



Re: Independent Concussion Consultant review – elite rugby

World Rugby employed Independent Concussion Consultants (ICC) at RWC 2015 and 2019, where it was well received by team doctors. The process was introduced to support team doctors when a concussed player recovered quickly and was expected to return to play before the next game. A recent meeting of the World Rugby concussion working group has agreed to extend the use of an ICC across the elite game.

The Concussion Working Group has agreed to introduce this process to all Tournaments using the HIA and to expand this process to cover players who may be at higher risk for a complicated recovery or recurrence (following concussion) than their teammates and possibly require an extended return to play. Medical teams may stratify these players' risk based on their clinical and concussion history. For the avoidance of doubt, the two categories where an ICC review is required are as follows:

1. If a player has a confirmed concussion and return to play within or on the 10th day is expected, then the Team Doctor must seek an Independent Concussion Consultant opinion regarding this return to play.
2. Concussed players identified as high risk for a complicated recovery or recurrence **must** seek an Independent Concussion Consultant opinion regarding their return to play irrespective of the expected time for a return to play. This is a clinical decision, but examples of risk factors for complicated recovery or recurrence include:
 - a. Players who have a second concussion within the last 3 months
 - b. Players who have experienced a third (or more) concussion within the last 12 months.
 - c. If this the player's 5th (or more) concussion since starting to play rugby.

Team Doctors should also consider ICC review where a player's recovery from past concussions is atypical such as: lowered concussion thresholds and emotional state or any other concerns indicating a more conservative approach is indicated. These areas are described briefly below and may indicate a need for a referral to the ICC.

A comprehensive concussion history should investigate the following areas, and where the team physician has a concern, a conservative approach is advised and where there is doubt, referral to an ICC is recommended.

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1. What was the recovery period for the player's last concussion? Longer recovery (> 21 days) may indicate a need for a more conservative approach and increases in this period in the same player also require a more conservative approach.
2. Has there been a perceived decrease in concussion threshold in the opinion of the treating team physician?
3. Has the player reported any concerns about their health e.g., mood disturbance, anxiety, or diminished motivation during recovery?

The Concussion Working Group identified that a return to play following a concussion required greater clarification. This group considered altering the mandated GRTP structure and timing but decided that the introduction of this ICC process would be more appropriate, supporting individualised care during a return to play following a concussion. This ICC process supports a return to play based on a player's injury profile and risk.

The process outlined in the accompanying [document](#) will apply to all elite competitions that employ the Head Injury Assessment (HIA) process with World Rugby funding the use of independent experts in this process.

We have created a list of experts who have worked in this role in the past. We encourage Unions and competitions to nominate independent experts in their region, particularly non-English speaking experts. Proposed experts will be assessed for suitability and added to the available list.

Doctors requesting an ICC review must complete an application form [available](#), this will be available on CSX in due course but will require completion in the interim.

Sincerely,

A handwritten signature in black ink, appearing to read "Eanna Falvey".

Prof Éanna Falvey
Chief Medical Officer

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