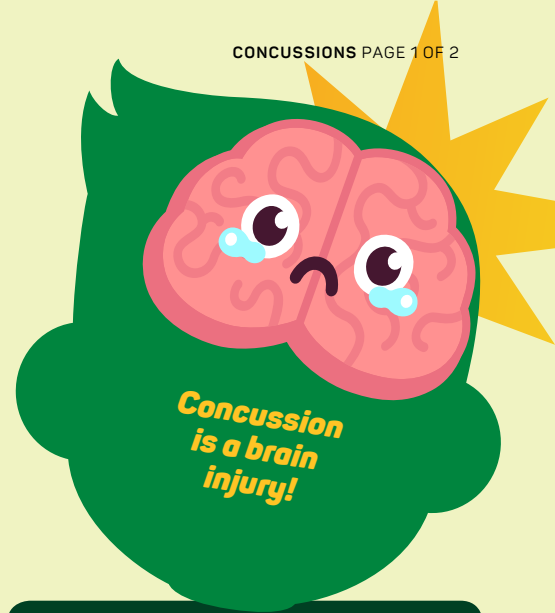


CONCUSSION MANAGEMENT



PREVENTION 5Es

- EDUCATE** your team, club or school on concussions
- ENFORCE** the laws, protocols and policies in your players
- ENHANCE** your players' protection against concussion by preparing them properly for rugby
- EQUIP** your players with the right information about what works and what does not
- EVALUATE** your concussion prevention process and policies yearly to ensure that you remain up to date with what is expected at the time

IDENTIFICATION 6Rs

- RECOGNISE** concussions
- REMOVE** the player
- REFER** them to a medical doctor to clear them of any complications, NOT for going back to rugby
- REST** them according to their age-group requirements
- RECOVER** until sign and symptom free
- RETURN** them to play, once they have gone through the rugby specific return to sport process without any hiccups

MANAGEMENT MEDICAL CLEARANCE STEPS

- Medical doctor clearance** of complications straight after event
- Clearance to start GRTS** after age-appropriate stand-down period
- Clearance to progress** to full contact after Stage 4 of GRTS

MADDOCKS' QUESTIONS

QUESTIONS YOU NEED TO ASK TO PLAYERS 13 YEARS OF AGE AND OLDER

- What venue are we at?
- What team are you playing?
- What half is it?
- Who scored last in this game?
- Who did you play last week/game?
- Did your team win the last game?

QUESTIONS YOU NEED TO ASK CHILDREN AGED 5 - 12

- Where are we now?
- Is it before or after lunch?
- What did you have last lesson/class? or Who scored last in this game?
- What is your teacher's/coach's name?

Where there is any hesitation, uncertainty or one cannot verify the information, have the player permanently removed from the game or training session, and suspect a concussion.

MONITORING: CONCUSSION REGISTER

- Must be done by a responsible person at School or Club
- Step by Step monitoring of progression through the rugby-specific GRTS
- Recordal of medical steps and processes

SIGNS AND SYMPTOMS



WHAT YOU NEED TO LOOK FOR?

- Dazed, vacant or blank expression
- Lying motionless on the ground or very slow to get up
- Unsteady on feet
- Balance problems or falling over
- Poor coordination
- Loss of consciousness or lack of responsiveness
- Confused or not aware of plays or events
- Grabbing or clutching the head
- Convulsions
- More emotional or irritable



WHAT THE PLAYER MIGHT TELL YOU

- Headache
- Dizziness
- Confusion or feeling slowed down
- Struggling with or blurred vision
- Nausea or vomiting
- Fatigue
- Drowsy, feeling in a fog or difficulty concentrating
- A feeling of pressure in the head
- Sensitivity to light or noise
- Memory loss for events before, during or after the game or practice



NAME OF PLAYER	SURNAME OF PLAYER	TEAM PLAYED FOR	DIVISION	AGE	DATE OF BIRTH	COACH	DATE OF CONCUSSION/SUSPECTED CONCUSSION	DATE OF MEDICAL ASSESSMENT TO RULE OUT COMPLICATIONS	NAME OF MEDICAL DOCTOR	COMPULSORY RECOVERY REST PERIOD USED	CLEARANCE RECEIVED TO ENTER GRADUATED RETURN TO PLAY PROCESS	DATE OF MEDICAL ASSESSMENT CLEARANCE RECEIVED	DATE OF COMPLETION OF GRTP	SIGNED OFF & ACKNOWLEDGED BY COACH	DATE RETURNED TO FULL MATCH PLAY
Clint	Reardhead	Senior	d	46	May 14, 1970	Dawie	August 1, 2016	August 2 2016	Dr Jerome	1 week	Yes	August 9, 2016	August 13, 2016	Yes	August 20, 2016



**PLEASE USE A
COMMON SENSE
APPROACH**



You don't need a handbook to identify a suspected concussion. If you suspect one, take the player off, it's really that simple

THE GRADUATED RETURN TO SPORT (GRTS) PROTOCOL

EACH STAGE PROGRESSION **AFTER** THE STAND-DOWN PERIOD IS A MINIMUM OF **24 HOURS**

STAGE	REHABILITATION	OBJECTIVE	EXERCISE ALLOWED
1	Minimum age-appropriate rest period	RECOVERY	<ul style="list-style-type: none"> Complete body and brain rest for the first 24-48 hours Followed by rest and light exercise (walking, slow, stationary cycling) that does not worsen symptoms
2	Light aerobic exercise (20 minutes)	INCREASE HEART RATE	<ul style="list-style-type: none"> Light jogging swimming or stationary cycling at low to moderate intensity No resistance training Symptom free during full 24-hour period
3	Sport-specific exercise (25-30 minutes)	ADD MOVEMENT	<ul style="list-style-type: none"> Running drills No head impact activities
4	Non-contact training drills	EXERCISE, COORDINATION AND COGNITIVE LOAD	<ul style="list-style-type: none"> Progression to more complex training drills, e.g. passing drills May start progressive resistance training Player MUST be medically cleared at the end of this Stage before going to Full-contact training or Stage 5
5	Full-contact practice	RESTORE CONFIDENCE AND ASSESS FUNCTIONAL SKILLS BY COACHING STAFF	<ul style="list-style-type: none"> Normal rugby training activities If player remains sign and symptom-free for the full 24 hours, they then move on to Stage 6
6	Return to match play/sport	RECOVER	<ul style="list-style-type: none"> Player rehabilitated and can be progressively re-introduced into full match play

NOTES:

- a player may only start the GRTS process once cleared by a medical doctor and all symptoms have disappeared
- a player may only progress to the next stage if no symptoms occur during or after exercise in each stage
- a player must again be cleared by medical doctor before starting full-contact training

AGE-APPROPRIATE STAND-DOWN & GRTS – EARLIEST RETURN TO SPORT

PLAYERS 18 AND YOUNGER: 2 weeks rest post injury + 4 days GRTS (Earliest return to rugby – Day 19 post injury)

PLAYERS 19 AND OLDER: 1 week rest post injury + 4 day GRTS (Earliest return to rugby – Day 12 post injury)

PLAYER AGE GROUP	COMPULSORY REST PERIOD POST CONCUSSION	CAUTION!	GRTS	CAUTION!	NUMBER OF MISSED FULL WEEKS
18 AND YOUNGER	Minimum of 2 WEEKS off before starting the GRTS process, even longer if any signs or symptoms remain	CAUTION! Return To Sport protocol should be started only if the player is symptom free and off medication that modifies symptoms	4 Stage GRTS with progression every 24 hours if no symptoms. Total GRTS days = a minimum of 4 days	CAUTION! Contact Sport should be authorised only if the player is symptom free and off medication	Earliest Return To Sport = 2 weeks rest post injury + 4 days GRTS (Play – DAY 19 post injury)
19 AND OLDER	Minimum of 1 WEEK off before starting the GRTS process, even longer if any signs or symptoms remain				Earliest Return To Sport = 1 week rest post injury + 4 days GRTS (Play – DAY 12 post injury)

CAUTION: Any player with a second concussion within 12 months, a history of multiple concussions, players with unusual presentations or prolonged recovery should be assessed and managed by health care providers (*multidisciplinary*) with experience in sports-related concussions. It is recommended that if this expertise is unavailable then as a minimum the player should be managed using the protocol from the lower age group.

EXAMPLE: 1. 'Players 19 and older' uses the 'Players 18 and younger' protocol and 2. for 'Players 18 and younger' the minimum rest period should be doubled.

However, the medical doctor clearance is non-negotiable and must always be provided before entering the GRTS and before starting full-contact training, regardless of who is available to manage or monitor the GRTS process.



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