

# CONCUSSION

**RECOGNISE, REMOVE, RECOVER, RETURN**



## RECOGNISE RED FLAGS

Seek urgent medical help if the player has any of the following:

- Neck pain, bad or worsening headaches
- Increased confusion or doesn't recognise you
- Repeated vomiting
- Seizures or convulsions
- Double or blurred vision
- Slurred speech
- Weakness, tingling or burning in the arms or legs
- Decreasing levels of consciousness (this includes difficult waking)
- Unusual behaviour change (irritability, restless)

**DO NOT HESITATE TO CALL 111**

## RECOGNISE SIGNS AND SYMPTOMS OF CONCUSSION

What you see?

- Loss of consciousness
- Lying on the ground not moving or slow to get up
- Loss of balance or coordination
- Disorientation or confusion
- Visible injury to face or head
- Grabbing or clutching of head
- Dazed, blank or vacant look

## RECOGNISE SIGNS AND SYMPTOMS OF CONCUSSION

What they feel?

- Blurry vision
- Dizzy
- Difficulty with bright light or loud noises
- Tired
- Problems with memory
- Find it hard to think or concentrate
- More emotional
- Irritable

## RECOGNISE SIGNS AND SYMPTOMS OF CONCUSSION

What they say? Incorrect, struggling or failing to answer any of these questions may suggest concussion:

- Where are we playing or training?
- Which half is it now?
- What is time is it now?
- Who scored last in this game or practice?
- What team did you play last week's game?
- Did your team win the last game?

## REMOVE FROM PLAY AND REFER FOR ASSESSMENT

Any player with a suspected concussion must be immediately removed from play or training. The player must be assessed by a doctor, ideally within 48hrs, to confirm diagnosis and the need for additional support.

## THE FIRST 48HRS

Concussion symptoms can be delayed, and serious complications are more likely to occur in the first 48hrs.

Players with a suspected concussion should:

- Be closely monitored by a responsible person.
- Avoid alcohol, sleeping pills and illegal drugs.
- Not drive.
- Relative rest: which includes activities of daily living and reduced screen time

## GRADUATED RETURN TO PLAY

REHABILITATION STAGE	EXERCISE AT EACH REHABILITATION STAGE	MINIMUM TIME PER STAGE
1. Relative rest	Activities of daily living and reduced screen time	Days 1–2
2. Light to moderate exercise*	Symptom-guided low to moderate intensity activity such as walking, or jogging.	Days 3–16 Min. of 24 hours between stages before progressing. Symptoms should be progressively improving. If symptoms worsen drop back a stage.
3. Individual sport-specific exercise*	Increase intensity. Running, change of direction, individual skills with NO risk of head impact.	
<b>5. SEEK MEDICAL CLEARANCE</b>		
4. Non-contact training drills*	Progression to more complex multiplayer training drills: passing, catching, may start weight training	Days 17–18
6. Following medical clearance full contact practice	May participate in normal training activities (contact training)	Day 18–20
7. After 24 hours return to play	Player rehabilitated	Day 21

\*If symptoms persist, seek medical advice

## RETURN TO PLAY

Even if symptoms have resolved, the minimum stand-down before a player with concussion can return to play is 21 days.

A player can return to contact training when they:

- Have fully returned to school or work without limitation.
- Have followed the graduated return to play guidelines.
- Are symptom free
- Have attained medical clearance

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