

# CONCUSSION

INFORMATION SHEET FOR ADULT PLAYERS (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.

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

# **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 period of 24-48 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 main normal sleep patterns to aid recovery. (20 mins max).
- Keep hydrated and eat well. Dehydration can execrate and prolong symptoms.
- When dealing with persistent symptoms, it is essential that you only take medications prescribed by your doctor.
- Recovery form 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 I game rather than the whole season.

#### **RETURN TO PLAY**

- There should be an initial period of 24-48 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. Adult players should take at least 7 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 Functional Objective of		
Stage	exercise at	stage
	stage	
I. No Activity	Physical and	Recovery
(24-48 Hours)	Cognitive Rest	
2. Light Activity	Walking, swimming, Increase HR	
(At least I day)	cycling, keeping	
	intensity <70%	
	maximum	
	permitted heart	
	rate	
3. Sports Specific	Running drills,	Add Movement
Exercise (At		
least I day)		
4. No Contact	Progress to	Exercise,
Training Drills	more complex	coordination
(At least I day)	training drills -	and cognitive
	passing drills,	load
	progressive	
	resistance	
	training	
5. Full Contact	Following	Restore
Practice (At	written	confidence and
least I day)	medical	assess functional
	clearance,	skills by
	participate in	coaching staff
	normal training	
	activities.	
6. Return to play	Normal game	Return to
(Minimum of 7	play	competitive
days since		action
diagnosis)		