Beaumaris Soccer Club Concussion Policy

With the increased awareness of the potential harms of sport-related concussion, Beaumaris Soccer Club has addressed growing community concerns and developed guidelines for the management of concussion in conjunction with a medical practitioner. These guidelines are supported by the latest scientific evidence and based on policy introduced by Football Federation Australia. Our new policy has introduced rules to ensure more thorough clinical assessment of players with suspected concussions and the enforcement of appropriate management of our concussed players.

"If in doubt, sit them out"

What is concussion?

Concussion is an injury to the brain caused when a force is transmitted to the head. This force results in a temporary impairment of the brain's function and symptoms may show immediately, or in the hours or days after the injury.

All concussions are serious?

All suspected concussions should be assessed by doctor to be officially diagnosed. Most concussions will resolve without specific medical intervention. The mainstay treatment of concussion is to REST (reducing the amount of stimulation to the brain) allowing the brain to undergo a period of self-repair. This is followed by gradual return to normal activity. Think of it like spraining your hamstring muscle, you would not expect to immediately return to running and kicking like you did before the injury. The brain requires a period of rehabilitation too! But instead of running and kicking its function is to problem solve, access and form new memories and regulate our thoughts and emotions.

How to recognise concussion?

Recognising concussion is more difficult than other injuries, however it is important to recognise as early as possible to prevent permanent injury. There are several different symptoms and signs of concussion, not all need to be present and they are not specific to concussion. Suspect concussion when there is a transmission of force to head, including from the players own body.

Red Flags (a Red Flag symptom or sign is a warning of serious pathology)

If there is any concern following an injury and/or if there are ANY of the following signs are observed or reported by the player they must be removed from play. If no licensed healthcare professional is available to review call the ambulance on 000 for urgent medical assessment

What to do for suspected concussion

It is helpful to note the following details at the time of the injury, this is vital knowledge that assists the doctor with their assessment of the player.

- When did injury occur?
- How did the injury occur? Where on the head did the player get hit?
- What happened next? Did the player lose consciousness and if so, for how long?
- What other symptoms did the player experience?

If in doubt, sit them out!

If there is any doubt about whether a player is concussed, that player should not be allowed to return to sport until cleared to do so by a medical practitioner.

Diagnosis of concussion

The diagnosis of concussion is made by a medical practitioner through appropriate history taking of the mechanism of injury, signs and symptoms witnessed and experienced by the player followed by clinical examination that includes physical and mental assessments.

How to manage concussion

Any player with suspected or confirmed concussion should:

- be supervised by a responsible adult
- not be allowed to drive
- be advised to avoid alcohol
- check their medications with their doctor.
- specifically, concussed player should avoid:

aspirin

anti-inflammatories (such as ibuprofen, diclofenac or naproxen),

sleeping tablets

sedating pain medications.

If diagnosed with concussion the player will require physical and mental rest to recover, this may include time off work and school. Mental rest at home includes abstaining from reading, computer games and television to reduce stimulation to the brain and allowing it time to recover.

Return to learn

'Return to learn' is about the gradual return of a player to their usual duties of work or school after experiencing a concussion. After a period of 24 - 48 hours a school aged player may return to school or study, if these activities do not exacerbate the players symptoms. The activities of thinking and studying can place a strain on a concussed brain causing or worsening symptoms of concussion. The gradual introduction of activities is recommended, school programs may be adjusted to allow for more regular breaks and increased time to complete task, examinations should be postponed. Players can gradually return to their usual program at school or work.

Having rested for 24 - 48 hours after sustaining a concussion, school-age players can return to school or study so long as such activities don't worsen symptoms. Thinking or concentrating for example can bring on or worsen symptoms of concussion. Gradually

increasing the load on the brain without provoking symptoms is recommended. School programs may need to be modified to include more regular breaks and increased time to complete tasks. Exams during that period may need to be postponed. A player returning to school and learning is our priority at BSC and is required before returning to sport. A concussed child should not return to sport until they have successfully returned to normal school activities.

Return to Play

We recommend a step wise plan to help players return to support after suffering a concussion. Once symptoms have cleared the player can begin the following program. Players should only progress to the next level when they have completed 24 hours at the current level without recurrence of symptoms. If symptoms recur or worsen, players should step down to the previous level and complete at least 24 hours symptom free at that level.

References

Concussion in Sport Australia Position Statement in conjunction with Australian institute of Sport and the Australian Medical Association:

https://ama.com.au/system/tdf/documents/Concussion%20Position%20Statement%20-%20February%202019.pdf?file=1&type=node&id=44298

Australian Institute of Sport: https://concussioninsport.gov.au/

Football Federation Australia Concussion Policy: https://www.ffa.com.au/sites/ffa/files/2018-01/18-0102%20FFA%20Concussion%20Guidelines%20%28final%29.pdf? ga=2.219818073.158 7779982.1531715461-1702376216.1531715461

Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016: https://bjsm.bmj.com/content/bjsports/51/11/838.full.pdf

Annexure 1 - Graduated Return to Play Program

Rehabilitation Level	Functional exercise at each stage of rehabilitation	Objective of each stage
Level 1 No activity, minimum 24 hours following the injury where managed by a medical practitioner, otherwise minimum 14 days following the injury	Complete physical and cognitive rest without symptoms. Only proceed to level 2 once ALL symptoms have resolved for a full 24-hour period.	Recovery
Level 2 Light aerobic exercise during 24-hour period	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training. Symptom free during full 24-hour period following the commencement of Level 2.	Increase heart rate
Level 3 Sport-specific exercise during 24-hour period	Running drills. No head impact activities. Symptom free during full 24-hour period following the commencement of level 3.	Add movement
Level 4 Non-contact training drills during 24-hour period	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training. Symptom free during full 24-hour period following the commencement of level 4.	Exercise, coordination, and cognitive load
Level 5 Full Contact Practice during 24-hour period	Following medical clearance participate in normal training activities. Symptom free for a full 24-hour period following the commencement of level 5.	Restore confidence and assess functional skills by coaching staff
Level 6 After 24 hours return to play	Return to play if remain symptom-free a minimum of 24 hours after full contact practice.	Player rehabilitated and recovered