



**NORTHERN
SUBURBS
FOOTBALL**
EST. 1957

NSPD12K - Concussion Policy

Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces. A concussion is a brain injury that is feared because it may affect memory, concentration, problem-solving and more. In real life, it is not at all easy to recognise that you have suffered a concussion. Contrary to common belief, you do not need to have lost consciousness to suffer concussion. You may be confused or unaware at the time, date or place for while after the injury, or you may have headache, dizziness, nausea and unsteadiness/loss of balance.

In general the majority (80 – 90%) of concussions resolve in a short (7 – 10) period, although the recovery frame maybe longer in children and adolescents.

Immediate visual indicators of concussion include:-

- 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
- Impact seizure or convulsion

Concussion can include one or more of the following symptoms:

- Symptoms: Headache. Dizziness, “feeling in a fog”.
- Behavioural changes: Inappropriate emotions, irritability, feeling nervous or anxious
- Cognitive impairment: Slowed reaction times, confusion/disorientation – not aware of location or score, poor attention and concentration, loss of memory for events up to and/or after the concussion.

Any athlete with a suspected concussion should be immediately removed from the play and should not be returned to activity until they are assessed by a qualified medical practitioner.

Players with a suspected concussion should not be left alone and should not drive a motor vehicle.

Only qualified medical practitioners should diagnose whether a concussion has occurred, or provide advice as to whether the player can return to play.

There should be no return to play on the day of concussive injury.

Following the clearance from a qualified Medical Practitioner for the player to return to play, the player should progress through a Graduated Return to Play Program (see Annexure 1 for guidelines).

In all cases, the Graduated Return to Play Program provides a minimum of 6 days before the player can play a competitive game.

Annexure 1 – Graduated Return to Play Program

Rehabilitation Level	Functional exercise at each stage of rehabilitation	Objective of each stage
Level 1 No activity, minimum 24 hours following the injury where managed by a medical practitioner, otherwise minimum 14 days following the injury	Complete physical and cognitive rest without symptoms. Only proceed to level 2 once ALL symptoms have resolved.	Recovery
Level 2 Light aerobic exercise during 24-hour period	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training. Symptom free during full 24-hour period.	Increase heart rate
Level 3 Sport-specific exercise during 24-hour period	Running drills. No head impact activities. Symptom free during full 24-hour period.	Add movement
Level 4 Non-contact training drills during 24-hour period	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training. Symptom free during full 24-hour period.	Exercise, coordination, and cognitive load
Level 5 Full Contact Practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
Level 6 After 24 hours return to play	Player rehabilitated	Recovered