FFA Concussion Guidelines

1. BACKGROUND

This document sets out the guiding principles and provides general advice regarding the management of concussion in football in Australia.

These Guidelines have been produced by Football Federation Australia (***FFA***). FFA has adopted the Consensus Statement on Concussion in Sport: The 4th International Conference on Concussion in Sport held in Zurich, November 2012 (see 'Resources' below). This statement was produced in conjunction with Fédération Internationale de Football Association (***FIFA***), and has also been adopted by FIFA.

These Guidelines are of a general nature only. Individual treatment will depend on the facts and circumstances specific to each individual case. These Guidelines are not intended as a standard of care and should not be interpreted as such.

These Guidelines will be reviewed regularly by FFA and will be modified according to the development of new knowledge. The latest version of these Guidelines can be found here: http://www.footballaustralia.com.au/insideffa/statutes

2. DEFINITION

Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces (See page 1 of the Consensus Statement on Concussion in Sport: The 4th International Conference on Concussion in Sport for a more detailed definition).

3. RECOVERY

The majority (80-90%) of concussions resolve in a short (7-10 day) period, although the recovery frame may be longer in children and adolescents.

4. SIGNS OF CONCUSSION

Immediate **visual indicators** of concussion include:

(a) Loss of consciousness or responsiveness;
(b) Lying motionless on the ground/slow to get up;
(c) A dazed, blank or vacant expression;
(d) Appearing unsteady on feet, balance problems or falling over;
(e) Grabbing or clutching of the head
(f) Impact seizure or convulsion

Concussion can include one or more of the following **symptoms**:

(a) Symptoms: Headache, dizziness, "feeling in a fog".
(b) Behavioural changes: Inappropriate emotions, irritability, feeling nervous or anxious.
(c) 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.

The Pocket Concussion Recognition Tool may be used to help identify a suspected concussion (see 'Resources' below).

5. REMOVE FROM PLAY

Any athlete with a suspected concussion should be **immediately removed from 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 a concussive injury.

6. MEDICIAL ASSESSMENT

A qualified Medical Practitioner should:

(a) Diagnose whether a concussion has occurred – based on clinical judgement;
(b) Evaluate the injured player for concussion using SCAT 3 (or Child – SCAT 3) or similar tool (see 'Resources' below);
(c) Advise the player as to medical management;
(d) Advise the player as to when it is appropriate to begin a Graduated Return to Play Program (Annexure 1 to these Guidelines).
(e) Clear the player to return to play following the graduated RTP program

7. RETURN TO PLAY

Following 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 to these Guidelines).

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

8. RESOURCES

(a) Consensus Statement on Concussion in Sport: The 4th International Conference on Concussion in Sport held in Zurich, November 2012 (McCrory et al), found here: http://bjsm.bmj.com/content/47/5/250.full
(b) Pocket Concussion Recognition Tool, found here: http://bjsm.bmj.com/content/47/5/267.full.pdf
(c) SCAT 3 – Sport Concussion Assessment Tool – 3rd Edition, found here: http://bjsm.bmj.com/content/47/5/259.full.pdf
(d) Child-SCAT3- Sport Concussion Assessment Tool (for children ages 5-12 years), found here: http://bjsm.bmj.com/content/47/5/263.full.pdf
(e) Graduated Return to Play Protocol (Annexure 1 to these Guidelines)

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