MP Sport Physicians Concussion Handout - Sports Trainers

Introduction

Concussion is a type of brain injury brought on by a force of the head or anywhere on the body that transmits a force to the head (i.e. ' hip and shoulder'/bump in AFL)

Recognising concussion can be difficult as the signs and symptoms can be variable, non-specific, subtle and delayed.

The evidence suggests only 10% of concussions involved a loss of consciousness.

Signs and symptoms

Those who best know the player may pick up on the subtle signs of concussion

Any player should that shows any of the following signs or symptoms should be immediately removed from the ground and not allowed to return to play the same day:

- Loss of consciousness
- Balance or walking difficulties
- Blank/vacant stare or dazed look
- No protective action when falling to the ground
- Impact seizure
- A significant change in behavior that not consistent with the player's personality

Other signs and symptoms may suggest a more serious injury and should be referred to the nearest Emergency Department

- Severe neck pain
- Increased irritability or worsening confusion
- Ongoing vomiting
- Decreasing conscious state
- Severe or increasing headache
- Numbness and/or weakness in the arms and/or legs

Monitoring

It's important to monitor/re assess players throughout the game, as delayed presentation of symptoms is not uncommon

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Sideline testing

Maddock's questions are highly specific for sideline assessment of concussion

- What venue are we at today?
- What half is it now?
- Who scored last in this match?
- What team did you play last week/game?
- Did your team win its last game?
- 'When it doubt, sit them out'

Management

Any athlete with a suspected or confirmed concussion should be accompanied home by a responsible adult. In the first 24 hours, they should not be allowed to drive, advised to avoid alcohol and avoid taking anti-inflammatories, aspirin, sleeping tablets and sedating pain medications. They need complete 'brain' rest, which means not using phones, watching TV, using electronic devices, etc.

After 24 hours without symptoms, the player can return to gradual cognitive (work/study) and physical activity

In regards to children, a more conservative approach is warranted. Ideally, the child should have 'brain' rest for 48 hours before they return to school. 'Return to learn' is the priority. The school environment can be modified to include extra regular breaks, reduced contact hours and workload and increased time to complete tasks. Return to sport should also be extended so that they do not return to sport within 2 weeks of their symptoms resolving.

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