

Assessment of Suspected Concussion

Identifying concussion is not always easy, and players may not exhibit the signs or symptoms immediately or they may be quite subtle. Therefore any young player in particular who receives a blow to the head should be assessed for concussion.

If they have no signs or symptoms and pass the assessment, they may return to play but they should be kept a close eye on, as signs and symptoms may develop later in the game or training session. If they have **any** signs or symptom, or fail the assessment, or if you are concerned, remove them from play and send them for assessment by a doctor.

Assessing the player:

The RFU recommends that coaches use and familiarise themselves with the Pocket Sports Concussion Assessment Tool (Pocket SCAT) which can be downloaded from the resources section of [rfu.com/concussion](https://www.rfu.com/concussion).

While concussion guidelines apply to all age groups particular care needs to be taken with children and adolescents because their brain is still developing. Children and adolescents with suspected concussion **MUST** be referred to a Medical Practitioner immediately for initial assessment. They may also need additional specialist medical assessment.

- A **medical practitioner** is a registered doctor of medicine e.g. GP or hospital doctor
- A **health care professional** is an appropriately-qualified and practising practitioner registered with the Health Professions Council who has been trained in the identification of concussion symptoms and the management of a concussed player e.g. physiotherapist, nurse, osteopath, chiropractor, or paramedic
- A **non-medical practitioner** is lay person trained in Emergency First Aid or First Aid (more details regarding first aid cover are available at [rfu.com/firstaid](https://www.rfu.com/firstaid)).

Remember the 4 R's of concussion management:

RECOGNISE REMOVE RECOVER RETURN

RECOGNISE:

It is important to realise that a player does not need to be knocked out (lose consciousness) to have had a concussion. Players may experience a number of problems after a blow to the head, or you may notice certain things that arouse your suspicion.

Thinking problems that the player may experience:

- Does not know time, date, place, period of game, opposing team, or the score in the game
- General confusion
- Cannot remember things that happened before and/or after the injury
- Seems slow to answer questions or follow directions
- Seems easily distracted
- Not playing as well as expected
- A blank stare/glassy eyed, “the lights are on but nobody is at home”

Things that the player may complain of or you see:

- Knocked out
- Headache
- Dizziness
- Feel dazed, “dinged” or stunned;
- Loss of vision, seeing double or blurred, seeing stars or flashing lights
- Ringing in the ears
- Sleepiness
- Stomach ache, stomach pain, nausea, vomiting
- Poor coordination or balance, staggering around or unsteady on feet
- Slurred speech
- Poor concentration
- Strange or inappropriate emotions (i.e. laughing, crying, getting angry easily)
- Feeling generally unwell

If you suspect concussion YOU must REMOVE them from play right away.

REMOVE:

If you suspect concussion **YOU** must **REMOVE** them from play right away.

Continuing to play increases their risk of more severe, longer lasting concussion symptoms, as well as increases their risk of other injury:

- You should not let them return to play that day.
- You should not let them be left alone
- You should make sure they are seen by a doctor as soon as possible that day.
- You should not let them drive.

Recognising More Serious Head Injuries - Possible danger signs in suspected concussion

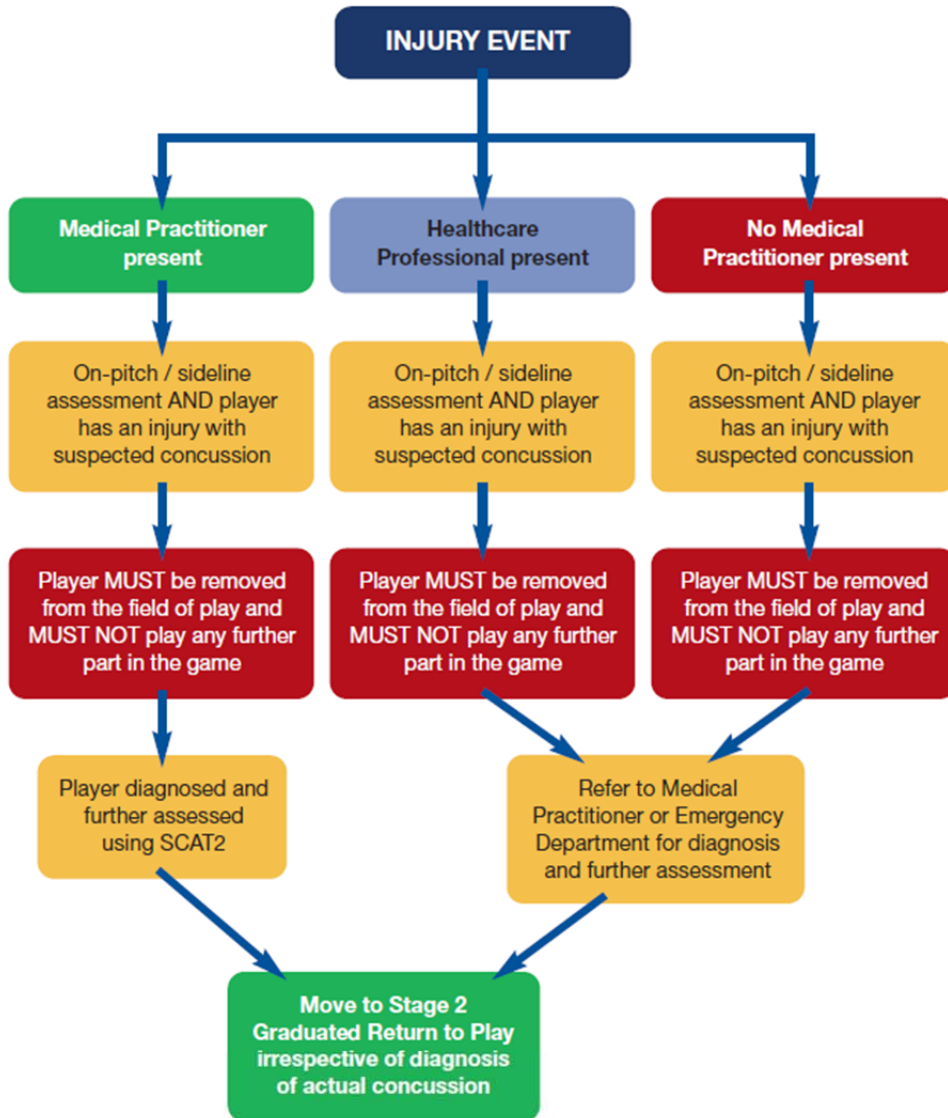
In rare cases, there may be something more serious going on that may initially seem to be a concussion. There are some danger signs to look out for and if found, the player should be taken to a hospital emergency department or the emergency services should be called as soon as possible. The danger signs to look out for:

- **Drowsiness when normally awake or cannot be awoken**
- **A headache that is getting worse**
- **Weakness, numbness or decreases in coordination and balance**
- **Repeated vomiting or prolonged nausea**
- **Slurred speech, difficulty speaking or understanding**
- **Increasing confusion, restlessness or agitation**
- **Loss of consciousness**
- **Convulsions**
- **Clear fluid coming out of ears or nose**
- **Deafness in one or both ears**
- **Problems with eyesight**

This diagnosis and initial management process is summarised in the diagram overleaf.

Diagram 1

Stage 1: Diagnosis and initial management



(taken from IRB concussion guidelines irbplayerwelfare.com)

All players with suspected concussion MUST be assessed by a Medical Practitioner.

Things to look out for in players who have been or may have been concussed in the days following the event:

Concussion or post-concussion symptoms are often vague and non-specific. In particular it often mimics the early symptoms of a viral infection such as flu; with the patient complaining of feeling off-colour or generally unwell.

If a player feels unwell or unusual in the days following a head injury, concussion should be considered and medical advice sought. Other things to look out for are:

- **Drop in academic performance (if at school) - difficulties with school work or problem solving**
- **Poor attention and concentration at work or in class**
- **Unusual drowsiness or sleeping during the day suggesting sleep disturbance**
- **Inappropriate emotions**
- **Unusual irritability**
- **Feeling more nervous or anxious than usual**

These RFU Concussion resources have been developed based on the Zurich Guidelines published in the Consensus Statement on Concussion in Sport, and adapted for rugby by the International Rugby Board

The information contained in this resource is intended for educational purposes only and is not meant to be a substitute for appropriate medical advice or care. If you believe that you or someone under your care has sustained a concussion we strongly recommend that you contact a qualified health care professional for appropriate diagnosis and treatment. The authors have made responsible efforts to include accurate and timely information. However they make no representations or warranties regarding the accuracy of the information contained and specifically disclaim any liability in connection with the content on this site.