

**Brisbane Netball Association  
inc.**

**Concussion Management  
Policy**

**Adopted 09/09/13**

What is concussion?

Concussion is a disturbance in the brain's ability to acquire and process information. The reduced function of the brain represents damage to nerve cells (neurons). The neurons can be damaged by a direct blow to the head, which causes the brain to rotate and/or move forward and backward. Indirect impact to the body can transfer an impulsive force to the brain which damages neurons.

The effect that this has on the athlete can vary from person to person, depending on which part of the brain is affected. The impact can cause concussion signs visible to others.

Concussion should be suspected if these signs are observed:

- Unresponsiveness
- Upper limb muscle rigidity
- Upper limb spontaneous movement
- A fit/seizure soon after contacting the surface
- Balance difficulty
- Slow response
- Vacant star
- Confusion
- Disorientation
- Holding the head
- Facial injury
- Speech slurring

Minutes to hours after the impact, injury the player may complain of:

- Headache
- Nausea/vomiting
- Blurred vision
- Memory loss/difficulty
- Dizziness
- Tiredness
- Not feeling right
- Sensitivity to bright light and loud noise.

Days to weeks after the impact the player could have/feel:

- Sleep difficulty
- Persistent low grade headache
- Poor attention and concentration
- Sad or irritable or frustrated
- Tired easily
- Lethargic, low motivation.

**A player does not have to lose consciousness to have a concussion.**

It is recognised that most concussions get better in seven to 10 days. However, ignoring concussion signs and symptoms or not recognising them can result in potentially catastrophic consequences.

Acute brain swelling, traditionally referred to as 'Second Impact Syndrome' is usually fatal. Prolonged symptoms, recurrent concussion, learning difficulties, and personality problems have also been reported.

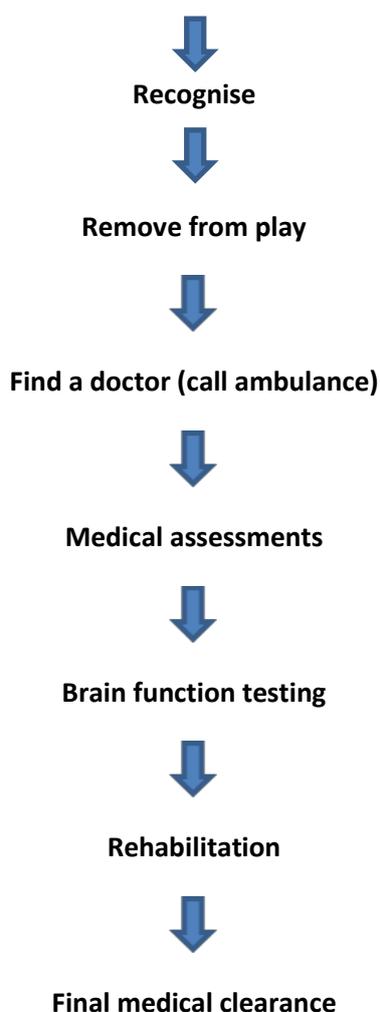
#### **What should parents, coaches and other support staff do at the sideline?**

Parents, coaches and support staff can identify suspected concussion. Any player with suspected concussion must be withdrawn from playing or training immediately. Furthermore, no player with concussion should be returned to play or practice later that day.

## **All players with concussion, or suspected of concussion need an urgent medical assessment.**

In the days or weeks following concussion, a player should not be allowed to return to play or train until they have had a formal medical clearance and such players have already been cleared to return to work/school.

### **Concussion action plan**



## Return to sport

There should be no return to play until the child has successfully returned to school/learning, without a worsening of symptoms. Children must not be returned to play the same day of injury. When returning children to play, they should be medically cleared and then follow a stepwise supervised program, with the following stages of progression:

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

There should be approximately 24 hours (or longer) for each stage and the child should drop back to the previous asymptomatic level if any post-concussive symptoms recur.

If the child is symptomatic for more than 10 days, then review by a health practitioner, an expert in the management of concussion, is recommended. Medical clearance should be given before return to play.

Source: Sports Medicine Australia, AFL Qld, Australian Sports Commission.