



A GUIDE TO **CONCUSSION** IN AMERICAN FOOTBALL

The aim of this guide is to provide information on concussion to those involved in American Football in Ireland.

- Concussion **MUST** be taken extremely seriously.
- Any player with a suspected concussion **MUST** be removed immediately from training/play and not return.
 - They should be medically assessed.
- They **MUST** not be left alone and **MUST** not drive a vehicle.



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2020

Why **MUST** concussion be taken extremely seriously ?

Ignoring the signs and symptoms of concussion may result in a more serious brain injury, a prolonged recovery period or in rare occasions, death.

The potential for serious and prolonged injury emphasises the need for comprehensive medical assessment and follow-up until the concussion has fully resolved. Returning to play before complete resolution of the concussion exposes the player to recurrent concussions that might take place with ever decreasing forces.

Repeat concussions could mean that a player has to stop playing all contact sports earlier than expected and may have some potential to result in permanent neurological (brain) impairment.

There is no such thing as a minor concussion or 'knock to the head'.

What is concussion?

Sports related concussion is a traumatic brain injury that is caused by a direct force to the head or a force elsewhere in the body which is transmitted to the head. Concussion results in temporary impairment of brain function

What causes concussion?

Concussion can be caused by a blow to the head or from a whiplash type movement of the head and neck that can occur when a player is tackled or collides with another player or the ground. Immediately following a suspected concussion, the brain is susceptible to further significant damage of another impact.

Therefore the player MUST be immediately removed from activity and MUST NOT return until they have completed the Graduated Return To Play (G RTP) protocol.

Concussion Facts:

- You **DO NOT** have to lose consciousness to suffer from a concussion.
- The effects of concussion **CANNOT BE SEEN** on standard x-ray, CT scan or MRI.
- Concussion can occur in a **GAME OR AT TRAINING**.
- The onset of the effects of concussion **MAY BE DELAYED** for up to 24-48 hours.
- Most doctors would argue that the **PHYSICAL BENEFITS OF TAKING PART IN** contact sports outweigh the potential risks associated with sports related concussion.

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How to recognise a concussion

What you may see when the player is on the field:

- Loss of consciousness / Lying motionless on ground
- Grabbing / clutching head
- Slow to get up
- Unsteady on feet or falling over
- Seizure or convulsion

When you talk to the player they may be:

- Confused
- Disoriented
- Nervous / anxious / irritable
- More emotional / angry / crying / sad
- 'just not themselves'

What the player may complain of:

- Headache
- Dizziness
- Nausea (feeling sick) or vomiting
- 'Pressure in head'
- Blurred vision
- 'Doesn't feel right'
- Confused or can't remember
- Feeling like 'in a fog'
- Sensitivity to light

Later on (at home or next day), player may complain or you may notice

- Any of the above mentioned
- Drowsiness
- Fatigue of low energy
- Amnesia
- Trouble sleeping
- Trouble concentrating
- Feeling slowed down
- Slowed reaction times

The signs and symptoms of concussion usually start at the time of the injury but the onset of these may be delayed for up to 24-48 hours. Parents/Guardians, family members and friends should be aware of the signs and symptoms of a concussed player. **If a player has ANY ONE of the signs and symptoms they MUST be immediately removed from activity and MUST NOT return until they have completed the Graduated Return To Play (G RTP) protocol**

What to do if you suspect a concussion:

• Recognise & Remove

If, at any point during a match or training, a player is concussed or has a suspected concussion, that player must be immediately and permanently removed from the field of play. This is known as 'recognise and remove'.

• The player MUST NOT be left alone

A player with suspected concussion should be left in the care of a responsible adult who has been informed of the player's suspected concussion.

• The player MUST NOT drive a vehicle

• The player MUST NOT consume alcohol

• The player should be medically assessed as soon as possible

• The player MUST NOT return to play before completing the Graduated Return to Play (G RTP) protocol

All concussion **MUST** be reported to the IAFA Commissioner as soon as possible (details found on the AFI website at www.americanfootball.ie/concussion)

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What the coach must do:

- Safely remove player from field of play.
- Observe or assign responsible adult to monitor player.
- Ensure player gets home safely.
- Handover to responsible adult.
- If player is U18 contact parent or guardian to inform of injury.
- Ensure an AFI concussion report form is completed.
- Follow the AFI GRTP.

What the player must do:

- Stop playing / training if you feel you have a suspected concussion.
- Be honest with how you feel and report to coach or parent.
- Inform your school / work.
- Follow the AFI GRTP.
- Encourage a teammate to be honest and report symptoms if they have a suspected concussion.

What the parent/ guardian or family member must do:

- Ensure you have full details of the incident.
- Get player medically assessed.
- Monitor player for signs and symptoms of concussion for 48h.
- Encourage mental and physical rest for first 24h to 48h.
- Inform school/work/other sports of the suspected concussion.
- Ensure player follows the AFI GRTP.

Following suspected concussion or a concussion, how does the player return to play?

The player should avoid activities that require concentration or attention until symptoms have been absent for a minimum of 24 hours. Symptoms may be masked by medications such as headache tablets, anti-depressants and/or sleeping medication and caffeine. The Graduated Return To Play (GRTP) of a player following a concussion should be undertaken on an individual basis with the full cooperation of the player.

GRTP LENGTH			
AGE GROUP	MINIMUM REST PERIOD CONCUSSION	GRTP	MINIMUM TIME OUT
U16's - U20's*	1-2 Days	21 Days	23 Days
ADULT	1-2 Days	19 Days	21 Days

* under age (U16's - U20's) players playing adult American Football must follow age group guidelines

Players may not return to play until:

1. Are symptoms free
2. Have completed the GRTP
3. Have sought medical clearance to return
4. Have returned to learn/work

Clubs and teams should have the contact details and directions for a local doctor or emergency services listed on their noticeboard and provided to all coaches and/or parents.

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ISSUE	RESPONSE
INJURY	Player assessed on pitch (visible clues and signs/symptoms)
SUSPECTED CONCUSSION	Player MUST be immediately removed from activity and MUST NOT return
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MANAGEMENT	Player referred to doctor or Emergency Department for diagnosis and further assessment
RETURN TO PLAY	Player rests as per concussion guidelines on previous page and undertakes Graduated Return To Play (GRTP) protocol as per below table

Other players, parents, coaches and administrators should insist that the above guidelines are always followed and be vigilant for the return of symptoms, even if the GRTP protocol has been successfully completed. Please note that each stage in the GRTP protocol may take longer than the minimum period stated below. Players with concussion should not move to the next stage in the event that any symptoms are still present.

Graduated Return To Play (GRTP) protocol

STAGE	ACTIVITY & AIM	ADULTS	U16 - U20s
STAGE 0	REST <i>Aim: Rest, ensuring no activity that brings on symptoms.</i>	DAY 0 Day of injury	DAY 0 Day of injury
		DAY 1-2	DAY 1-2
STAGE 1A	SYMPTOM LIMITED ACTIVITY <i>Aim: Gradual reintroduction of work/school activities without worsening symptoms.</i>	DAY 2 OR 3 UP TO DAY 5-6	DAY 2 OR 3 UP TO DAY 5-6
STAGE 1B	SYMPTOM LIMITED EXERCISE <i>Aim: Gradual reintroduction of work/school activities without worsening symptoms.</i>	DAY 5-6 (at the earliest) UP TO DAY 14	DAY 5-6 (at the earliest) UP TO DAY 14
PLAYERS SHOULD NOT PROGRESS TO STAGE 2 IF THEY ARE STILL SYMPTOMATIC			
STAGE 2	INCREASED AEROBIC EXERCISE <i>Aim: Increase intensity and duration of exercise.</i>	DAY 15	DAY 15-16
STAGE 3	AMERICAN FOOTBALL SPECIFIC EXERCISE <i>Aim: Add movement and challenge coordination and balance.</i>	DAY 16	DAY 17-18
STAGE 4	NON-CONTACT TRAINING DRILLS <i>Aim: Exercise that challenges coordination and requires increased concentration</i>	DAY 17-18	DAY 19-20
MEDICAL CLEARANCE SHOULD BE SOUGHT BEFORE ADVANCING TO STAGE 5			
STAGE 5	FULL CONTACT PRACTICE <i>Aim: Restore confidence and assess functional skills by coaching staff.</i>	DAY 19-20	DAY 21-22
STAGE 6	NORMAL GAME PLAY	DAY 21	DAY 23

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Useful Contact Details

Emergency Services: 999 or 112

Club/Team: _____

Doctor Name: _____

Tel: _____



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CONCUSSION RECOGNITION TOOL 5[©]

To help identify concussion in children, adolescents and adults



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Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

- Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:
- "What venue are we at today?"
 - "Which half is it now?"
 - "Who scored last in this game?"
 - "What team did you play last week/game?"
 - "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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