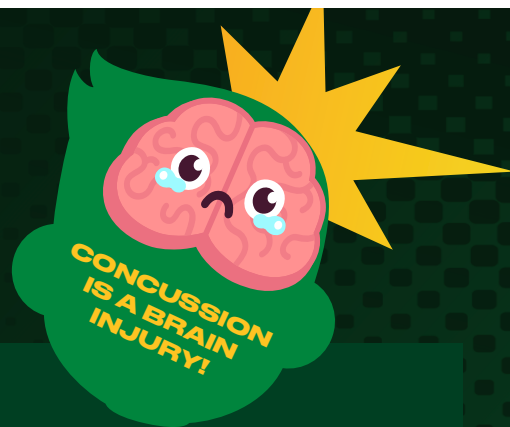


CONCUSSION MANAGEMENT



PREVENTION

5Es

- 1. EDUCATE** your team, club or school on concussions
- 2. ENFORCE** the laws, protocols and policies in your players
- 3. ENHANCE** your players' protection against concussion by preparing them properly for rugby
- 4. EQUIP** your players with the right information about what works and what does not
- 5. EVALUATE** your concussion prevention process and policies yearly to ensure that you remain up to date with what is expected at the time

IDENTIFICATION

6Rs

- 1. RECOGNISE** concussions
- 2. REMOVE** the player
- 3. REFER** them to a medical doctor to clear them of any complications, NOT for going back to rugby
- 4. REST** them completely for the first 24-48 hours
- 5. RECOVER** until sign and symptom free
- 6. RETURN** them to play, once they have gone through the rugby specific return to sport or 'individualised rehabilitation' process without any hiccups

MANAGEMENT

MEDICAL CLEARANCE STEPS:

1. Medical doctor clearance of complications straight after event.
2. Clearance to start the GRTS or 'individualised rehabilitation' Stages 4-6 and only once all symptoms have cleared.
3. Clearance to progress to full contact after completion of Stage 4 of GRTS or 'individualised rehabilitation'.

MADDOCKS' QUESTIONS

QUESTIONS YOU NEED TO ASK TO PLAYERS 13 YEARS OF AGE AND OLDER:

- What venue are we at?
- What team are you playing?
- What half is it?
- Who scored last in this game?
- Who did you play last week/game?
- Did your team win the last game?

QUESTIONS YOU NEED TO ASK CHILDREN AGED 5-12:

- Where are we now?
- Is it before or after lunch?
- What did you have last lesson/class? or Who scored last in this game?
- What is your teacher's/coach's name?

WHERE THERE IS ANY HESITATION, UNCERTAINTY OR ONE CANNOT VERIFY THE INFORMATION, HAVE THE PLAYER PERMANENTLY REMOVED FROM THE GAME OR TRAINING SESSION, AND SUSPECT A CONCUSSION.

SIGNS AND SYMPTOMS



WHAT YOU NEED TO LOOK FOR:

- Dazed, vacant or blank expression
- Lying motionless on the ground or very slow to get up
- Unsteady on feet
- Balance problems or falling over
- Poor coordination
- Loss of consciousness or lack of responsiveness
- Confused or not aware of plays or events
- Grabbing or clutching the head
- Convulsions
- More emotional or irritable

WHAT THE PLAYER MIGHT TELL YOU:

- Headache
- Dizziness
- Confusion or feeling slowed down
- Struggling with or blurred vision
- Nausea or vomiting
- Fatigue
- Drowsy, feeling in a fog or difficulty concentrating
- A feeling of pressure in the head
- Sensitivity to light or noise
- Memory loss for events before, during or after the game or practice

MONITORING: CONCUSSION REGISTER

1. Must be done by a responsible person at School or Club
2. Step by Step monitoring of progression through the rugby-specific GRTS or 'Individualised Rehabilitation' process
3. Recordal of medical steps and processes

NAME OF PLAYER	SURNAME OF PLAYER	TEAM PLAYED FOR	DIVISION	AGE	DATE OF BIRTH	COACH	DATE OF CONCUSSION/SUSPECTED CONCUSSION	DATE OF MEDICAL ASSESSMENT TO RULE OUT COMPLICATIONS	NAME OF MEDICAL DOCTOR	COMPULSORY RECOVERY STAND-DOWN PERIOD AWAY FROM CONTACT-RUGBY	MEDICAL CLEARANCE RECEIVED TO ENTER STAGES 4-6 OF 'INDIVIDUALISED REHABILITATION'	DATE OF MEDICAL ASSESSMENT CLEARANCE RECEIVED	DATE OF COMPLETION OF GRTS OR 'INDIVIDUALISED REHABILITATION' PROCESS	PROCESS SIGNED OFF & ACKNOWLEDGED BY COACH	DATE RETURNED TO FULL MATCH PLAY (MINIMUM OF 21 DAYS)
Yster	Nkosi	Senior Adult	B	24	May 14, 2000	A.F. Rigtger	August 1, 2024	August 2, 2024	Dr Con Cussion	2 weeks	Yes	August 15, 2024	August 20, 2024	Yes	August 22, 2024



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THE GRADUATED RETURN TO SPORT (GRTS) OR 'INDIVIDUALISED REHABILITATION' PROTOCOL

EACH STAGE PROGRESSION IS A **MINIMUM OF 24 HOURS**.



PLEASE USE A **COMMON SENSE APPROACH**. You don't need a handbook to identify a suspected concussion. If you suspect one, take the player off, it's really that simple.

STAGES 1-3

Operationally, Stages 1-3 of the individualised rehabilitation, forms part of the **two-week stand-down period** away from contact-rugby. During these stages, the player **may still experience some symptoms**. The day the player sustained the suspected or confirmed concussion is considered 'Day 0'.

STAGES 4-6

Stages 4-6 begins after completion of Stages 1-3 and the 2-week contact-rugby stand-down period. Stages 4-6 **prepare the player gradually for contact fitness** and to get them ready to play again. To start Stages 4-6, the player must have **no symptoms remaining**.

STAGE	REHABILITATION	OBJECTIVE	EXERCISE ALLOWED
1	SYMPTOM-LIMITED ACTIVITY (RELATIVE REST)	RECOVERY. GRADUAL REINTRODUCTION OF WORK/SCHOOL	<ul style="list-style-type: none"> Complete body and brain rest for the first 24-48 hours Daily activities that do not exacerbate symptoms (e.g., walking)
2	AEROBIC EXERCISE (20 MINUTES) 2A—LIGHT (UP TO APPROXIMATELY 55% MAX HR) THEN 2B—MODERATE (UP TO APPROXIMATELY 70% MAX HR)	INCREASE HEART RATE	<ul style="list-style-type: none"> Stationary cycling or walking at slow to medium pace May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms
3	INDIVIDUAL SPORT-SPECIFIC EXERCISE (25-30 MINUTES). NOTE: IF SPORT-SPECIFIC TRAINING INVOLVES ANY RISK OF INADVERTENT HEAD IMPACT; MEDICAL CLEARANCE SHOULD OCCUR PRIOR TO STAGE 3	ADD MOVEMENT, CHANGE OF DIRECTION	<ul style="list-style-type: none"> Sport-specific training away from the team environment (e.g., running, change of direction and/or individual training drills away from the team environment) No activities at risk of head impact Running drills
STAGES 4-6 SHOULD BEGIN AFTER THE RESOLUTION OF ANY SYMPTOMS, ABNORMALITIES IN COGNITIVE FUNCTION AND ANY OTHER CLINICAL FINDINGS RELATED TO THE CURRENT CONCUSSION, INCLUDING WITH AND AFTER PHYSICAL EXERTION			
4	NON-CONTACT TRAINING DRILLS	RESUME USUAL INTENSITY OF EXERCISE, COORDINATION AND INCREASED THINKING	<ul style="list-style-type: none"> Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training) Can integrate into a team environment May start progressive resistance training Player MUST be medically cleared at the end of this Stage before going to Full-contact training or Stage 5 If player remains sign and symptom-free for the full 24 hours, they then move onto Stage 5
5	FULL-CONTACT PRACTICE	RESTORE CONFIDENCE AND ASSESS FUNCTIONAL SKILLS BY COACHING STAFF	<ul style="list-style-type: none"> Participate in normal training activities If player remains sign and symptom-free for the full 24 hours, they then move onto Stage 6
6	RETURN TO MATCH PLAY/SPORT	RECOVER. NORMAL GAME PLAY	<ul style="list-style-type: none"> Player rehabilitated and can be progressively re-introduced into full match play

Mild and brief exacerbation of symptoms (i.e., an increase of no more than 2 points on a 0-10-point scale for less than an hour when compared with the baseline value reported prior to physical activity).

Athletes may begin Stage 1 (i.e., symptom-limited activity - relative rest) within 24 hours of injury, then moving to Stages 2 and 3 within the 14-day or 2-week stand-down period away from contact-rugby, with progression through each subsequent Stage thereafter typically taking a minimum of 24 hours.

If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0-10 scale) occurs during Stages 1-3, the athlete should stop and attempt to exercise the next day.

Athletes experiencing concussion-related symptoms during Stages 4-6 should return to Stage 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities.

Written determination of readiness to Return To Sport (RTS) should be provided by a medical doctor before unrestricted RTS as directed by local laws and/or sporting regulations.



Max HR, predicted maximal heart rate according to age (i.e., **220-age**).

NOTES:

- A player may only start the individualised rehabilitation Stages 4-6 once cleared by a medical doctor and all symptoms have cleared before, during, and after exercise in all three Stages 1-3
- In individualised rehabilitation Stages 4-6 a player may only progress to the next stage if no symptoms occur before, during, and after exercise in each stage
- A player must again be cleared by a medical doctor before starting full-contact training

EARLIEST RETURN TO SPORT:

= 2 weeks (14 days) stand-down period away from contact-rugby post injury + individualised rehabilitation. (May only be cleared for play earliest on Day 21 post injury)

COMPULSORY STAND-DOWN PERIOD AWAY FROM CONTACT-RUGBY POST CONCUSSION	CAUTION!	INDIVIDUALISED REHABILITATION	CAUTION!	NUMBER OF MISSED FULL WEEKS
Minimum of 2 weeks (14 days) off from contact-rugby , while starting the individualised rehabilitation Stages 1-3 , can even be longer if any signs or symptoms remain	CAUTION! Individualised rehabilitation Stages 4-6 can be started only if the player is symptom free and off medication that modifies symptoms of concussion. MEDICAL CLEARANCE REQUIRED	Individualised rehabilitation Stages 4-6 with progression to each next Stage if no symptoms experienced before, during, or after exercise, with a minimum duration of 24 hours per Stage	CAUTION! Contact Sport should be authorized only if the player is symptom free and off medication. MEDICAL CLEARANCE REQUIRED	Earliest Return To Sport = 2 weeks (14 days) stand-down period away from contact-rugby post injury + individualised rehabilitation. (May only be cleared for play earliest on Day 21 post injury)

CAUTION: Any player with a history of multiple concussions, players with unusual presentations or prolonged recovery should be assessed and managed by health care providers (multidisciplinary) with experience in sports-related concussions.

However, the medical doctor clearance is non-negotiable and must always be provided before entering the **individualised rehabilitation** Stages 4-6, and before starting full-contact training, regardless of who is available to manage or monitor the **individualised rehabilitation** process.



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