

# Concussion

## Recognising the signs

A pocket-guide to recognising the signs and symptoms of concussion and what to do next.



# What you should do:

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## Recognise

the signs and symptoms of concussion

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## Remove

the person from sport/activity

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## Refer

them to a health practitioner for assessment. Those with RED FLAGS must seek urgent medical help (go to A and E or hospital or call 111 for an ambulance).



# Recognise

## the signs and symptoms of concussion

Members of the persons whānau and wider community (parents, coaches, team-mates, sporting organisations) have an important role in observing possible concussion and its effects (e.g. behaviour/ symptoms) and should take responsibility for removing the injured person from the sport/activity.



## Physical signs (what you see)

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- Loss of consciousness or responsiveness
- Falling unprotected to the ground
- Lying motionless on the ground or slow to get up
- A dazed, stunned, blank or vacant expression
- Appears confused or disorientated
- Appears unsteady on feet, balance problem or falling over
- Visible facial or head trauma
- Grabbing/clutching of head
- Impact seizure or convulsion

## Memory (what they say)

Failure to answer any of these questions correctly may suggest a concussion.

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- “What venue are we at today?”
- “Which half/quarter is it now?”
- “Who scored last in this game?”
- “What team did you play last week/game?”
- “Who won the match last week?”

# Clinical symptoms (what they feel)

If any of the following symptoms appear, concussion may be present.

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## Physical symptoms

- Headache
- Pressure in head
- Balance problems
- Blurred/double vision
- Neck pain
- Nausea/vomiting
- Dizziness
- Sensitivity to light &/or noise
- ‘Don’t feel right’
- Fatigue
- Drowsiness

## Changes in emotions

- More emotional
- Inappropriate emotions
- More irritable
- Sadness
- Nervous or anxious

## Changes in thinking

- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like “in a fog”
- Confusion



# Remove

## the person from the play

It is unanimously agreed that a person should never return to competition/training/activity on the day of a suspected or confirmed concussive injury.

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### **To help an unconscious person:**

- DRSABC (Danger, Response, Send for Help, Airway, Breathing, Circulation).
- Treat all unconscious people as though they have a spinal injury.
- An unconscious person must ONLY be moved by personnel trained in spinal immobilisation techniques, unless the (person) is in immediate danger.
- Do not remove a helmet until trained personnel are present.
- Urgent hospital care is necessary if there is concern regarding the risk of structural head or neck injury — call 111.



# Refer

**them to a health practitioner  
for assessment**

Anyone with a suspected head injury needs to be seen and assessed by a health practitioner.

Only health practitioners should diagnose a concussion, assess the risk for other injury or provide advice as to whether the person can return to sport/activity.



What happens next:

# Recover and return

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**RECOVER** This should be guided by a health practitioner experienced in ongoing concussion management. **RETURN** to education/work needs to be graduated, and school/work activities altered to reflect the persons level of function.

A person must have a minimum of 21 days away from full competition following concussion and must complete a graduated return to sport protocol.

# Graduated return to sport protocol

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Day 0 = Day of the injury/concussion

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## Stage 1

Days 1-2

Relative Rest for 24-48 hours (i.e light activities of daily living that do not provoke symptoms are ok)

- Minimise screen time
  - Gentle exercise (i.e. walking around the house)
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## Stage 2

Minimum of 24 hours between stages before progressing

Gradually introduce daily activities

- Activities away from school/work (introduce TV, increase reading, games etc)
  - Exercise — light physical activity (e.g. short walks outside)
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## Stage 3

Symptoms should be progressively improving.

Increase tolerance for mental & exercise activities

- Increase study/work-related activities with rest periods
  - Increase intensity of exercise guided by symptoms
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## Stage 4

If symptoms worsen drop back a stage.

Return to work/study & sport training

- Part time return to work/education
  - Start training activity without risk of head impact
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**Stage 5**

Earliest Day 14

Return to normal work/study &amp; sport-specific training

- Completion of Stages 1- 4 AND
- Fully reintegrated into work or school AND
- Symptom free at rest for a minimum of 14 days
- AND  $\geq$  Day 14 post-injury = reintegration into full sport-specific training can occur

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**Stage 6**

Earliest Day 21

Return to sport competition

- Completion of Stage 5 AND
- Symptom free during sports training
- AND  $\geq$  Day 21 post-injury
- Whilst not mandated, it is strongly recommended for the person to have received clearance from a health practitioner experienced in concussion management.

# Red Flags

## (seek urgent medical help)

Seek URGENT medical help (either go to A&E or call 111 for an ambulance) if the person has any of the following:

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- Loss of consciousness or seizures
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Weakness in arms or legs
- Seizure or convulsion
- Double or blurred vision
- Report of neck pain or spinal cord symptoms — numbness tingling, muscle weakness
- Personal medical history of bleeding disorder or regular medication use that could result in prolonged bleeding (e.g. Warfarin, Aspirin)
- Visible skull deformity

[acc.co.nz/concussion-in-sport](https://acc.co.nz/concussion-in-sport)