

CONCUSSION RECOGNITION TOOL 5[©]

To help identify concussion in children, adolescents and adults



RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury, including whether ANY of the following signs are observed or complaints are reported, then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

Supported by



STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

COMMUNITY FOOTBALL HEAD INJURY ASSESSMENT



A. GENERAL INFORMATION

Player Name: Club:

Examiner Name: Date:

Quarter: Approximate Time in Quarter:

B. STRUCTURAL HEAD OR NECK INJURY

1. Are there clinical features of a serious or structural head and/or neck injury requiring urgent and emergency hospital transfer?¹ Yes No

C. REMOVAL FROM PLAY

The player **must** be removed from play with **any** of the following clinical features² observed directly, reported by others or from video review (if available):

	Observed Directly	YES Reported	Video Review	NO
2. Loss of consciousness or prolonged immobility (> 2 seconds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No protective action in fall to ground (not bracing for impact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Impact seizure (stiffening arms or legs on impact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Balance disturbance (loss of control over movements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Dazed, blank/vacant stare or not their normal selves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Unusual behaviour change for the player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Confusion or disorientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Memory impairment (e.g. fails Maddocks questions ¹)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Player reports concussion symptoms ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Refer to the AFL Concussion Management Guidelines available on the AFL Community website: <http://www.aflcommunityclub.com.au/>.
² Example videos of each clinical feature are available on the AFL Community website.

D. OUTCOME AND ACTION

If 'Yes' is selected for question 1, it requires an ambulance to be called for immediate transfer to hospital

If 'Yes' is selected for questions 2-9, it requires immediate removal from play and medical assessment³

If 'No' is selected for questions 1-10, no criteria for removal from play for concussion⁴

³ A player who is removed from play for concussion or possible concussion must not return to play until cleared by a doctor.
⁴ A player cleared to play requires regular checks at least every 30 minutes and removal from play with any deterioration.

E. SIGNATURE OF EXAMINER

Signed: Date: Time completed:

F. MEDICAL CLEARANCE – TO BE COMPLETED BY A MEDICAL PRACTITIONER

I have examined: following the above head injury and declared him/her medically fit⁵ to train and play.

Practitioner Name: Medical Practice Stamp:

Signed:

Date:

⁵ Please refer to the medical check list over the page when assessing the player and determining his medical fitness to train and play.



NOTES FOR THE EXAMINING MEDICAL PRACTITIONER

Please refer to the AFL Concussion Management Guidelines available via the following website:
<http://www.aflcommunityclub.com.au/>

A concussed footballer requires a medical clearance to return to training or competition.

In accordance with the current Concussion Guidelines, there is no mandatory period of time that an Australian Football player must be withheld from play following a concussion. The duration of exclusion from play is based on an individual's recovery as managed by a medical practitioner. It would not be unreasonable to clear the player to return to structured training with a second consultation to clear the player for full training/match play.

The minimum standard is that a player must be symptom free at rest and with exertion, determined to have returned to baseline level of cognitive performance, and is confident and comfortable to return to play.

Screening computerised cognitive tests provide a practical method for the assessment of cognitive recovery. A number of screening computerised cognitive test batteries have been validated for use following concussion in sport and are readily available (e.g. CogState Sport, ImPACT). Conventional imaging (e.g. CT or MRI) should be considered in cases where there is concern regarding an underlying structural injury.

The following is a guide to the medical examination of a concussed player:

- Are there any neurological symptoms on questioning or signs on examination?
- Is the player experiencing ongoing symptoms suggestive of concussion?
- Does the player experience concussion type symptoms when undertaking physical activity?
- Has the player not returned to their usual work or education?

If the answer to any of the above questions is 'Yes', the player requires further observation or a referral for specialist assessment.

If the player clears the above tests, ensure as per the AFL Community Concussion Guidelines the player complies with a graduated return to train and play protocol, with instructions for further medical assessment if the symptoms return.

Difficult or complicated cases (e.g. prolonged recovery or recurrent concussion) should be referred to a clinician or neurologist with expertise in concussion.

Sport Concussion Management Policy

FRANSTON YCW FNC

Date: 08/08/2018

Concussion is a disturbance in brain function caused by direct or indirect force to the head, face, neck or elsewhere with the force transmitted to the head. When it occurs a player may experience symptoms and temporary loss of some brain skills such as memory and thinking abilities. A player does not have to be knocked out to have a concussion. It is important for all stakeholders (parents, players, coaches, sports trainers, medical team, etc.) to be aware of signs and symptoms of concussion which are often subtle.

The priority remains the short- and long-term welfare of the player. These guidelines are to be adhered to at all times.

The AFL Medical Officers' Association, AIS and AMA have issued new guidelines to manage concussive episodes sustained during activities.

This policy is based on those guidelines and is shown below:

Management of Concussion

The following 3 steps will be implemented in the initial management of concussion within our club:

1. Recognising a suspected concussion

The sports medicine, sports trainer or first aid personnel present will assess a player suffering a suspected concussive episode at trainings and during games.

The 'Concussion Recognition Tool 5' (CRT5) will be used to assess for the signs and symptoms of a suspected concussion. Our club personnel will be educated in the use of the CRT5 Tool and attend regular updates on concussion management.

2. Removing the player from the game

If the player presents with any signs and symptoms of concussion as indicated by the CRT5, that player is removed from training or game and not allowed to continue playing or training that day. If in doubt then the player will be removed from training or games until reviewed by a doctor.

3. Referring the player to a medical doctor for assessment

All players with concussion or suspected concussion need an urgent medical assessment (with a registered medical doctor).

The player shall not be allowed to resume training or playing again until a written clearance from a doctor has been received by the Club's sports medicine / first aid personnel. The doctor is required to clear the player utilising the SCAT 5 or Child SCAT 5 Assessment Tool.