FOOTBALL AUSTRALIA

COMMUNITY SPORTS RELATED CONCUSSION GUIDELINES

Background

These Guidelines provide guiding principles and general advice to community (and semi-professional, non-elite) football participants, clubs and competition administrators regarding:

- The management of Sports Related Concussion (SRC); and
- The return to play/training process following a diagnosed SRC event.

These Guidelines have been produced by Football Australia and are based on the **Australian Concussion Guidelines for Youth and Community Sport** issued by the Australian Institute of Sport. The Guidelines provide a practical translation of the evidence and recommendations from the 6th International Conference on Concussion in Sport as they relate to the sport of Football and they also take into consideration recommendations from other documents such as the **Australian Institute of Sport Concussion and Brain Health and Position Statement 2024** and the variable and often limited healthcare resources that typically exist in community football.

Overall, a cautious and conservative approach is recommended, especially in children and adolescents (aged under 19 years).

These Guidelines are intended to assist in the management of sports-related concussion and do not replace the need to seek medical assessment. The content of the Guidelines should not be interpreted as a guideline for clinical practice or legal standard of care.

It is recognised that differences in geography, healthcare type and access are important considerations for the implementation of these recommendations. These Guidelines assume that Advanced Health Care is not readily available in these settings.

These Guidelines will be reviewed regularly by Football Australia for modification as required as new concussion knowledge develops.

1. What is Sports Related Concussion?

Sports related concussion (SRC) is a "traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities" **(Consensus Statement on Concussion in Sport: The 6th International Conference on Concussion in Sport, Amsterdam, October 2022)**.

2. Why is it important to recognise Sports Related Concussion?

These Guidelines recognise the important public health concerns of SRC, as related to football players of all ages, genders and levels of the sport. While recognising that there are inherent risks associated with participating in a contact sport, these Guidelines aim to reduce the risks posed by SRC through timely diagnosis, evidence-based management and return to play procedures for the protection of all players. As a precaution, these Guidelines apply to all players where a suspected SRC has occurred, including the need to satisfactorily progress through the suggested Graded Return to Play Program.

3. What are the Signs and Symptoms of Sports Related Concussion?

SRC is an injury to the brain which results in temporary changes to normal brain function. The signs (what you see) and symptoms (what the player reports) of SRC may present immediately or evolve/develop over minutes or hours. The duration of symptoms and signs are variable and can commonly resolve within days, although they may be prolonged and take several months to resolve in some individuals. Importantly, SRCs may or may not involve loss of consciousness.

There is no single test to diagnose SRC, which can only be diagnosed by a qualified medical practitioner (e.g., Sport & Exercise Physician, Neurologist, Sports Doctor) based on the event, signs and symptoms, physical examination, and with specific concussion assessment tools (such as the SCAT6 or SCOAT6). Other healthcare professionals specifically trained in SRC management, e.g., physiotherapists, may also be appropriate to assist in the initial recognition of an SRC pitch-side, monitoring return to play, and management of certain symptoms after a suspected SRC.

The Concussion Recognition Tool (CRT6) has been developed as a recommended pitch-side tool to assist any person, including a non-medically trained individual such as coach, parent, spectator etc. to recognise symptoms and signs of a suspected SRC. The CRT6 can be found at this link: **Assessment of concussion | Concussion in Australian Sport**[2]

3.1. Signs of SRC that may be observed include:

- Can't recall events *prior to* or *after* a hit or fall.
- Appears dazed or stunned.
- Forgets an instruction, is confused about a task, role or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness *(even briefly)*.
- Shows mood, behaviour or personality changes.

3.2. Symptoms of SRC that may be reported include:

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down".

Source: **Signs and Symptoms of Concussion – HEADS UP- CDC**

4. What to do following a Sports Related Concussion?

SRC signs and symptoms may be delayed, requiring a cautious approach, particularly in young players. The mantra of ***"If in doubt, sit them out"*** is highlighted as a cautious and appropriate approach when dealing with suspected SRC.

At the time of injury:

- Any player with a suspected SRC must be immediately removed from the match or training session. If a suspected neck injury has occurred, the player should not be moved, and their neck stabilised until assessed by qualified medical personnel for potential spinal injury.
- The player must not take further part in any activity, including training or matches or other sports on the day of injury, even if the player reports feeling recovered.
- Players with a suspected SRC should not be left alone, consume alcohol, take any pain medication or anti-inflammatories, and should not drive a motor vehicle.

- All players with a suspected SRC should be assessed by a medical practitioner with appropriate training in SRC management (e.g., a Sport & Exercise Physician, Neurologist, Sports Doctor) within 3-4 days of the SRC event. However, emergency medical assessment needs to be sought if **any** of the following signs or symptoms are observed or develop:
    - Worsening headache.
    - Repeated vomiting.
    - Excessive drowsiness or inability to be awakened.
    - Seizures (arms and legs jerk uncontrollably).
    - Inability to recognize people or places.
    - Any behavioral change, increasing confusion, irritability.
    - Slurred speech, double vision.
    - Weakness or numbness in arms or legs.
    - Unsteadiness on feet.
    - Loss of consciousness at the time of injury.
- A player with a suspected SRC should have a minimum of 24-48 hours of *relative physical and cognitive rest*. (ie., minimise physical activity and screen time) before resuming (light) daily living activities. Current evidence suggests a quicker recovery from SRC with the appropriate resumption of light physical activity **Australian Institute of Sport Concussion and Brain Health and Position Statement 2024**[3].

Ongoing Rest and Recovery:

- Following a period of initial relative rest (i.e., minimise activity and screen time), a gradual return to school and/or work is advised, in addition to the Graded Return to Play Program (outlined below).
- Some signs and symptoms may not be evident initially and may develop during the various stages of the graded return. This is acceptable as long as the aggravation is mild and temporary, i.e., the symptoms return to baseline before the next exercise session and do not last more than one hour from pre-exercise levels. Longer or more severe symptoms warrant review by a medical practitioner.
- An upgrade to the next level of physical activity should not occur unless the aggravation that occurred at the lower level of physical activity has fully resolved and the symptoms were only brief and mild.
- The majority of adult SRC's resolve in a short period of time (7-10 days)[3]. A slower rate of recovery is observed in children and adolescents and a more conservative approach to SRC is required for those under 19 years of age. This conservative approach should apply when progressing a child or adolescent with mild or brief symptom aggravation to the next step of the Graded Return to Play Program i.e., if there is **any** uncertainty about symptoms, delay the next step.
- This conservative approach to the SRC management of players under 19 years of age also applies to the Advanced Health Care Graded Return to Train/Play (see below), which is only applicable to those aged 19 years and older.

5. Graded Return to Play

Following a suspected SRC, a player's return to training or playing (as applicable) should be as follows:

- A minimum of 21 days since the suspected SRC event occurred is required before **returning to match play** and is based on successful completion of all stages of the Graded Return to Play and School/Work Program. Importantly, this is also inclusive of having been symptom-free at rest for a minimum 14 days until **full contact training** is allowed. The 14 days is not calculated from the time of the concussive incident; rather, it is specifically 14 days from when the player becomes **symptom-free**. The day of the concussive incident is deemed as day 0 of the Graded Return to Play Program.

- The only exemption recommended to these time frames is strictly restricted to players aged 19 years and over and can only occur where there is access to an **Advanced Health Care Setting**.
- The Advanced Health Care Setting is defined as where a player has access to sideline medical care at training and matches, and consideration has been given to pre-season concussion baseline testing and there is ready access to a Club Doctor. This would include professional football teams and some semi-professional football clubs (e.g., NPL) that provide the specified level of medical care.
- In addition, a player aged 19 years and older can return to play earlier than 21 days if a medical assessment is undertaken within the 3-4 days after the suspected SRC event and then a re-assessment is performed by the same medical practitioner (e.g., Sport & Exercise Physician, Neurologist, Sports or Club Doctor) to provide clearance to play after successful completion of the Graded Return to Play Program. A report of the initial assessment and the re-assessment, as proof of clearance, will need to be provided to Club Management to allow a potential return to training/matches within an earlier time frame. Successful completion of all stages of the Graded Return to Play Program is still required and should have been monitored with written certification of this monitoring provided by a physiotherapist experienced in sport, and preferably concussion, to that medical practitioner who will provide the final medical clearance, if satisfied that it is appropriate to do so. Prior to commencing the next stage of the graded return to play program there should be at least 24 hours duration, and any symptom aggravation should return to baseline prior to starting the next activity level. In an *Advanced Health Care setting*, a minimum of 10 days symptom-free at rest since the SRC event is required before returning to **full contact training**.
- All players should commence and progress through the Adult Graded Return to Play Program or Children and Adolescents Graded Return to Play Program (as applicable), examples of time frames from the SRC incident which are provided below.

Further specific details are set out below.

Summary of Adult Graded Return to Play Program

STEP	ACTIVITY	TIME FRAME
1	Relative Rest and Recovery	24 – 48 hours
2	Resume Daily Living Activities	24 – 48 hours
3	Light Exercise	48 – 72 hours
4	Moderate Exercise	4 – 5 days
5	Running and Sport-Specific Drills	5 – 7 days
6	Sport-Specific Training Without Contact	7 – 14 days
7	Resume Full Contact Training	14 – 21 days (must be 14 days symptom-free at rest since SRC event)
8	Return to Competition	21 days. Only earlier with medical approval, having followed the Advanced Health Care Program (must be 14 days symptom-free at rest since SRC event)

Summary of Child/Adolescent Graded Return to Play Program (Under 19 years)

STEP	ACTIVITY	TIME FRAME
1	Relative Rest and Recovery	24 – 48 hours
2	Resume Daily Living Activities	24 – 48 hours
3	Light Exercise & Cognitive Work	48 – 72 hours
4	Moderate Exercise & Cognitive Work	4 – 5 days
5	Running and Sport-Specific Drills & Increase Cognitive Work	5 – 7 days
6	Sport-Specific Training Without Contact & Normal Cognitive Work	7 – 14 days
7	Resume Full Contact Training	14 – 21 days (must be 14 days symptom-free at rest since SRC event)
8	Return to Competition	Min. 21 days (must be 14 days symptom-free at rest since the SRC event)

NOTE: The time frames specified for progression through each Graded Return to Play Program step is a guide and is dependent on individual variability in a player's symptomatic response to an SRC episode. Symptoms may dictate a slower graded return. Importantly, for a community footballer, there must be a **minimum of 14 days** symptom-free at rest before a return to **full contact training** and a **minimum 21 days** from the SRC event before a return to **competitive match play** on the basis that the player was symptom-free at rest for a minimum of 14 days.

6. What to do following Repeated Sports Related Concussions?

All players suffering multiple SRCs in a season (>1 in 3 months) or across seasons (>2 in 12 months) need to be assessed by a specialist medical practitioner (e.g., Sport & Exercise Physician, Neurologist, Sports Doctor) experienced in SRC management.

Players suffering multiple SRCs should not return to partial or full play (match or training) until extensive clinical assessment has been conducted. Only after extensive specialist medical practitioner consultation and clearance should players participate in training or matches.

As a minimum, return to sport after a second concussion within three months, would be 28 days symptom-free before return to contact training and a minimum of six weeks from the time of the most recent concussion until return to competition. Being part of an "Advanced Care Setting" does not exclude the individual from following this longer recovery period. Clearance from a Health Specialist Medical Practitioner remains necessary in addition to these longer time frames.

More than two concussions within a 12-month period potentially could result in missing a full season of contact sport. Specialist Medical Practitioner assessment and clearance is necessary prior to returning to contact sport (match or training) in these circumstances.

7. Where to Seek Help and Additional Resources?

The following resources should be referred to for further information and support:

- Your club or personal medical doctor.
- Sport and Exercise Physician, Neurologist, Sports or Club Doctor (or hospital emergency department if emergency health care needed).
- (1) Consensus Statement on Concussion in Sport: The 6th International Conference on Concussion in Sport, Amsterdam, October 2022.
  (Consensus Statement on Concussion in Sport: The 6th International Conference on Concussion in Sport, Amsterdam, October 2022)
- (2) CRT6 – Concussion Recognition Tool 6.
  Assessment of concussion | Concussion in Australian Sport
- (3) AIS Concussion and Brain Health Position Statement, February 2024.
  Australian Institute of Sport Concussion and Brain Health and Position Statement 2024
- SCAT 6 – Sport Concussion Assessment Tool –6th Edition.
  Assessment of concussion | Concussion in Australian Sport
- Child SCAT6-Sport Concussion Assessment Tool (for children ages 5 – 12 years).
  Assessment of concussion | Concussion in Australian Sport
- SCOAT-6 – Sport Concussion Office Assessment Tool-6.
  Assessment of concussion | Concussion in Australian Sport
- Football Australia Adult Graded Return to Play Protocol.
  Community Sports Concussion Guidelines
- Football Australia Children and Adolescents Graded Return to Play Protocol.
  Community Sports Concussion Guidelines


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