

# DO'S FOR COVERING CONCUSSION



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## 1 Understand Concussion Protocols:

FIFA has set out a three-minute on pitch assessment and the removal of a player with any signs of concussion, talk through it calmly and suggest why it happens.

In English football permanent subs are allowed, meaning that players suspected of concussion can be replaced without losing a substitute or if all a team's substitutions have been used. This is a trial approved by IFAB.

Players with suspected concussion will be re-evaluated 18 and 72 hours after a potential injury.

In the graduated return to play protocol, players will spend at least 24 hours at each of the six stages before progressing whilst being symptom free; so return should take at least 12 days:

1. limited activity
2. light aerobic activity
3. football specific exercise
4. non-contact football training drills
5. football training with controlled contact
6. full contact and return to full matches

For community players, they should be symptom free for two weeks before returning to training activities and not return to full competition before three weeks.

Remember a professional player has easy access to a doctor or medical professional and community players do not.

## 2 Refer to a concussion or brain injury:

A concussion is a brain injury, so both terms can and should be used interchangeably.

Head knock or knock on the head should be avoided.

If there is a potential concussion discuss it should be highlighted as a potential concussion; a head injury can include a nose or facial injury.

## 3 Know the difference between signs and symptoms of concussion:

Signs are observable by you and your audience, and when they watch a match.

Symptoms are those experienced by the footballer and need to be disclosed to medical staff. The symptoms last longer and are a marker of recovery.

## 4 Know the Signs and Symptoms of Concussion:

Signs- loss of consciousness, slow to get up, falling over while trying to get up.

Symptoms- Nausea, headache, sensitivity to light and sound, ringing in the ears, feeling slowed down, dizziness.



*A concussion is a brain injury, so both terms can and should be used interchangeably.*

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### 5 Discuss the consequences of concussion:

Concussion and the failure to be removed can increase the symptoms experienced and the length of recovery.

A subsequent concussive injury while concussed could cause second impact syndrome which is potentially fatal.

### 6 Report any potential signs of concussion:

You are most likely to see a player motionless, dazed, unconscious, fall without protecting themselves, sudden stiffness or seizures of limbs or trunk (tonic posturing), or with balance difficulties.

### 7 Medics diagnosed concussion, the media report possible signs of a concussion:

A concussion is a clinical diagnosis, it needs to be done by a medical professional and must include direct patient contact.

As the media you cannot diagnose concussion; but, you can report the signs you see and that they could possibly be a sign of a concussion.

### 8 All concussions are serious:

All concussions are brain injuries and neither brain injuries nor concussions can be considered mild.

### 9 Acknowledge the difference between concussion protocols in the professional game and community game:

The game below League 2 and the Women's Championship has a greater minimum return because they do not have the same access to concussion care and might not be monitored as closely as professionals.

Amateur footballers must be removed with any potential concussion and be encourage to undertake the rest.

### 10 Discuss any potential discrepancies in concussion protocols:

Signs are not always spotted by medics and symptoms might not be reported or experienced immediately.

If anything is different to what would be expected, i.e., three-minute on pitch assessment and removal of a player with any signs of concussion, talk through it calmly and suggest why it happens.



*Point viewers to the FA.com and the FA's concussion guidelines for more information.*

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### **11 Know that concussions are not ruled out by an initial assessment and highlight the key difference in concussion protocols is medical professional follow-up with professional footballers:**

While concussions can be confirmed on the sideline, or during the three-minute pitch assessment, being negative for a concussion at the time does not rule out a concussion.

Players will be assessed again in the two days after the game or training session.

### **12 Explain that concussion symptoms can be delayed and that TV audiences might have the best view of concussion signs:**

TV audiences often have the best view of events; that's why medics in Premier League matches have access to stadium feeds.

The symptoms of concussions can take up to 48 hours to develop.

Professional players will have follow-up assessments and receive care from medical professionals.

Amateur players do not receive this. Players should be removed from play and seek medical attention and report any symptoms to medical professionals.

### **13 Avoid qualifiers of severity:**

Concussion diagnosis is a clinical diagnosis. The most obvious, and even alarming signs (i.e., the loss of consciousness) does not necessarily indicate severity.

The severity and the return from a concussion is instead guided by the progression and resolution of symptoms.

### **14 On concussion retirements, there is no magic number of concussions which would be considered for retirement, there are other factors:**

Players retiring due to head injuries is not based upon the numbers of concussion.

Resultant symptoms and cognition are more relevant.

It is best practice not to report that another concussion could spell the end of a career.



*Amateur players should be removed from play and seek medical attention and report any symptoms to medical professionals.*