

## Recognising and managing concussions in football

Unfortunately, concussions or mild traumatic brain injuries are common in football. Everyone needs to **recognise** when a head trauma may have occurred and **remove** the athlete from the field of play. Once the athlete has been removed from the field, they need to get **referred** to a medical professional to diagnose and manage the head injury.

The most common scenarios in football where a concussion occurs is during contests for the ball, or from being hit in the head by the ball. Concussion symptoms can take up to 72 hours post-event to manifest, and women and children are more likely to sustain a concussion. In football, there is no mandatory stand-down period; however, we follow a prescribed return-to-play protocol.

### New Zealand Football Concussion Guideline Summary

#### Recognise, Remove, Refer. Recover and Return

- If concussion is suspected, remove the player from play/activity immediately and seek an urgent assessment by a medical doctor. If in doubt a concussion has occurred, then sit the player out anyway and follow the protocol, and get them checked out by a doctor.
- Concussions often occur without loss of consciousness
- Extra caution is required for child and adolescent athletes
- It may take several hours (or even days) post-injury for some or all of the symptoms of concussion to emerge
- Non-medical personnel (THAT'S YOU!) have an essential role to play in recognising the signs and symptoms of concussion
- Concussion can present in a similar manner to other catastrophic conditions with delayed onset of symptoms
- Only a medical doctor can provide assessment and diagnosis of concussion, diagnosis can be difficult
- No player should return to any sport/training/activity on the day of a concussive injury.
- Players should only return to training or play when symptom free and cleared by a medical doctor

#### Recognise, Remove, Refer

#### IF IN DOUBT – SIT THEM OUT

Any incident that shakes the brain can cause a concussion. Higher risk events are things like a hard object such as a knee, elbow, another head, a hard ball or the goalpost colliding with someone's head. It can be worse if the person is not prepared for the impact. There doesn't need to be contact to cause a concussion. Sometimes even minor events may result in a concussion if the person has had previous concussions:

#### Behaviours that might make you suspect a concussion:

- Loss of consciousness or responsiveness
- Lying motionless on the ground/slow to get up
- A dazed, blank or vacant expression
- Appearing unsteady on feet, balance problems or falling over
- Grabbing or clutching of the head or
- Impact seizure or convulsion

Serious signs of concussion that require urgent medical attention are:

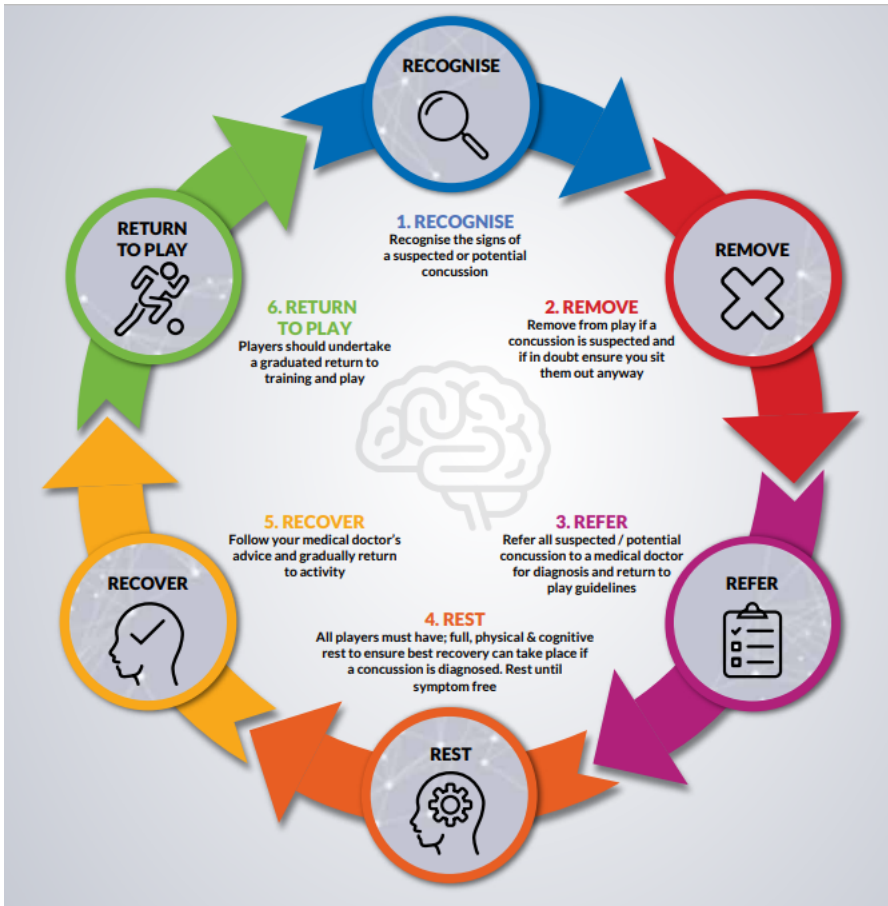
- Complaints of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Double vision
- Muscle weakness, tingling or burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change

**To help an unconscious athlete:**

- Apply first aid principles – DRSABC (Danger, Response, Send for help, Airway, Breathing, Circulation).
- Treat all unconscious athletes as though they have a neck injury.
- An unconscious athlete must **ONLY** be moved by a medical professional trained in spinal immobilisation techniques.
- Call 111 if you are concerned about the risk of head or neck injury; urgent hospital care is required.

If someone has a suspected concussion, they should not be left alone, they should not drive or drink alcohol, or take prescription medication, especially sleeping tablets and they must see a medical professional.

After a consultation with a medical professional, the player can start rehabilitation and return to football. Often the priority in the early stages is gentle active recovery and returning to work or school. A graduated return-to-play protocol is followed to ensure that the return to football goes smoothly.



## GRADUATED RETURNING TO PLAY GUIDELINES

STAGE 1 NO ACTIVITY	STAGE 2 LIGHT AEROBIC EXERCISE	STAGE 3 SPORT-SPECIFIC EXERCISE	STAGE 4 NON-CONTACT TRAINING DRILLS	STAGE 5 FULL CONTACT PRACTICE	STAGE 6 RETURN TO PLAY
RECOVERY	INCREASE HEART RATE	ADD MOVEMENT	EXERCISE, COORDINATION, & COGNITIVE LOAD	RESTORE CONFIDENCE & ASSESS FUNCTIONAL SKILLS	NORMAL GAME PLAY
Physical and cognitive rest (complete rest until cleared by a medical professional to begin stage 2)	Walking, swimming or stationary cycling keeping intensity, No resistance training  <b>&lt;70%</b> MAXIMUM HEART RATE  <b>&lt;15min</b> MAXIMUM EXERCISE TIME	Running drills. No head impact activities  <b>&lt;80%</b> MAXIMUM HEART RATE  <b>&lt;45min</b> MAXIMUM EXERCISE TIME	Progression to more complex training drills, eg. passing drills. May start progressive resistance training  <b>&lt;90%</b> MAXIMUM HEART RATE  <b>&lt;60min</b> MAXIMUM EXERCISE TIME	Following medical clearance participate in normal training activities	

If you have any questions please don't hesitate to get in touch. We can help with referrals to concussion specialists and your rehabilitation and return to sport.

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References:

Sports Concussion in New Zealand Guidelines [Concussion » ACC Sportsmart](#)

[NZ Football Head Injury Concussion Policy | Fit4Football](#)

For more indepth reading: [FIFA-Medical-Concussion-Protocol.pdf](#)