



# CONCUSSION (Agreed by Clane GAA, January 2017)

## INFORMATION SHEET FOR COACHES / PARENTS

### WHAT IS IT?

A concussion is a brain injury that is associated with a temporary loss of brain function. The injury must be taken seriously to protect the long term welfare of all players. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth.

### SIGNS AND SYMPTOMS

Most concussion injuries occur without a loss of consciousness and so it is important to recognise the other signs and symptoms of concussion. Some symptoms develop immediately while other symptoms may appear gradually over time.

- |                          |                            |
|--------------------------|----------------------------|
| • Loss of consciousness  | • Headache                 |
| • Seizure or convulsion  | • Dizziness                |
| • Balance problems       | • Confusion                |
| • Nausea or vomiting     | • Feeling slowed down      |
| • Drowsiness             | • “Pressure in head”       |
| • More emotional         | • Blurred vision           |
| • Irritability           | • Sensitivity to light     |
| • Sadness                | • Amnesia                  |
| • Fatigue or low energy  | • Feeling like “in a fog”  |
| • Nervous or anxious     | • Neck Pain                |
| • “Don’t feel right”     | • Sensitivity to noise     |
| • Difficulty remembering | • Difficulty concentrating |

**“Presence of any one or more of the above signs and symptoms may suggest a concussion”**

### ACTION PLAN

**R**ecognise – the symptoms and signs

**R**emove – the player if suspicious and refer to a doctor

**R**eiterate - key messages

1. Take time to recover
2. Follow a medically supervised Graduated Return to Play Protocol (GRTP)
3. Seek medical clearance before returning

### DANGERS

A player’s brain needs time to heal after a concussion. When a player’s brain is still healing, it is more likely to receive another concussion. Repeat concussions can increase the time it takes to recover and in rare cases, repeat concussions in young players can result in brain swelling or permanent damage to their brain. They can even be fatal.

### COPING

The following are some tips for coping with a concussion:

#### **Rest**

The best medical management for concussion is rest (Cognitive and Physical). Players often feel tired and may experience difficulties at work or school when carrying at task which require concentration. Players may also encounter mood difficulties and feel depressed, anxious or irritable with family or team mates. Support should be provided to players during this recovery period.

## Avoid Alcohol

Alcohol should be avoided as it may delay recovery and put you at increased risk for further injury.

## Prescribed Medications

When dealing with persistent symptoms, it is essential that players only take medications prescribed by their doctor.

## Patience

Recovery from concussion should not be rushed nor pressure applied to players to resume playing until recovery is complete. The risk of re injury is high and may lead to recurrent concussion injuries which can cause long term damage.

## RETURN TO PLAY

If diagnosed with concussion, a player should NEVER return to play on the day of injury. Return to play must follow a medically supervised stepwise approach and players MUST NEVER return to play whilst symptoms persist.

### GRADUAL RETURN TO PLAY PROTOCOL

1. There should be an initial period of 24-48 hours rest after a concussion. This period should be **two weeks rest** for players aged 5 to 18.
2. RTP protocols following concussion follow a stepwise approach. Players should continue to proceed to the next level if no symptoms persist at the current level.
3. Generally each step should take 24 hours so players would take approximately one week to proceed to full rehabilitation once they have no symptoms at rest.
4. If any post-concussion symptoms occur during the GRTP, players should drop back to the previous asymptomatic level and try to

progress again after a further 24 hours period of rest has passed.

5. Clearance from a medical doctor is required prior to return to full contact sports.

**Table 1 Gradual Return to Play Protocol**

Rehabilitation Stage	Functional exercise at stage	Objective of stage
1. No Activity	Physical and Cognitive Rest	Recovery
2. Light Activity	Walking, swimming, cycling, keeping intensity <70% maximum permitted heart rate	Increase HR
3. Sports Specific Exercise	Running drills,	Add Movement
4. No Contact Training Drills	Progress to more complex training drills - passing drills, progressive resistance training	
5. Full Contact Practice	Following medical clearance, participate in normal training activities.	Exercise, coordination and cognitive load
6. Return to play	Normal game play	Restore confidence and assess functional skills by coaching staff

## RESOURCES

- [CONCUSSION MANAGEMENT GUIDELINES 2013-2016](#)
- [INFORMATION SHEET FOR PLAYERS](#)
- [POSTER](#)
- [E-LEARNING COURSE ON CONCUSSION AWARENESS](#)

To access these resources, please visit – [learning.gaa.ie/player](http://learning.gaa.ie/player)

For more information on concussions, visit [www.concussion.ie](http://www.concussion.ie) or [www.gaa.ie/returntoplay](http://www.gaa.ie/returntoplay)