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 Any player with suspected concussion must be withdrawn from playing or training immediately.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**

1. Recognise
2. Remove from play
3. Find a doctor (call ambulance)
4. Medical assessments
5. Brain function testing
6. Rehabilitation
7. Final medical clearance
**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:

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

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.