Goalball Australia

Concussion Guidelines



Adopted November 2016

1.0 Introduction

Sport-related concussion is a growing health concern in Australia, as it has the potential to affect athletes at all level. Whilst the risk of concussion is low in a sport like Goalball, it is important that concussion is identified, diagnosed and managed appropriately to ensure player welfare. Goalball Australia accepts the AIS-AMA Position Statement on Concussion in Sport (released May 2016) and these guidelines are based on best practice as outlined there.

These guidelines are of a general nature and individual treatment will depend on the facts and circumstances of each case. These are not intended as a standard of care and should not be treated as such.

2.0 Definition

Concussion is a type of brain injury induced by force to the head (or elsewhere on the body which transmits and impulsive force to the head). This commonly leads to short-lived neurological impairment and symptoms may evolve over the hours or even days following the injury. In most cases, symptoms will resolve without medical intervention and rest, followed by gradual return to activity is the main treatment.

3.0 Recognising Concussion

Recognising concussion can be difficult as the signs and symptoms vary from person to person and may be very subtle. Whenever there is a knock to the head or other part of the body transmitting force to the head, concussion should be assumed in the first instance. Remember that concussion can result from relatively minor knocks. The Sport Concussion Assessment Tool (SCAT 3) identifies 22 possible symptoms

Headache	Dizziness	Sensitivity to noise
'Don't feel right'	Confusion	Irritability
'Pressure in the head'	Blurred vision	Feeling slowed down
Difficulty concentrating	Drowsiness	Sadness
Neck Pain	Balance problems	Feeling 'in a fog'
Difficulty remembering	Trouble falling asleep	Nervous or anxious
Nausea or vomiting	Sensitivity to light	Fatigue or low energy

More emotional

If concussion is suspected a qualified medical practitioner should see the athlete as soon as possible, they must not be allowed to return to play until they have been cleared by a doctor.

If in doubt, sit them out!

4.0 Managing Concussion

Head-injury advice must be given to all athletes with concussion, and to their carers. Any athlete with suspected or confirmed concussion must remain in the care of a responsible adult and is not permitted to drive. They should also avoid alcohol and check any medications with their doctor; specifically those with suspected or confirmed concussion should avoid aspirin, anti-inflammatories, sleeping tablets and sedating pain medication. Concussion symptoms may develop or worsen over a period of hours — in these cases the athlete must return to a doctor as soon as possible.

The majority of concussive symptoms should resolve in 7-10 days. An athlete will not be permitted to return to goalball play or training until they have had a minimum of 24 hours without any symptoms. The following is the graded return to active play / training – there must be a minimum of 24 hours at each level before proceeding to the next level:

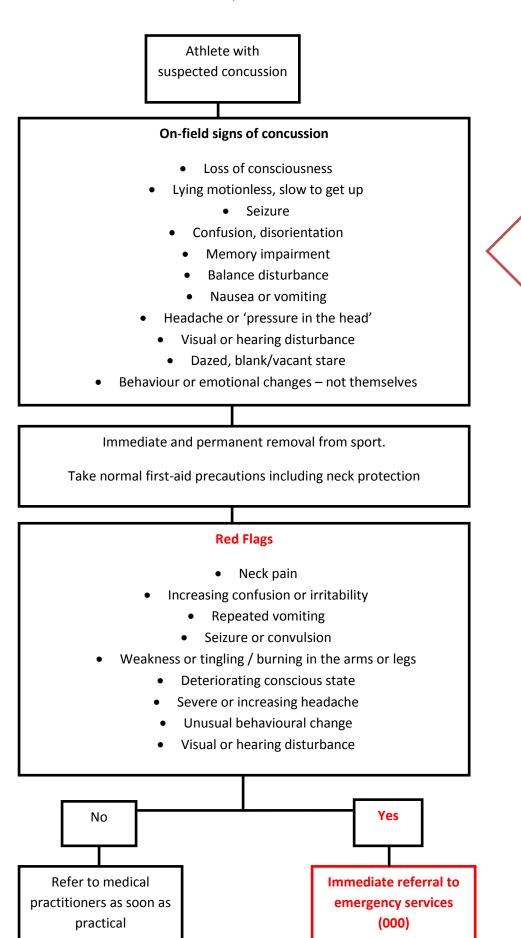
- Light aerobic activity
- Basic goalball specific drills with no head impact
- More complex goalball drills with no head impact, minimal resistance training
- Full contact practice
- Normal goalball activity

5.0 Children and adolescents

Youth and junior players may be more susceptible to concussion and take longer to recover – return to learn should take priority over return to sport. Youth and junior players must be symptom free for a minimum of 48 hours before the return to active play/training protocols (above) are commenced. A youth or junior player must not return to competitive playing or to full training less than 14 days from the resolution of all symptoms.

Diagram 1: Non-medical assessment of concussion (field of play)

(for parents, coaches, team-mates, referees)



Things to

look out for at the time

of injury

Diagram 2: Non-medical assessment of concussion (off-field)

(for parents, coaches, team-mates, referees)

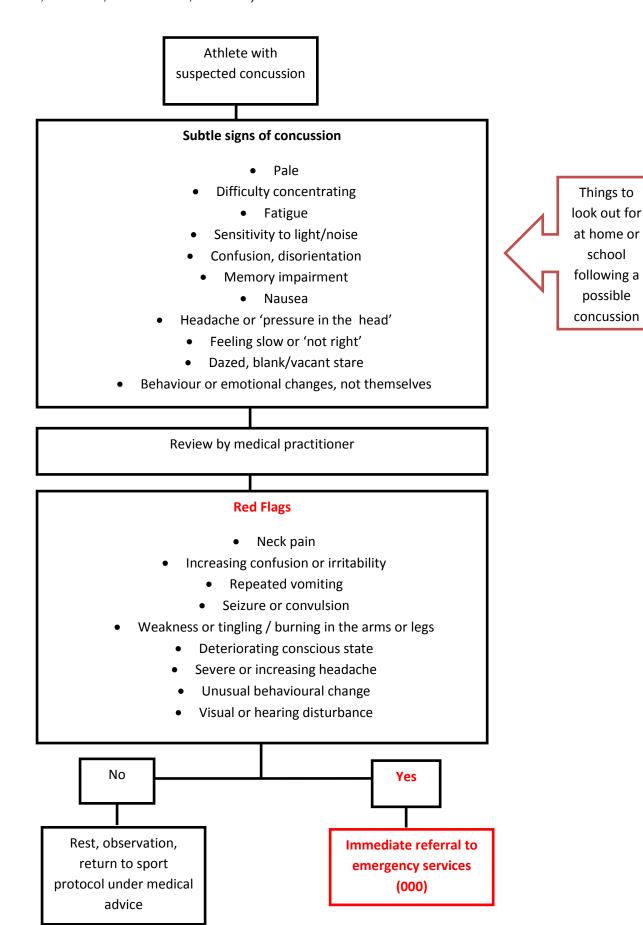


Diagram 3: Return to Sport Protocol for Adults (over 18)

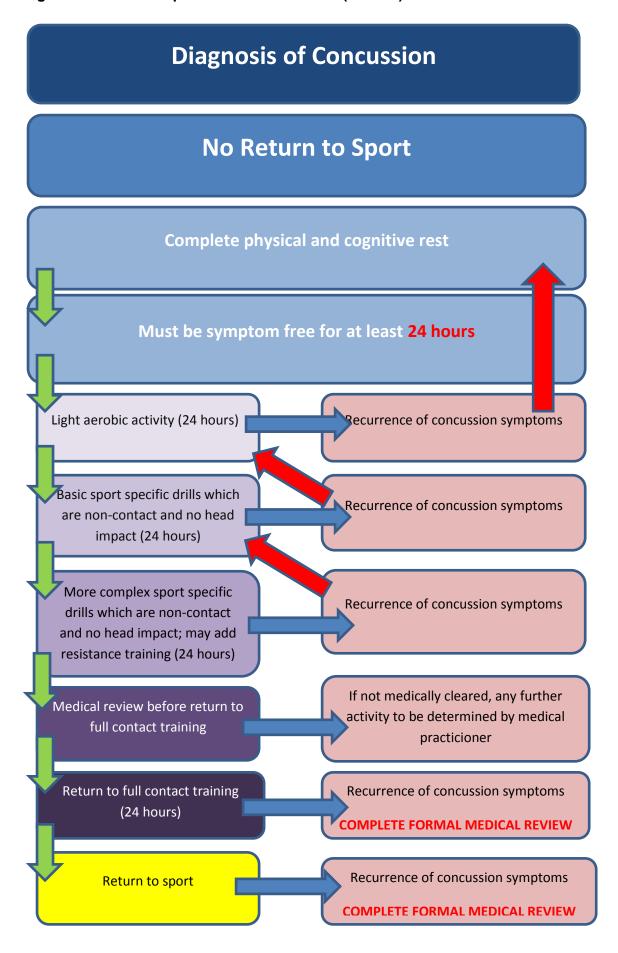


Diagram 4: Return to Sport Protocol for Children (under 18)

Diagnosis of Concussion No Return to Sport Complete physical and cognitive rest Must be symptom free for at least 48 hours Return to learn: no return to physical Recurrence of concussion symptoms activity until successful return to school & other cognitive activities Recurrence of concussion symptoms Light aerobic activity (24 hours) Basic sport specific drills which are non-Recurrence of concussion symptoms contact and no head impact (24 hours) More complex sport specific drills which Recurrence of concussion symptoms re non-contact and no head impact; may add resistance training (24 hours) No return to contact activities before 14 Recurrence of concussion symptoms days from complete resolution of all symptoms Medical review before return to full contact If not medically cleared, any further activity to be training determined by medical practicioner Recurrence of concussion symptoms Return to full contact training (24 hours) **COMPLETE FORMAL MEDICAL REVIEW** Recurrence of concussion symptoms Return to sport COMPLETE FORMAL MEDICAL REVIEW