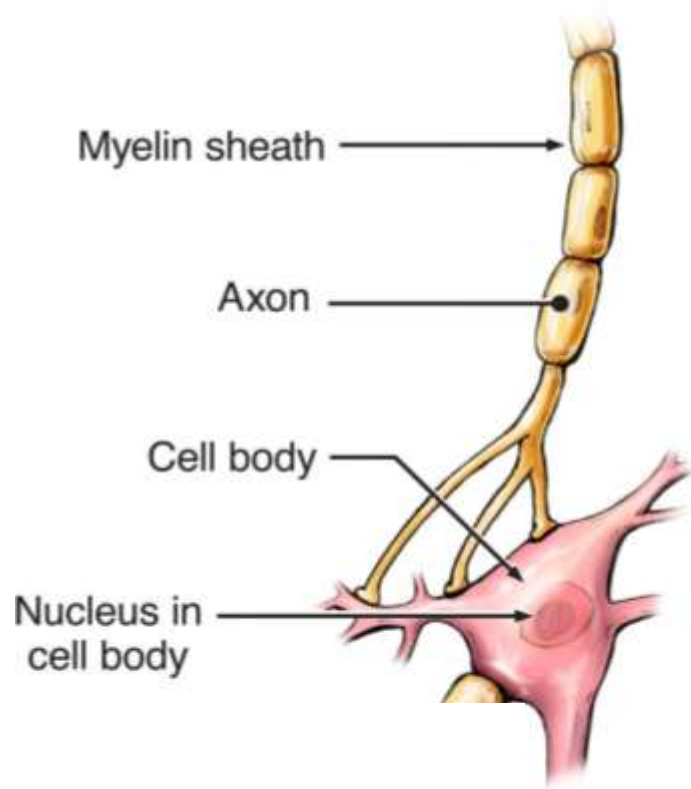


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**NORMAL
AXON**



**SHEARING
OF AXON**



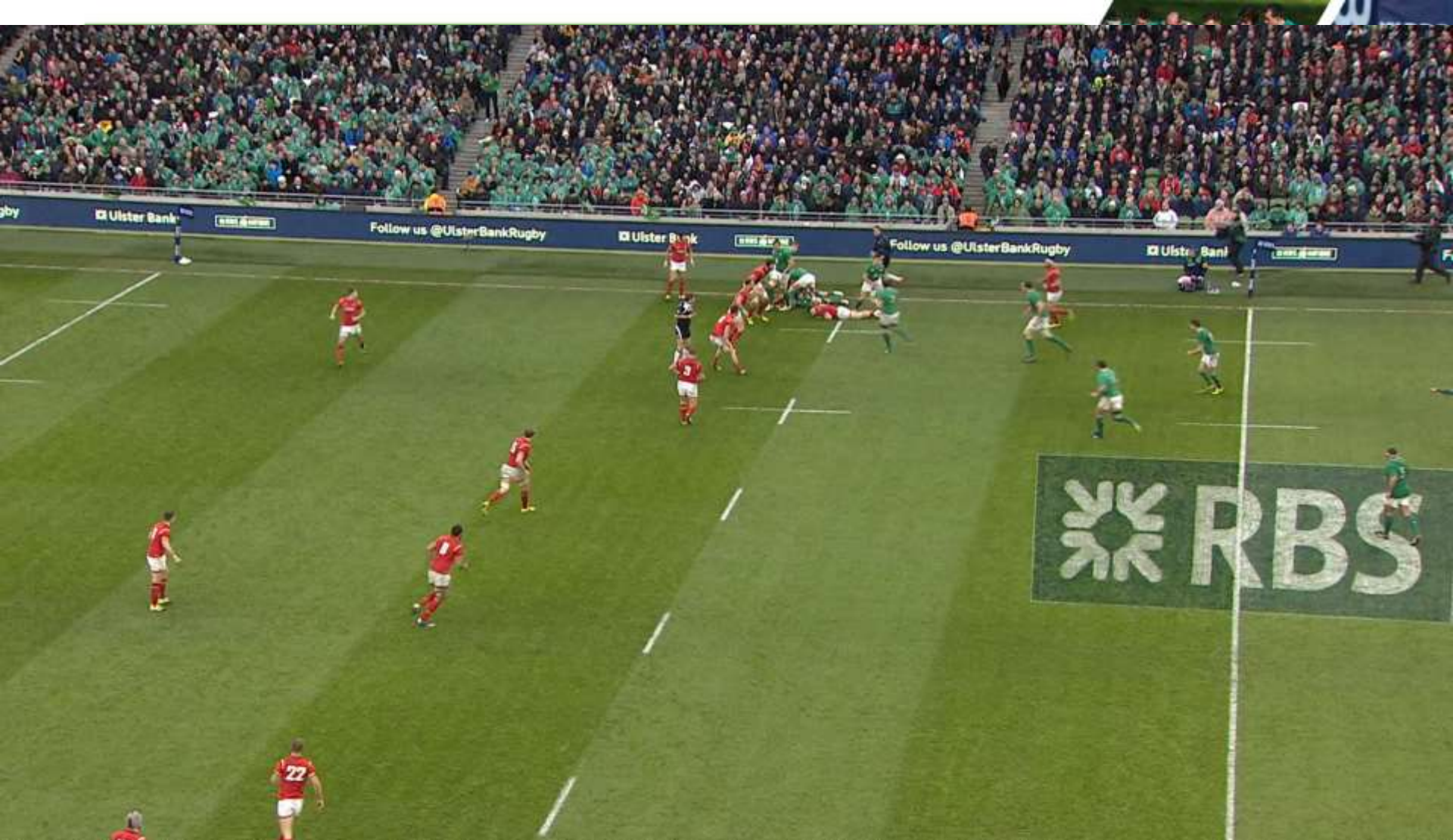
**POST-TRAUMA
CONDITION**





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How many fingers
am I holding up?



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VISIBLE CLUES OF CONCUSSION



- Lying motionless on the ground.
- Loss of consciousness.
- Slow to get up / Unsteady on feet or falling over.
- Grabbing/clutching head.
- Dazed, blank or vacant look.
- Confused, not aware of calls or plays.
- Nausea or vomiting
- **When you're not sure, but something is not right !**



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CITI FULL CTRL

!GkV

14:03:36:10.00:06:13 0
911C



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OFF-FIELD SIGNS & SYMPTOMS



Physical:

- Headache
- Nausea / Vomiting
- Balance problems
- Dizziness

Emotional:

- Irritable / aggressive
- More emotional
- More nervous / anxious.

Cognitive:

- Memory problems
- Confused / forgetful.
- Slowed down

Sleep:

- Drowsy
- Sleeping more / less.
- Broken patterns





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REMOVE

- PLAYER REMOVAL
- INITIAL MANAGEMENT
- HANDOVER OF CARE



PLAYER REMOVAL



- Follow instruction of referee and/or medics.
- Safety takes precedence over any other aspect of the game.
- If safe to do so, the player **MUST be removed from field** and **MUST NOT return**.

Potential spinal injury

Don't move the player – call 999 or 112



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INITIAL MANAGEMENT



- Assign player to a **person of responsibility** on the sideline.
(e.g. assistant coach, medic, parent/ guardian, colleague, teacher, team mate)
- **Do NOT leave player alone....** Player must be accompanied at all times.



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INITIAL MANAGEMENT



- **Inform and communicate** with parents/guardian/family/friends re signs and symptoms
- The player **should be referred to a medical practitioner** for diagnosis and comprehensive medical assessment as soon as possible



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RETURN TO PLAY

- REST
- RETURN TO LEARN
- GRADUATED RETURN TO PLAY



REST

- Mental & physical rest.
- Return to learn/work before sport.



GRADUATED RETURN TO PLAY

JANUARY 2014



Age Group	Minimum Rest Period Post Concussion	GRTP	Minimum Time Out
U6's – U20's	14 Days	8 Days	23 Days (3 weekends)
Adult	14 Days	6 Days	21 Days (2 weekends)

NO EXCEPTIONS

PERSON FIRST, PLAYER SECOND



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RETURN TO PLAY



Rehabilitation stage	Exercise at each stage of rehabilitation	Objective of stage	Adult	U6's - U20's
Rest	None	Rest	14 days	14 days
1. No activity	Complete physical and mental rest without symptoms	Recovery	1 day	
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum predicted heart rate (Max predicted heart rate = 220 – Player Age). No resistance training	Increase heart rate	1 day	2 days
3. Rugby-specific exercise	Running drills. No impact activities	Add movement	1 day	2 days
4. Non-contact training drills	Progression to more complex training drills e.g. passing drills. May start progressive resistance training	Exercise, coordination and mental load	1 day	2 days
5. Following medical clearance, full contact practice	May participate in normal training activities	Restore confidence and assess functional skills by coaching staff	2 days	2 days
6. After 24 hours, return to play	Player rehabilitated	Recovered	21 days	23 days



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No 'Head injury assessment/PSCA/head bin/concussion bin' in the amateur game.

**IF YOU SUSPECT CONCUSSION REMOVE THE PLAYER
AND NO RETURN TO PLAY SAME DAY.**



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No Evidence

that Scrumcaps or mouth guards provide any protection
against concussion



IRFU COURSES



Standard **A**pproach to **F**ield **E**mergencies in **R**ugby



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CONCUSSION

Any player with a suspected concussion must be removed immediately from training/play and should be medically assessed. They should not be left alone or drive a vehicle. If you or another player experience one of the visual clues or signs of concussion listed below you should:

- STOP**
training or playing immediately
- INFORM**
your team medic, coach, parent, teammates
- REST**
until your symptoms of concussion have resolved completely
- RETURN**
when you have been cleared to do so by a medical practitioner as per IRB guidelines

VISIBLE CLUES OF SUSPECTED CONCUSSION:

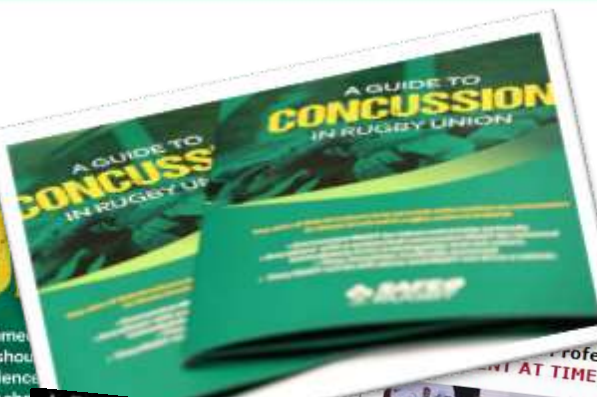
- Loss of consciousness or responsiveness
- Lying motionless on ground
- Slow to get up
- Abnormally on foot
- Balance problems or falling over
- Grabbing/clutching head
- Double vision or crossed look
- Confused/not aware of place or events

SIGNS AND SYMPTOMS OF SUSPECTED CONCUSSION:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Graceness
- More emotional
- Irritability
- Softness
- Fatigue or low energy
- Headache or blurred
- "Don't feel right"

- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Feeling "foggy"

Download the Pocket Concussion Recognition Tool and see further information on concussion and our SAFE Rugby Programme at www.irishrugby.ie and www.irbplayerwelfare.com or contact saferrugby@irishrugby.ie



Concussion Management

INTERACTIVE LEARNING MODULES

and/or Professional

AT TIME OF INJURY

Medical practitioner and/or Healthcare Professional NOT PRESENT AT TIME OF INJURY



--> Start module



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Serious Injury and Concussion Report Form 2016



IRFU Serious Injury & Concussion Form

SECTION A: CONTACT INFORMATION			
Player Name	Male/ Female (circle)	Club/School	
Player DOB	(dd / mm/ yy)	Contact Name & Number	
Person Completing form		Date Completed	
Role in Club/School		Signature	
SECTION B: INJURY INFORMATION			
Date of injury	(dd/ mm/ yy)	Event at time of injury	GAME TRAINING
Team (e.g. mini, senior)		Mechanism of Injury	Contact Non-Contact
If the player was underage was the parent or guardian informed?		YES	NO N/A
Did the referee indicate that the action leading to the injury was a violation of the laws?		YES	NO N/A
SECTION C: To be completed for a CONCUSSION injury			
Did the referee instruct the player to leave the field of play?		YES	NO
Was the player informed of the GRTP protocol?		YES	NO
		For Concussion injury please proceed to Section E	
SECTION D: To be completed for OTHER INJURIES			
Body part injured (Please circle)		Type of Injury (Please circle)	
Head/face/nose	Upper arm/ forearm	Laceration/cut	Cartilage
Chest/ribs/upper back	Elbow / wrist	Spinal cord/other nerve	Fracture
Abdomen	Hand/ finger/ thumb	Dislocation/Subluxation	Sprain/ ligament
Low Back	Hip/groin	Tendon injury/rupture	Contusion/ Bruise
Pelvis	Ankle	Dental injury Was player wearing mouth guard? Y/ N	
Shoulder/collar bone	Foot/toe	Other (please specify):	
Front/back thigh	Achilles		
Knee	Lower leg		



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SUMMARY



Players

- Be aware of the signs of concussion in your team mates.
- Be truthful in reporting symptoms
- Know how best to recover

Coaches

- Educate yourself about concussion
- Recognise the visible clues of concussion
- Ensure safe practice
- Follow the IRFU rules

Parents

- Be aware of the signs & symptoms of concussion
- Have your child assessed medically
- Manage your child's return to play



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SUMMARY



Recognise

The player who may have suffered a concussion

Remove

The player from training or play and hand over care to a parent etc.

Return

After completing the IRFU GRTP programme



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ANY
QUESTIONS
?



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