NBL1 South Concussion Policy

Introduction

In considering the best management of sport-related concussion (SRC), the priority remains the short- and long-term welfare of the player.

Concussion is a traumatic brain injury, induced by biomechanical forces to the head, or anywhere on the body, which transmit an impulsive force to the head. It causes short-lived neurological impairment and the symptoms may evolve over the hours or days following the injury. The symptoms generally resolve without specific medical intervention. Rest, followed by gradual return to activity, is the main treatment. Return to play should be overseen and written medical clearance must be supplied by a qualified medical professional, preferably with experience in the management of concussion.

General

1. Minimum Medical Standards

   All Club medical/team staff (incl physiotherapist) must be familiar with the:

   a. NBL1 South Concussion Policy and
   b. location of an AED at the venue and how to use it.

2. Medical Facilities, Equipment and Information

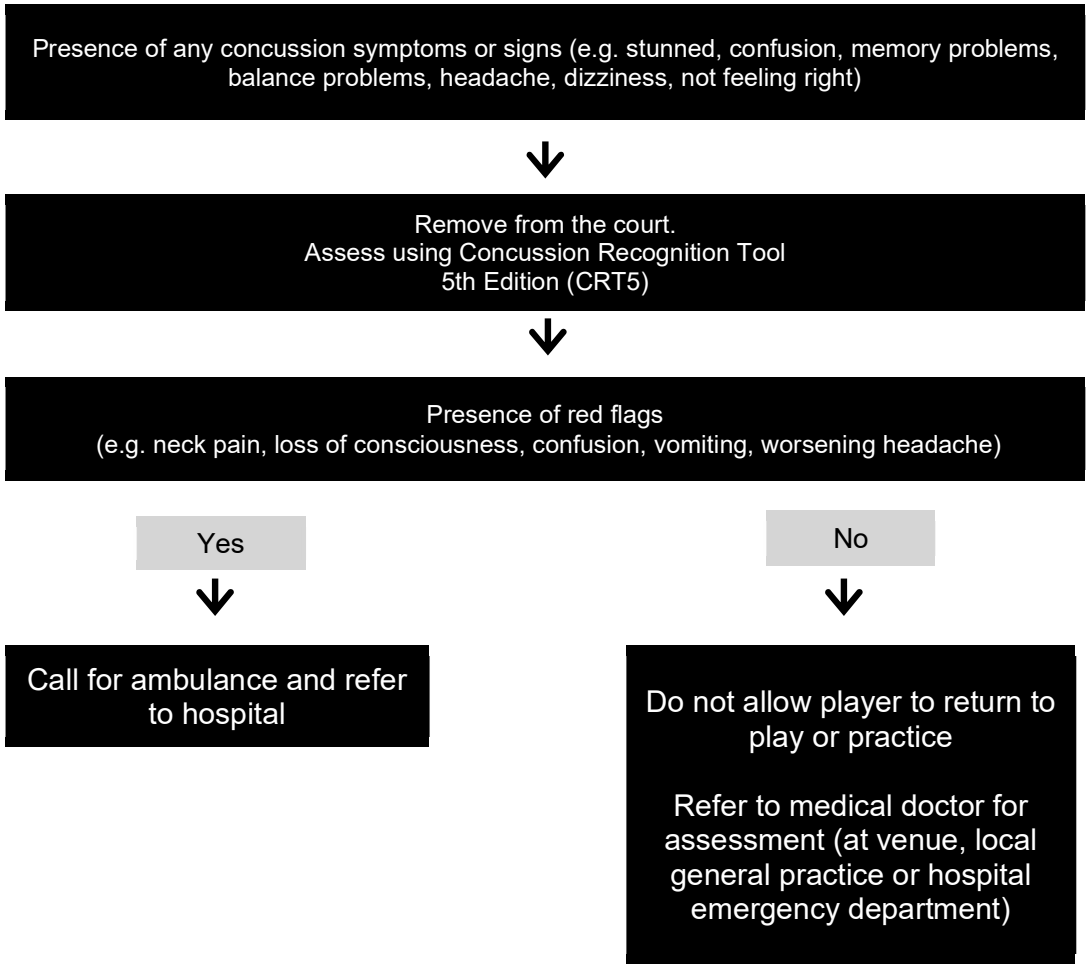
   a. Clubs must ensure the following medical facilities and equipment are available: First aid room facilities consistent with the capabilities and requirements of the particular medical staff in attendance at games & training, including ideally:
      i. a stretcher and cervical collar (to **ONLY** be used by appropriately trained staff that know how to assess and use correctly) and
      ii. an accessible automated external defibrillator (AED) which must be maintained.
   b. Clubs must ensure a representative of the team in attendance at each training session and game has available to them:
      i. the NBL1 South provided list of the nearest hospital emergency department location and contact details for game venues and the same Club provided information for relevant training venues;
      ii. an emergency contact number for each player and
      iii. hardcopies of the Concussion Recognition Tool (Refer References) to provide to relevant affected persons.

Concussion Management Guidelines

1. Introduction

Any Player with a diagnosed or suspected concussion **cannot continue to play in that game (or continue to train) and must be cleared by their Doctor before returning to full training or playing, with a written medical clearance. Do not be swayed by the opinion of the player, coaching staff or others suggesting premature return to play. The Club physiotherapist should also be comfortable that the player has fully recovered and is fit to return to play.**

2. Concussion Management



a. **Diagnosis**

i. The diagnosis of concussion is clinical, based upon a knock to the head or neck region and the presence of symptoms suggestive of neurological dysfunction. These might include loss of consciousness, convulsions or difficulty balancing or walking. Other symptoms and signs are less obvious but may include headache, sensitivity to light or noise, nausea, poor concentration or memory. Text Box 1: Symptoms of Concussion contains a list of symptoms, however a full list of possible symptoms and signs can be found in the Sports Concussion Assessment Tool, SCAT 5 (Refer References).

Text Box 1: Symptoms of Concussion.

Immediate and obvious signs of concussion, directly observed or on video review:

1. Loss of consciousness or prolonged immobility
2. No practice time action in fall to floor
3. Impact seizure or tonic posturing one or more limbs
4. Confusion, disorientation
5. Memory impairment
6. Balance disturbance or ataxia
7. Player reports concussion symptoms
8. Dazed, blank stare, not their normal selves
9. Behaviour change atypical of the Player

The player should be immediately removed from play and take no further part in the game.

ii. The Concussion Recognition Tool (Refer References) is a simple guide outlining how to recognise and manage concussion. This can be used by team medical staff, other team members, coaches, referees or family members, unlike the Sports Concussion Assessment Tool, SCAT 5, which can only be used by a registered medical doctor.

iii. If a video of the incident is available this can be reviewed as a part of the initial assessment to determine the mechanism of injury and the presence or absence of immediate signs of concussion.

b. **Game Management**

i. Any player with a suspected or confirmed concussion must be removed from play for a medical assessment. If a concussion is confirmed, **the player cannot return to play in that game. If there is any doubt, the player must not return to play that day. If there is no medical staff member on site, the player must be removed from play and sent for a medical assessment.**

ii. In all head trauma cases **first aid principles** still should apply including **emergency referral if there is suspicion of spinal injury (neck pain or weakness/tingling/burning in the arms or legs), increasing confusion, repeated vomiting, seizures or deterioration of conscious state, the player must not be moved and an ambulance called if there is no suitably qualified medical practitioner available.**

iii. Assessment and management of head and spinal injury is difficult for non-medical personnel. In the early stages of injury, it is often not clear whether the condition is a concussion or there is a more severe underlying structural head or neck injury. If there is any doubt the player should not be moved and an ambulance called, with the ambulance personnel being responsible for removal of the player.

iv. All NBL1 Club medical and team staff members should be familiar with the Concussion Recognition Tool. The assessment should be made off court, in a quiet area, i.e. change room. In some cases, the assessment can be delayed to half or full time to enable a more thorough assessment, as long as the player is not permitted to play in the interim and is monitored to ensure there is no deterioration of mental state or development of symptoms.

v. If a concussion is excluded after a full assessment by a qualified medical practitioner, the player can return to play but must be regularly monitored for symptoms. If there is no qualified medical practitioner on site, which is likely in NBL1 games, then any player with suspected or confirmed concussion must be assessed by a qualified medical practitioner before being allowed to return to play/train.

vi. For this reason, ALL players with a suspected concussion need an urgent medical assessment (with a registered medical doctor). This assessment can be provided by a medical doctor present at the venue, local general practice or hospital emergency department. If a doctor is not available at the venue, then the player should be transferred to a local general practitioner or hospital emergency department.

vii. Concussion is a clinical syndrome that can have a delayed onset or evolve over time. The player should be instructed on what symptoms and signs to look for and instructed to report these should they occur.
The responsible team representative must provide the player and their nominated emergency contact with a copy of the Concussion Recognition Tool document to assist with recognising potentially evolving signs and symptoms to look for as a result of an incidence of concussion.

viii. All details of the clinical assessment should be stored with all other confidential medical records.

c. **Emergency Care**

i. A player diagnosed with concussion should have a thorough neurological examination to exclude more serious structural injuries to the brain, head and neck. If there are signs of a more serious condition being present, then the player should be immediately transferred to a hospital. Signs suggesting a more serious injury might include repeated vomiting, altered conscious state, convulsions, severe headache, altered sensation in the arms of legs, doubled or blurred vision or a deterioration of any of these with time.

ii. The SCAT5 is a multimodal assessment and is the recommended concussion assessment tool. **HOWEVER** it should only be used in addition to the usual medical assessment of an injured player and **only performed by a registered medical doctor.** If one is not in attendance then the SCAT5 should not be used.

d. **Return to Play**

i. A concussed player will require a **written medical clearance** from a suitably qualified medical professional for full clearance to return to training and playing, and is not allowed to return to play or training on the day of the injury.

ii. A period of physical and cognitive rest for 24-48 hours after a concussion is required, following which, if the player is asymptomatic, they can start a graduated return to training program

iii. Text Box 2: Graduated Return to Play (GRTP) provides a typical Graduated Return to Play plan, however it must be prescribed by a suitably qualified medical practitioner.
Usually a player will recover in 7 to 10 days but this can vary from individual to individual. There is, however, considerable variation in recovery times, and in rare cases, the player might be cleared to play and train sooner. This will only be at the discretion of a suitably qualified medical professional with a written medical clearance.

Text Box 2: Graduated Return to Play (GRTP).

Graduated Return to Play — each stage to take at least 24 hours, can be longer

1. Symptom limited activity - daily activities that do not provoke symptoms
2. Light aerobic exercise, such as walking, slow jog or stationary bike
3. Simple basketball skills such as free throws and shooting
4. Light training for a limited time and with no body contact, e.g. half court scrimmage for 20 30 minutes followed by basketball skills
5. Full scrimmage with written medical clearance to train and play
6. Return to play

Any return of symptoms requires a return to the previous level of activity for 24 hours

iv. The timeline to return to is likely to be longer in adolescence, where a more conservative approach is important, as it is recognised that recovery from concussion tends to be slower in this group. In general, a more conservative approach (i.e. longer time to return to sport) is used in cases where there is any uncertainty about the player's recovery (**"if in doubt, sit them out"**).

v. From a practical perspective in instances where there is no Club doctor, likely at NBL1, the player will require at least two medical assessments. The first to confirm the diagnosis and commence the rehabilitation and the second to clear the player for full training and play.

e. **Difficult Concussion**

i. If the condition continues for more than 3 weeks with the persistent symptoms, the players doctor could consider a referral to a neurologist, neurosurgeon or other specialist in the management of concussion. The player may be referred for a full neuropsychological assessment and may require a standard MRI to exclude structural brain damage. Other investigations will be undertaken as determined by the specialist examination. The Club should facilitate referral to a specialist upon specific request by the player.

ii. In difficult cases the specialist neurologist is responsible for clearing the Player to return to full training and competition.

References

Concussion consensus statement implementation 2017
https://bjsm.bmj.com/content/51/11/838

https://www.sportaus.gov.au/__data/assets/pdf_file/0005/683501/February_2019_-_Concussion_Position_Statement_AC.pdf

SCAT5
https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf

Concussion Recognition Tool
https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097508CRT5.full.pdf

Concussion in Sport Australia Website
https://www.concussioninsport.gov.au