



CONCUSSION

INFORMATION SHEET FOR COACHES AND PARENTS OF PLAYERS AGED 5-18

(Hurling and Gaelic Football)

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 direct or indirect hit to the player’s head or body.

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 over a number of minutes or hours or even days. Presence of any one or more of the below signs and symptoms may suggest a concussion.

• Any Loss of consciousness	• Headache
• Clutching Head	• Dizziness
• Balance problems	• 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

The following “red flag” symptoms mandate the urgent removal of a player to urgent medical attention/request for an ambulance:

Table I- Red Flag Symptoms

Prolonged Loss of Consciousness	Vomiting	Severe or increasing headache
Deteriorating conscious state	Double Vision	Disorientation /Confusion
Increasingly restless, agitated or combative	Abnormalities of balance, gait or coordination	Slurred or incoherent speech
Convulsions or Tonic Posturing	Weakness or tingling/burning in arms of legs	Possible neck or spine injuries

ACTION PLAN

Recognise – The signs and symptoms

Report – Don’t hide any symptoms

Rehab – Seek medical advice / Rest / Take time to recover fully

Return – Follow a step-wise GRTP and don’t return to full contact. without your doctor’s clearance
If you suffer a potential concussion you should **NEVER** return to play on the day of injury. Return to play must follow a medically supervised stepwise approach and you **MUST NEVER** return to play **whilst symptoms persist**. Research has shown that when players are removed from play immediately following potentially concussive incident, this can reduce recovery time for a player versus those who play on.

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. Young players are at increased risk of Second Impact Syndrome.

COPING WITH CONCUSSION

The following are tips for coping with a concussion:

The best medical management for concussion initially is rest (Cognitive and Physical) for a minimum of 48 hours. Players often feel tired and may experience difficulties at work or school when carrying at task which require concentration. You 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 including reassurance regarding following the protocols and including the player in social activities which do not put the player at further risk of concussion.

- Alcohol should be avoided as it may delay recovery and put you at increased risk for further injury.
- Minimise exposure to Screens (TVs, Phones etc) and avoid exposure 2 hrs. prior to sleep.
- Napping is not recommended. It is best to maintain normal sleep patterns to aid recovery. (20 mins max).
- Keep hydrated and eat well. Dehydration can exacerbate and prolong symptoms.
- When dealing with persistent symptoms, it is essential that you only take medications prescribed by your doctor.
- 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. It is better to have missed 1 game rather than the whole season.

RETURN TO PLAY

1. There should be an initial period of a minimum of 48 hours rest after a concussion
2. RTP Protocols following concussion follow a stepwise approach. **If at any stage, activity does worsen or, bring on further, symptoms return to the previous stage.**
3. Written clearance from a medical doctor is required prior to return to full contact sports.
4. Youth players should take at least 14 days before returning to full contact practice. Again, if any post-concussion symptoms return or bring on further symptoms once a player has returned to full contact practice the player should return to the previous stage.

Table 2 Gradual Return to Play Protocol

Rehabilitation Stage	Functional exercise at stage	Objective of stage
1. No Activity (48 Hours Min.)	Physical and Cognitive Rest	Recovery
2. Light Activity (At least 4 days)	Walking, swimming, cycling, keeping intensity <70% maximum permitted heart rate	Increase HR
3. Sports Specific Exercise (At least 4 days)	Running drills,	Add Movement
4. No Contact Training Drills (At least 4 days)	Progress to more complex training drills - passing drills, progressive resistance training	Exercise, coordination and cognitive load
5. Full Contact Practice (At least 1 day)	Following written medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6. Return to play (Minimum of 14 days since diagnosis)	Normal game play	Return to competitive action