

Goolwa Port Elliot Football Club

Concussion Statement

Our club takes the wellbeing of its players extremely seriously. There is no substitute for a high level of care from your team of trainers and club doctor. Whilst success in sport can be rewarding, the physical and emotional health of our players and club members must always take precedence. For this reason we have spent some considerable time updating our skills, particularly in the area of concussion, which until recently has been under recognised as a cause of significant acute and chronic disability.

The following information has been prepared to assist players and their relatives/carers in understanding the procedures which we have in place to protect and care for them. It is applicable to players of ALL age groups and we would expect players and their relatives/carers to comply with advice given by our club doctor and team of trainers.

What is concussion?

Concussion is a type of brain injury caused by a knock to the head or body where a force is transmitted to the head. It can also be caused by a fall. It commonly causes short lived impairment of the functioning of the brain and symptoms may evolve over hours or days after the injury. All concussions should be assessed by a doctor and most will resolve without specific treatment. **All concussions are serious!**

What are the signs of concussion?

There may be obvious signs of concussion such as loss of consciousness, difficulty balancing or walking. Other signs can be more subtle and are listed below:

- Headache
- 'Pressure in head'
- Neck pain
- Nausea and/or vomiting
- Dizziness
- Blurred Vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Feeling like 'in a fog'
- 'Don't feel right'
- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- More emotional
- Irritability
- Sadness
- Nervousness
- Anxiety

Players exhibiting these symptoms will immediately be removed from the play and assessed by a trainer and club doctor.

More Obvious and Concerning signs include:

- Loss of consciousness
- Seizure
- Neck pain
- Increasing confusion
- Drowsiness
- Severe headache
- Vomiting
- Weak arms or legs
- Double Vision

In these more serious cases an ambulance will always be called to the ground and the player conveyed to the hospital.

If in doubt, a player must always be sat out!

If there is any doubt as to whether a player has been concussed, they will not be allowed to return to play on that day. The club doctor will review such players and they will not be permitted to return to any training or play until medically cleared. GPEFC is happy, should players or relatives prefer, for care to be provided by your usual GP. However, we would still expect current medical protocols to be followed, including use of the “SCAT5” sport concussion assessment tool and the provision of a written clearance to return to play.

How we manage the concussion

Any player with suspected or confirmed concussion should remain with a responsible adult and not drive a car. They should avoid alcohol and, the use of other medications should be discussed with the club doctor or your chosen GP. Specifically, aspirin and anti-inflammatories (e.g. Ibuprofen diclofenac, naproxen) which can increase the risk of bleeding in the brain, should be avoided. Sleeping tablets and sedating pain killers should also be avoided.

The club doctor and trainers will provide a head injury advice card to players and carers.

Once a diagnosis of concussion has been made, physical and cognitive rest should occur. This allows the brain to rest and aids recovery. This will often involve time off school or work. Mental rest does include refraining from using computers and computer games, watching TV and reading.

Return to Learn

This is the phrase used to describe building back into usual programme at school or work.

Once a diagnosis of concussion has been made, immediate management is physical and cognitive rest. Having rested for 24-48 hours, a player can usually return to learn. Dr Alan Gane is happy to reassess players in his Monday sports clinic and advise on graduated return to school/work and subsequent return to play.

Dr Alan Gane's usual recommendation is that a concussed junior player should not return to sport until normal school activities have been resumed without aggravating symptoms.

Return to Sport

This area is complex and a source of much anxiety for players and their families. As stated above children must not return to sport until they are symptom free at school.

In children/adolescents under the age of 18, current Australian recommendations are that 16 days minimum must elapse before returning to contact sport. Dr Alan Gane believes that adult players should now also adhere to this recovery period.

All cases will be different and as previously stated, Dr Gane is happy to reassess players and advise upon appropriate graduated return to school/work/sport and provide certification for such. Alternatively, players can see their chosen GP but must provide certificates of clearance to play which comply with current Australian guidelines.

GPEFC will not permit any player to participate in any training or match that does not comply with the above statements. Specific advice for players who represent other teams (or play other sports) in addition to GPEFC can be given but we accept no responsibility for them and would expect that other organisations would have similar policies to our own.

Children and Adolescents recovering from Concussion

These players are more susceptible to concussion and take longer to recover. Concussive symptoms usually resolve in 4 weeks. GPEFC will always be more cautious with younger players and any child/adolescent who remains symptomatic after 4 weeks should be referred for specialist review.

Symptoms usually resolve more quickly in adults but we would have similar concerns about adults who remain unwell after 2 weeks and would generally seek specialist review for them. Dr Gane is happy to review and refer these players if needed.

Mental Health and Concussion

There is a potential link between mental illness and concussion. Any player who has concerns about this should discuss it with Dr Gane or their usual GP. All discussions regardless of whether they relate to local football, will be dealt with in the strictest of confidence and your personal privacy has the highest of priority.

Long Term Consequences of Concussion

There has been recent concern about the potential long term consequences of concussion. This is a complex and evolving area which underscores the importance of a cautious approach when caring for concussed footballers.

Protective Headgear and Concussion

Helmets will not prevent concussion.

Current evidence suggests that helmets, mouth guards and other protective devices offer little, if any, benefit in the prevention of concussion. These devices are, however, important for the prevention of other types of traumatic head injury such as lacerations, dental injuries, ear injuries or skull fractures.

GPEFC recommends all players use mouth guards and Dr Gane and his team of trainers are happy to discuss the use of helmets on an individual basis.

DR ALAN GANE

JANUARY 2018

References :

Australian Institute of Sport and Australian Medical Association Concussion in Sport Position Statement (November 2017 update) .

Concussion update , RACGP South Australia , August 2017 , Dr Sandy Kleinschmidt .