

## Players and Parents General Information

### Concussion and playing

Players are responsible for their health and should take concussion seriously. Failing to follow the guidance provided can have significant and sometimes serious consequences:

- Your playing career and enjoyment of the game may be affected
- Your long term health may be affected
- Your work and/or academic studies may be affected.

### Prevention

Prevention is always better than the cure. Although it may not be possible to stop all concussions happening there are some measures that players can take that have the potential to reduce the number of concussions that we see:

1. Ensure the playing or training area is safe, and the risk of serious head injury occurring is reduced:
  - a. Check ground conditions - do not play or train if the ground is frozen solid or rock hard due to drought
  - b. Ensure all posts and barriers on or close to the pitch are protected with appropriate padding
2. Ensure correct tackle technique is performed consistently.  
If the head of the tackler hits the ball carrier there is a significant risk of concussion and/or neck injury. You should therefore ensure that you are able to perform correct tackle technique consistently
3. Do not engage in dangerous play such as high, tip and spear tackles. Similarly do not tackle players in the air i.e. when jumping to catch the ball from kicks or lineouts. Falling from height increases the risk of concussion and neck injuries.

# DON'T BE A HEADCASE STOP! CHECK FOR CONCUSSION

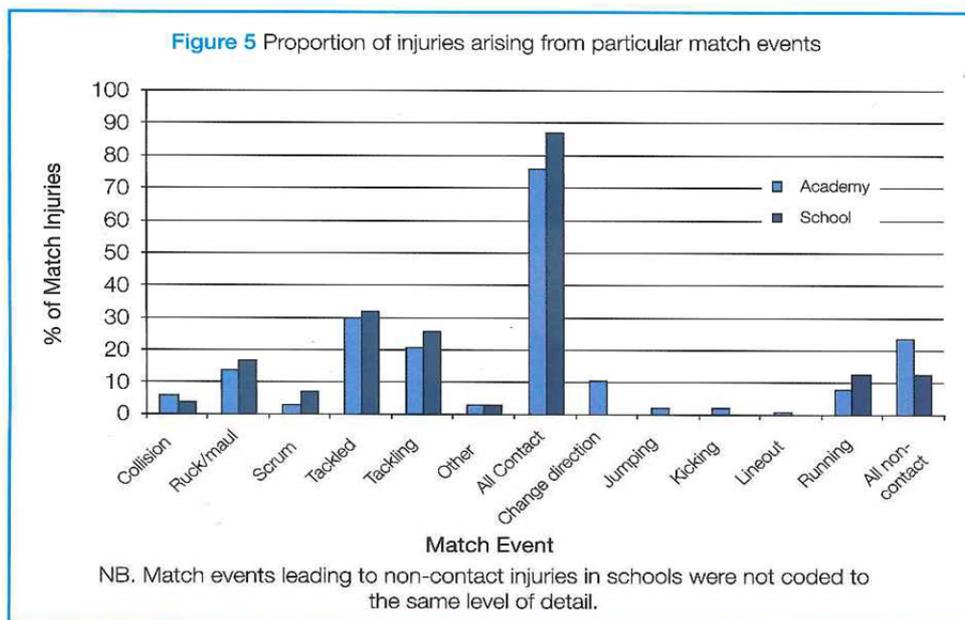
HEADACHE EMOTIONAL APPEARANCE DROWSINESS CONFUSION AGITATED SEIZURE EARS AND EYES

We obtain a lot of information on injuries from our own injury surveillance and research in adult and schools rugby. This has shown that the head is the most commonly injured body part in schools rugby:

Body Region Injured (Top 5 only)	Percentage of injuries (Top 5 only)
Head	24%
Hand	13%
Knee	11%
Shoulder	11%
Ankle/heel	7%

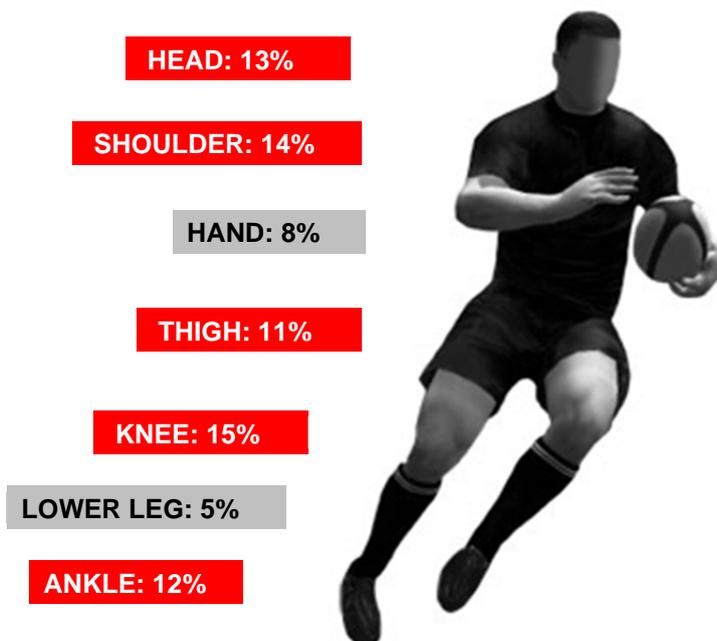
The focus on the coaching of the tackle is also drawn from research, and every study confirms the tackle as the most frequent phase of play in injury causation.

The graph below is taken from our Youth Rugby Study which can be downloaded in full from the resources section of [rfu.com/concussion](http://rfu.com/concussion)



In adult amateur rugby the head is one of the top five sites of the body most commonly injured. Concussion is one of the main injury diagnoses accounting for 8% of all time-loss injuries (injuries that result in at least one missed game) with 72% of all concussion injuries sustained in the tackle.

### Most likely site of injuries:



### Protective Equipment

Rugby head guards **DO NOT** protect against concussion. They do protect against superficial injuries to the head such as cuts and grazes. This has been demonstrated in a number of research studies now. There is some evidence to suggest that they may increase risk taking behaviours in some players.

Mouth guards/gum shields do not protect against concussion either although they are strongly recommended in all players as they do protect against dental and facial injuries.

### RECOGNISE:

It is important to realise that you do not need to be knocked out (lose consciousness) to have had a concussion. You may experience a number of problems after a blow to the head, or others may notice them in you.

Detailed information and guidance is given in the Assessment of Suspected Concussion Guidance which can be downloaded in full from the resources section of [rfu.com/concussion](http://rfu.com/concussion)

**Thinking problems that you may experience:**

- Do not know time, date, place, period of game, opposing team, or the score in the game
- General confusion
- Cannot remember things that happened before and/or after the injury
- Seem slow to answer questions or follow directions
- Seem easily distracted
- Not playing as well as expected

**Things that you may complain of or others see about you:**

- Knocked out
- Headache
- Dizziness
- Feel dazed, “dinged” or stunned;
- A blank stare/glassy eyed, “the lights are on but nobody is at home”
- Loss of vision, seeing double or blurred, seeing stars or flashing lights
- Ringing in the ears
- Sleepiness
- Stomach ache, stomach pain, nausea, vomiting
- Poor coordination or balance, staggering around or unsteady on feet
- Slurred speech
- Poor concentration
- Strange or inappropriate emotions (i.e. laughing, crying, getting angry easily)
- Feeling generally unwell

**If you suspect concussion YOU must tell someone right away** – team captain, first aider, coach or match official.

Continuing to play increases your risk of more severe, longer lasting concussion symptoms, as well as increases your risk of other injury:

- You should not return to play that day
- You should not allow yourself to be left alone
- You should make sure you are seen by a healthcare professional as soon as possible that day
- You should not drive

### Can it be anything more serious?

Anyone with a suspected concussion should be seen by a healthcare practitioner. They will usually give instructions to go back to them or go to hospital **IMMEDIATELY** if you have worsening of symptoms such as:

- **Drowsiness when normally awake or cannot be awoken**
- **A headache that is getting worse**
- **Weakness, numbness or decreases in coordination and balance**
- **Repeated vomiting or prolonged nausea**
- **Slurred speech, difficulty speaking or understanding**
- **Increasing confusion, restlessness or agitation**
- **Loss of consciousness**
- **Convulsions**
- **Clear fluid coming out of ears or nose**
- **Deafness in one or both ears**
- **Problems with eyesight**

### How is a concussion treated?

Concussion symptoms are made worse by exertion, both physical and mental. The most important treatment for a concussion is **REST**:

- You should not exercise or do any activities that may make them worse, like driving a car, reading, working on the computer or playing video games.
- If mental activities (eg: reading, concentrating, using the computer) worsen your symptoms, you may have to stay home from work, college or school.
- If you go back to activities before you are completely better, you are more likely to get worse, and to have symptoms last longer.

Once you are **completely better at rest**, and cleared to do so by a healthcare practitioner you can start a step-wise increase in activities (see next section "When can a concussed player return to rugby?") If possible, you should be seen by a doctor with experience in treating concussions.

### **RETURN - When can a concussed player return to rugby?**

It is very important that players do not go back to rugby (or any other sport) if they have any concussion symptoms or signs. Return to sport and activity must follow a step-wise Graduated Return to Play (GRTP) which can be downloaded in full from the resources section of [rfu.com/concussion](http://rfu.com/concussion)

**You should not go back to rugby/sport until you have been cleared to do so by a doctor**

### How long will it take to get better?

The signs and symptoms of a concussion often last for 7-10 days in adults but may last much longer, especially in younger players and children. Also, because children's brains are still developing a much more conservative approach must be taken in returning them to play – it is essential that they have recovered completely before starting their GRTP. In some cases, players may take many weeks or months to recover. Having had previous concussions may increase the time that the person takes to recover.

### Repeated Concussions

If a player has repeated concussions, it is recommended that they are seen by a doctor specialising in concussion management. Each concussion should be considered on its own but a more conservative approach to or directed rehabilitation may be recommended especially if each time the force required to cause the concussion is less and/or the symptoms are prolonged.

### Further Resources

Players Concussion Summary ([rfu.com/concussion](http://rfu.com/concussion))

Parents Concussion Summary ([rfu.com/concussion](http://rfu.com/concussion))

Assessment of Suspected Concussion Guide ([rfu.com/concussion](http://rfu.com/concussion))

Return to Play Guide ([rfu.com/concussion](http://rfu.com/concussion))

Pocket SCAT ([rfu.com/concussion](http://rfu.com/concussion))

IRB Concussion education ([www.irbplayerwelfare.com/concussion](http://www.irbplayerwelfare.com/concussion))

## Summary

There are some general principles that run through all the above and should be applied by all involved in rugby:

1. Concussion must be taken extremely seriously to safeguard the safety and long term health of players.
2. Know how to **RECOGNISE** concussion.
3. Players suspected of having concussion must be **REMOVED** from play and must not resume play in the same match, and until cleared to do so (See note below).
4. All players suspected of having concussion must be assessed by a healthcare practitioner.
5. Players suspected of having concussion or diagnosed with concussion must **RECOVER**
6. Players must go through a graduated **RETURN** to play protocol (GRTP) and receive medical clearance from a doctor before returning to play.

Remember the 4 R's:

**RECOGNISE**

**REMOVE**

**RECOVER**

**RETURN**

*These RFU Concussion resources have been developed based on the Zurich Guidelines published in the Consensus Statement on Concussion in Sport, and adapted for rugby by the International Rugby Board*

The information contained in this resource is intended for educational purposes only and is not meant to be a substitute for appropriate medical advice or care. If you believe that you or someone under your care has sustained a concussion we strongly recommend that you contact a qualified health care professional for appropriate diagnosis and treatment. The authors have made responsible efforts to include accurate and timely information. However they make no representations or warranties regarding the accuracy of the information contained and specifically disclaim any liability in connection with the content on this site.