

## ACUTE MANAGEMENT

**IF YOU SUSPECT A CONCUSSION MAY HAVE BEEN SUSTAINED DURING ACTIVITY - IF IN ANY DOUBT SIT THEM OUT IMMEDIATELY, AND SEEK URGENT ASSESSMENT BY A MEDICAL PRACTITIONER.**

### Key Principles – All the R's

1. Recognise and Remove
2. Refer
3. Rest, Recover and Return

## RECOGNISE AND REMOVE

Concussions often occur without a loss of consciousness (only about 10% lose consciousness)

### KEY SYMPTOMS:

#### What they say:

- Loss of memory (e.g. What venue are we at today? What half are we in? Who scored last? What was the result last week?)

#### What you see:

- Loss of consciousness.
- Lying on the ground not moving, or body convulsing, or getting up slowly, or staggering about, running in wrong direction.
- Loss of balance, coordination.
- Dazed/vacant look.
- Disoriented or confused.
- Visible injury to face/head.

#### What they feel:

- Blurred vision.
- Neck pain.
- Nausea.
- Dizziness.
- Confusion.
- Sensitivity to light or noise.
- Nervous/anxious/irritability.
- Tired.
- Headache or pressure in the head.
- Drowsiness.
- More emotional.

### Athletes with a suspected concussion should:

**NOT** be left alone initially (at least for the first 2 hours). **NOT** drink alcohol. **NOT** be sent home by themselves. **NOT** drive.

## REFER

### When to immediately take the person to the doctor/acute medical centre/A&E:

- Increasing or Persistent Confusion or Irritability.
- Deterioration after being injured – increased drowsiness, headache, or repeated vomiting.
- Report of any neck pain or spinal cord symptoms – numbness, tingling or burning into face, arms or legs, or any muscle weakness into or around the face, arms, or legs.
- Any symptoms associated with the senses, such as any difficulties with seeing, hearing, tasting, smelling, touching, swallowing, breathing, or talking.
- Loss of consciousness.
- Seizure or convulsion.
- Double vision.
- Deteriorating conscious state.
- Severe or increasing headache.
- Any other unusual behaviour.

**Even if you have not immediately sent the player to the doctor/acute medical centre/A&E, anyone with a suspected concussion NEEDS to be seen by a medical professional within 24-48 hours; this may include a physiotherapist who will manage as appropriate. A concussion diagnosis can be very difficult to make, but if the physiotherapist suspects a concussion, they will refer to a doctor who can provide confirmation of the suspected concussion.**

## REST, RECOVER, AND RETURN

No return to activity on the day of injury.

Rest, Recover, and Return needs to be managed by an appropriate medical professional such as a physiotherapist who can safely manage the concussion as appropriate, and safely plan a return to school/work/play and activity in conjunction with a doctor.

### REST

- Rest until the acute symptoms clear – minimum 24-48 hours.
- No screens, no reading, no video games.
- There may not be any outward signs of injury, but **DO NOT** pressure a player back onto the field.
- Concussion can interfere with the athlete's ability to learn in the classroom or function at work. Return to work may need to happen gradually.
- Aerobic exercise, such as walking, running, or cycling, at a level that doesn't trigger a patient's symptoms is an important part of recovery and can be started once the initial symptoms have reduced.

### RECOVER

Recover involves a graduated return to activity protocol which is guided by a person trained in concussion management and depends on your presentation and progress.

### RETURN

Return to activity requires clearance by a medical doctor.

## SUMMARY

1. If you suspect a player has a concussion, remove them from activity, **IF IN DOUBT SIT THEM OUT.**
2. If they are showing immediate and concerning signs and symptoms of a concussion, refer immediately to a doctor, urgent medical centre, or A&E.
3. If there were no immediate concerning signs and symptoms of a concussion and no referral was made to a doctor, urgent medical centre, or A&E, **ALL** suspected concussions should **STILL** be assessed by a **PHYSIOTHERAPIST** within 24-48 hours of injury and managed appropriately.
4. Rest from physical and mental activity, **BUT** then modify activities to those that do not aggravate symptoms, as directed by your **PHYSIOTHERAPIST**.
5. Follow rehabilitation/return to school/work/play and activity guidelines as set by your **PHYSIOTHERAPIST**.

A concussion usually requires a compulsory stand down from the physical activity concerned. Ignoring this protocol may endanger the health of the person concerned. If you suspect a concussion then please see a medical professional. A **PHYSIOTHERAPIST** will manage the rehabilitation, return to school/work/play and activity appropriately.

Depending on your injury and recovery you may be able to return to activity more quickly. However, this requires assessment from your physiotherapist, your presentation, your diagnosis, your response to management, your recovery, and finally agreement from your GP.

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