



Position Statement on Concussion

1. General

1.1. Club stance on concussion

Old Camberwell takes head injuries and concussion very seriously as the health and wellbeing of our playing staff on and off the field is of utmost importance. All incidents involving head trauma will be treated as high priority.

1.2. What is concussion?

A form of 'traumatic brain injury', where the brain has been subjected to forces that cause damage to the brain specifically but also put the spinal cord or and/or surrounding tissues (skull, face) at risk.

Concussion typically falls onto the milder end of the spectrum for traumatic brain injuries, but can involve skull fractures and/or bleeding on the brain in serious incidents. Trauma can be direct (i.e. a blow to the head) or indirect (i.e. whiplash) and either can 'stun' the nerves enough to affect brains functions.

Loss of consciousness does *not* need to occur for concussion to be diagnosed. Symptoms of concussion may present in a delayed onset fashion (i.e. hours after the time of the incident, hence why on-going management is crucial).

1.3. Symptoms of concussion:

- Headache
- Blurred vision
- Light/noise sensitivity
- Nausea
- Drowsiness
- Physical signs of unsteadiness on feet
- Impaired brain function – such as confusion or loss of memory
- Abnormal behaviour – such as personality change

1.4. Why is concussion management so important?

Head injuries can be associated with serious and potentially fatal injuries and can cause a wide range of other potential health concerns. They can impact an individual's ability to undertake daily activities such as work tasks.

2. Club process for management of concussion

2.1. Sideline assessment

If a suspected concussion or head injury occurs in during training or a game, club trainers and medical staff first conduct a sideline assessment (refer Table 1 for the typical signs and symptoms checked for). It is recommended that all trainers have the Head Check Concussion Management App downloaded on their phone for use if the need arises

(<https://www.headcheck.com.au/>). An assessment for neck injuries and range of motion should also occur if a suspected head injury has occurred.

Signs and symptoms	Details / Questions
Loss of consciousness	Has a loss of consciousness occurred, and if so, for how long? If loss of consciousness has occurred, calling an ambulance or admittance to hospital is advised
Blank or vacant look	
Orientation	What day is it? What quarter is it? Where are we playing?
Memory loss	What was your last meal? How did you arrive here? Repeat these 5 words... Note: In elite sport such as the AFL the 'Concussion Recognition Tool 5' can be used, but its use is less practical at amateur level.
Balance	Testing in double leg, tandem, single leg, tandem gait Test with hands on iliac crest. Is the player unsteady on their feet? Can they walk in a straight line? Tests can be carried out eyes open and eyes closed Note for errors: Falling or stumbling, opening eyes, excessive hip abduction (single leg), hands lifting off hips
Motor control	Finger to nose: - Player's arm must be fully extended, and must successfully touch nose-examiner finger 5 times in under 4 seconds
Visible facial or head injuries	Blood present anywhere? Bruising or swelling present?

Table 1. Assessment of concussion

2.2. Follow up protocols / medical management

Following the sideline assessment, if a head injury has occurred or a player has been suspected of concussion, the player is to be immediately removed from the game or training and seek medical evaluation.

Further club recommendations for immediate management of head injuries or concussion include:

- Player not to be left alone for first 24-48 hours as further problems and symptoms may develop during this time (delayed onset symptoms)
- Mental and physical rest necessary (this includes no further play, potential time off work)
- No alcohol or drugs without medical supervision including sleeping pills, pain or anti-inflammatory medications or other anti-coagulants that may promote bleeding
- No driving until medical clearance
- No exercise until medical clearance. Return to exercise should be in a stepwise manner as outlined in the 'Return to Play' section below.
- Player should present to hospital if:

- There is an increase in severity of symptoms (headache, nausea, confusion, irritability, etc)
- Very drowsy or cannot be awakened (call ambulance)
- Unable to recognise people/places
- Repeated vomiting
- Seizures
- Weakness/numbness in limbs
- Unsteady on feet/slurred speech.

2.3. Return to Play guidelines

In accordance with recommendations from the AFL and VAFA, the club adopts the following guidelines:

- A player must have a minimum 12-day mandatory break from playing matches.
- A player must be cleared by medical professional (GP, sports doctor or neurologist) before returning to exercise and sport. The clearance must state that the player has been cleared of concussion injury.
- A player must only recommence 'usual contact' training when symptoms free and physically able. They must also follow a graduated 'Return to Play' program (refer Table 2 for a recommended graduated return to play program).
- Recommendation that a player with symptoms persisting longer than 5 days (post the concussion incident) seek a specialist opinion prior to returning to exercise and training.

Stage ¹	Example exercise	Objective
Rest/no activity	Physical/cognitive rest	Recovery and rest
Light aerobic exercise	Walking, swimming, stationary cycling. Approx 70% intensity max. No resistance training.	Increase heart rate, no exacerbation of symptoms
Sport-specific exercise	Running drills. Basic skill execution. No impact exercises.	Introduce relevant sport-specific movements
Non-contact training drills	Kicking, hand-balling, passing drills. Can start progressive resistance training.	More sport-specific loading
Full contact practice	Must follow medical clearance to participate in normal training.	Confidence and game-specific skills
Return to play	Full training and play	

Table 2. Outline of a 'Return to Play' program

2.4. Recording incidents of head injury or concussion

The club is required to maintain records of any player registered to who plays in a VAFA sanctioned match or training session who is medically diagnosed with concussion and to whom these policy procedures are relevant. Records maintenance will be the responsibility of the Head Trainer.

¹ Once a player who has sustained a concussion can complete the example exercise from Table 2 above without exacerbation or on-going symptoms of concussion listed above, they may progress to the next stage of 'Return to Play'.

3. Summary

Head impacts can be associated with serious and potentially fatal brain injuries and other possibly other mental health issues.

In the early stages of the injury, when concussion may be suspected but not diagnosed and/or a head injury is evident, the most important steps in initial management must include:

1. Recognising a suspected concussion;
2. Removing the player from the game; and
3. Referring the player to a medical professional for assessment.

Any player who suffers a concussion or is suspected of having a concussion must be medically assessed as soon as possible after the injury and must NOT be allowed to return to play in the same match / training session.

An accredited first-aider at every match / training session and basic first-aid should be applied when dealing with any player who is unconscious or injured.

References

1. The Management of Sport-related Concussion in Australian Football, 2021
2. VAFA Concussion Policy, 2021
3. AIS Concussion Position Statement, 2019
4. McCrory P, Meeuwisse W, Dvorak J, et al. Consensus statement on concussion in sport-the 5th international conference on concussion in sport held in Berlin, October 2016. Br J Sports Med 2017 doi: 10.1136/bjsports-2017-097699
5. 3. Emery CA, Black AM, Kolstad A, et al. What strategies can be used to effectively reduce the risk of concussion in sport? Br J Sports Med 2017 doi:10.1136/ bjsports-2016-097452.

Last update	Next review
May 2021	March 2022