

IRB Concussion Guidelines

Concussion producing forces are common in Rugby; fortunately most of these do not result in concussion. There is widespread variation in the initial effects of concussion. Recovery is spontaneous often with rapid resolution of signs, symptoms and changes in cognition (minutes to days). This could increase the potential for Players to ignore concussion symptoms at the time of injury or return to play prior to the full recovery from a diagnosed concussion. This may result in a more serious brain injury or a prolonged recovery period. The potential for serious and prolonged injury emphasizes the need for comprehensive medical assessment and follow-up until the concussion has fully resolved. Returning to play before complete resolution of the concussion exposes the Player to recurrent concussions that might take place with ever decreasing forces. We have concerns that repeat concussion could shorten a Player's career and may have some potential to result in permanent neurological impairment. Players must be honest with themselves and medical staff for their own protection.

What are the signs of Concussion?

The common signs and symptoms indicating that a Player may have concussion are listed below in **Table 1**. If a Player shows any of the signs described in the Table (as a result of a direct blow to the head, face, neck or elsewhere on the body with a force being transmitted to the head) they have suspected concussion.

Table 1: Common early signs and symptoms of concussion

Indicator	Evidence
Symptoms	Headache, dizziness, "feeling in a fog"
Physical signs	Loss of consciousness, vacant expression, vomiting, inappropriate playing behaviour, unsteady on legs, slowed reactions
Behavioural changes	Inappropriate emotions, irritability, feeling nervous or anxious
Cognitive impairment	Slowed reaction times, confusion/disorientation, poor attention and concentration, loss of memory for events up to and/or after the concussion
Sleep disturbance	Drowsiness

Where GRTP is NOT managed by a Medical Practitioner

There may be extreme situations where a Player does not have access to a Medical Practitioner to diagnose concussion or to manage the GRTP. In these situations if a Player has shown signs of concussion that Player must be treated as having suspected concussion and must not play until at least the 21st day after the incident and should follow the GRTP process outlined in Diagram 3. Other Players, coaches and administrators associated with the Player should insist on the guidelines being followed.

If a Player has been diagnosed with concussion by a Medical Practitioner but does not have access to a Medical Practitioner to manage the GRTP that Player must not play until at least the 21st day after the incident and should follow the GRTP process outlined in Diagram 3.

In the above situations the GRTP process may commence after a 14 day stand-down period from playing sport and/or training for sport and only if there are no symptoms of concussion.

Ideally the process should be managed and observed by someone familiar with the Player who could identify any abnormal signs displayed by the Player. Pocket SCAT 2 will assist the person managing the process.

Before a Player can restart exercise they must be symptom free for a period of 14 days (Level 1) and then they may move to the next stage (Level 2). Under the GRTP protocol, the Player can proceed to the next stage only if no symptoms of concussion (SCAT 2 provides the symptom checklist) are shown at the current stage (that is, both the periods of rest and exercise during that 24-hour period).

Where the Player completes each stage successfully without any symptoms the Player would take approximately one week to proceed through the full rehabilitation protocol from Level 1. If any symptoms occur while going through the GRTP protocol, the Player must return to the previous stage at which he/she did not experience any symptoms and attempt to progress again after a minimum 24-hour period of rest has passed without the reappearance of any symptoms.

After Level 4 the Player resumes full contact practice and the Medical Practitioner and the Player must confirm that the Player can take part. Full contact practice equates to return to play for the purposes of concussion. However return to play itself shall not occur until Level 6 (Table 3).

Clearance to return to play by a Medical Practitioner should always be sought. However, there may be occasions (which will be in extreme and rare situations) where a Player cannot access a Medical Practitioner to assess the Player for clearance to resume full contact practice. In these extreme and rare situations the Union having jurisdiction over the Player must put in place processes and mechanisms which will only permit Players to resume full contact practice when it is safe to do so. These processes and mechanisms may vary from Union to Union.

Adolescents and children must have clearance from a Medical Practitioner before they can return to play.

Diagram 3

**Stage 2:
Graduated Return to Play**

For those where the GRTP protocol is not managed by a Medical Practitioner

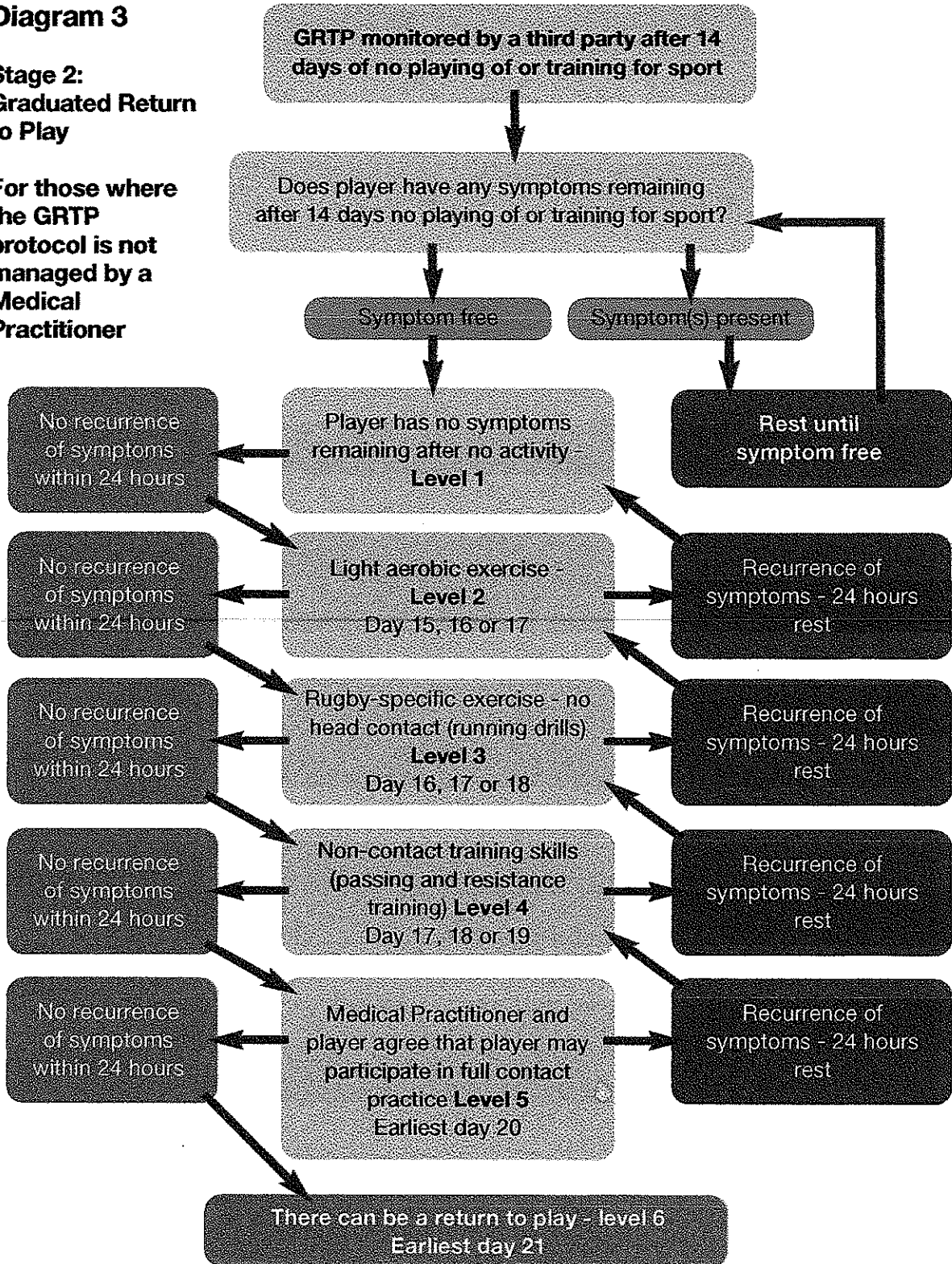


Diagram 3

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