



EA Concussion Protocols

Athlete Briefing

# What is concussion?

If in Doubt-Sit Them Out

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Brain injury caused by a knock to the head or anywhere where the force is transmitted to the head

- involves temporary neurological impairment
- symptoms may evolve over hours or days after a fall
- Rest, followed by gradual return to activity is the main treatment
- All concussion is serious

# Why concussion now?

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If in Doubt-Sit Them Out

- Growing concern in Australia and internationally about the incidence of sport-related concussion and potential health ramifications for athletes.
- Concussion affects athletes at all levels of sport, from the part-time recreational athlete to the full-time professional
- Complications can occur including prolonged duration of symptoms and increased susceptibility to further injury
- Growing concern about potential long-term consequences of multiple concussions

# Concussion in Children If in Doubt-Sit Them Out

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- evidence supports a slower rate of recovery in children and adolescents aged 18 and under
- a more conservative approach to concussion is recommended,
- return to learn should take priority over return to sport
- School programs may need to include more regular breaks, rests and increased time to complete tasks
- no return to competitive activities less than 14 days from the resolution of all symptoms

# What is EA doing?

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- EA fully supports the Sport Australia Concussion in Sport position statement
- That current Eventing protocol will be amended to be consistent with the Concussion in Sport position statement
- a similar protocol introduced to other disciplines effective July 1st 2019
- It will be implemented through a change to the EA General Regulations

# Key points of Protocols

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- Upon recognition of suspected concussion, the athlete will be removed from further competition.
- If a medical practitioner is on site they should assess the athlete and decide if an athlete has suffered concussion-if no medical practitioner is on site the athlete will be assumed to have concussion
- The athlete must follow the Return to Sport Protocol as per Diagram 1 (diagram 2 for 18 years and younger) of the Concussion in Sport Australia position statement
- The athlete will be suspended from competition for at least six days (14 days for 18 years and younger) from the concussion incident
- The athlete will be suspended from competition until they have written clearance to return by a medical practitioner

# Recognising Concussion *If in Doubt-Sit Them Out*

- Recognising concussion can be difficult
- Suspect concussion when an injury results in a knock to the head or body that transmits a force to the head
- A hard knock is not required—concussion can occur from relatively minor knocks.
- Medical Practitioners have specialised tools
- Officials, coaches, parents, first aiders use the [Concussion Recognition Tool 5](#) to help them recognise concussion

# CRT5

## If in Doubt-Sit Them Out

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### CONCUSSION RECOGNITION TOOL 5®

To help identify concussion in children, adolescents and adults

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#### 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 an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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##### 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**

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# Concussion in Training If in Doubt-Sit Them Out

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- A hard knock is not required, concussion can occur from minor knocks
- where concussion can be reasonably suspected (see concussion in sport website for indicators) the athlete should follow a graduated return to play program
- The days of shake your head and get back on are over!
- Do not return to sport activity until you have completed a graduated return to play program

# Graduated return to play? If in Doubt-Sit Them Out

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## Stages of Return to Riding

If at any of the stages indicated below the athlete becomes symptomatic, he/she should revert to the first stage of activity for 24 hours before attempting again to move on to the next stage.

- 1. Rest** - No activity, complete cognitive and physical rest, do NOT Ride a horse. Once asymptomatic proceed to stage 2.
- 2.** Progress to light aerobic training (walking, jogging), no resistance training.
- 3.** Progress to sports specific exercise, e.g. riding on the flat, hacking.
- 4.** Gradually increased training intensity.
- 5.** Full training after medical clearance<sup>3</sup>.
- 6.** Back to equestrian competition.

# Resources

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If in Doubt-Sit Them Out

- Concussion in Sport Website

<https://www.concussioninsport.gov.au/>

- FEI Concussion Recognition and Management

<https://inside.fei.org/fei/your-role/medical-safety/concussion>

- CRT5

[https://sportconcussion.com.au/wp-content/uploads/2016/02/Concussion\\_Recognition\\_Tool5.pdf](https://sportconcussion.com.au/wp-content/uploads/2016/02/Concussion_Recognition_Tool5.pdf)

# Questions?

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