



Rugby Head Injury/ Concussion

Players Name : _____

Date of Injury : _____

Head Injury/Concussion Information

You have sustained a head injury today. I am satisfied that this does not appear to be serious, however I would like you and the person looking after you to observe the following points until you are fully recovered :-

- **No alcohol or sedatives for 48hrs (this can mask any change in your condition).**
- **With rest, it is expected that recovery will be uneventful, but may take some days.**
- **Mild headache and an increased need to sleep are not uncommon after a head injury.**
- **Simple painkillers (e.g. Paracetamol) can help but do not reduce the need for rest.**

For the attention of the person looking after you :-

Do not be confused between normal sleep and unconsciousness – someone who is unconscious cannot be woken up – you need to be satisfied that they are reacting normally to you.

IMPORTANT – If any of the following occur :-

- **Increased drowsiness / Difficulty in awakening**
- **Speech difficulties**
- **Vision upset (blurring, double vision, increased light sensitivity)**
- **Weakness of any Limb**
- **Vomiting (more than once)**
- **Dizziness**
- **Neck stiffness**
- **Increasing headache (not responding to simple painkillers)**
- **Unusual behaviour or symptoms**

Please take the player to the Accident and Emergency Department at your nearest hospital or arrange for a Doctor to see them as soon as possible.

Players will not be allowed to return to contact sport until they have been assessed and told they are fit to play by a specialist Doctor and they complete the recommended return to training protocols (protocol is on SRU website). See reverse page for U19's and GRTS details.

Date: _____ Signed: _____ Print name: _____

Dr / Physiotherapist / Medic / Nurse / Trainer with _____ Team

Concussion Management for Players

- An initial period of at least 24 - 48 hours of both relative physical rest and cognitive rest is needed before beginning Stage 1 of the RTS (Return to Sport also known as GRTP) progression.
- Rest from playing or contact training for a **minimum of two weeks following cessation of symptoms** in adults, children and adolescents (U 19's) before starting Stage 2 RTS.
- Adults need written clearance by a SRU Medical approved Sport's Physician to start Return to Play protocols if shorter time frames are used.
- A graduated return to sport (RTS) must be completed after the "rest from playing" period.
 - for **ALL** players diagnosed with a concussion.
 - for **ALL** players even suspected of having a concussion during a game or training at which there is no appropriately qualified person present to do an assessment.
- Senior players should have **at least 24 hours (or longer)** for each step of the progression.
- U19's players must have a **minimum 48 hrs** between each RTS stage.

World Rugby recommends that a trained medical practitioner or trained and approved healthcare professional supervises the RTS and **confirms** that the player can take part in full contact training before entering Stage 5.

RETURN to SPORT (RTS)

Stage	Aim	Activity	Goal of each stage
1	Symptom-limited activity Mandatory minimum 14 days following the injury	Daily activities that do not provoke symptoms.	Gradual reintroduction of work /school activities.
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training.	Increased heart rate.
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement
4	Non-contact training drills	Harder training drills, eg, passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play	Return to Sport

* NOTE. If any symptoms worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest). If symptoms are persistent (e.g. more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion.