



# U19 AND BELOW CONCUSSION MANAGEMENT GUIDELINES (ROUTINE)



# RECOVERY AND RETURN TO PLAY

**Concussion must be taken extremely seriously to safeguard the short and long term health and welfare of players. The majority (80-90%) of concussion symptoms resolve in around 7-10 days, with around 1/3 of the symptoms resolving within 1 - 2 days.**

It is widely agreed that children and adolescents take longer to recover, and because their brains are still developing a more conservative approach should be taken with them. Although symptoms may resolve, the brain takes longer to recover fully and we allow for this in the guidance.

**THE MAJORITY (80-90%) OF CONCUSSION SYMPTOMS RESOLVE IN AROUND 7-10 DAYS\***

There is good evidence that during this recovery period the brain is more vulnerable to further injury. If a player returns to sport with a predictable risk of head injury before they have fully recovered and have further concussions this may result in:

- Prolonged concussion symptoms.
- Possible increased risk of long-term health consequences e.g. mild cognitive impairment or degenerative brain disorders in later life.
- In adolescents, a further concussive event before recovery can in rare cases be FATAL, due to severe brain swelling (second impact syndrome).

It is therefore imperative that careful consideration is given to returning players following a concussion in an appropriate timeframe.

In these guidelines the player's age is deemed to be their age as at 1st September.

## RETURN TO PLAY (RTP) PROGRAMME

The routine return to play programme is shown on the next page. This programme has been agreed across sports and reproduced as national guidelines for the Education Sector endorsed by the Department of Health and the Department for Education:

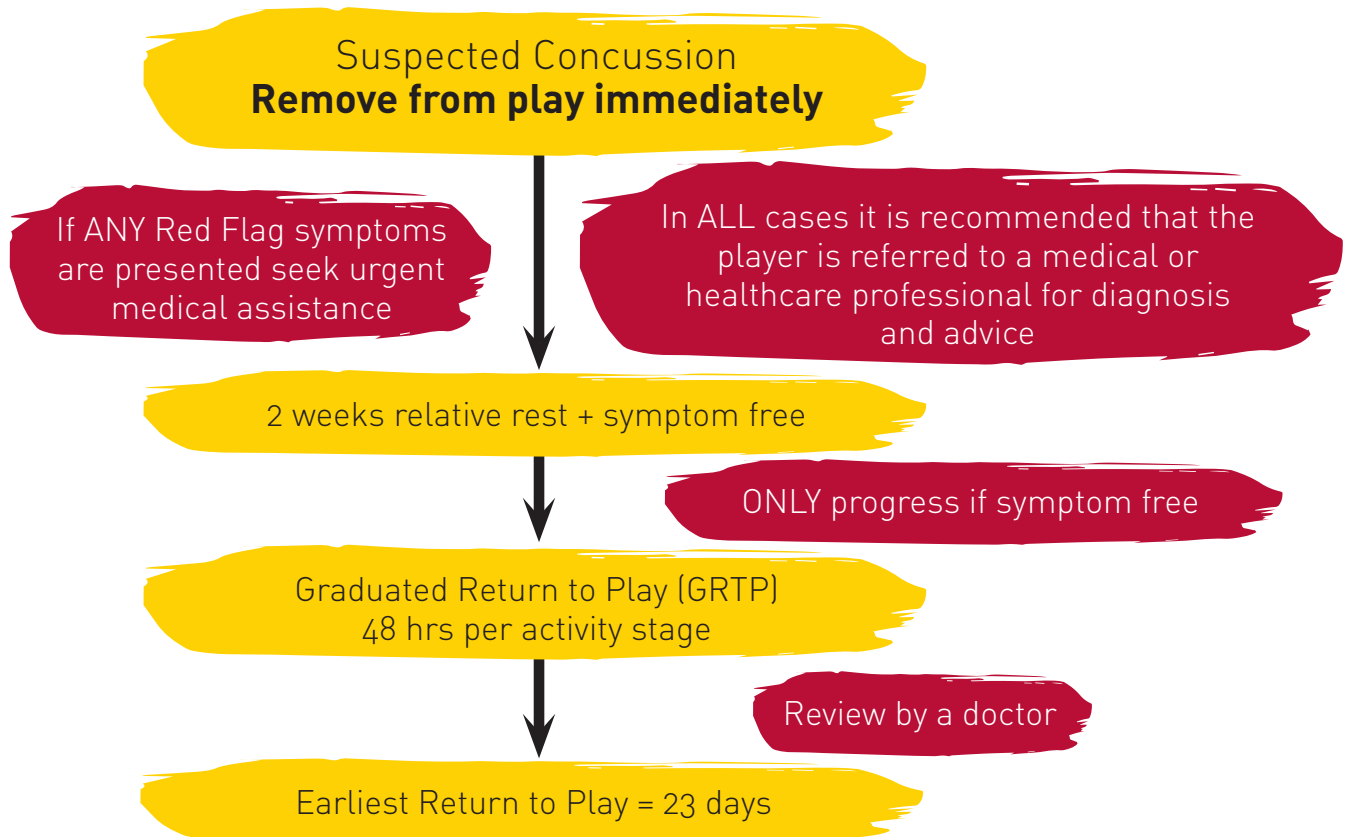
[www.sportandrecreation.org.uk/concussion-guidelines](http://www.sportandrecreation.org.uk/concussion-guidelines)

**These guidelines can therefore be used across sports and in managing return to play in rugby when the concussion occurred in another sport or in everyday activities.**

*\*Consensus statement on concussion in sport.*

# RETURN TO PLAY PROGRAMME

## ROUTINE U19 AND BELOW



**The times stated at each phase are “minimums”, players who do not recover fully within these timeframes will need to undertake a longer RTP.**

Important notes on RTP:

- All those with suspected or diagnosed concussion should follow this programme.
- The timing starts from the day after the concussive injury.
- Players or parents/guardians are responsible for informing all sporting clubs and schools that the player attends of their concussion. However, it is good practice for the coach/manager of the team/club to do the same with the player's/parent's/guardian's consent.
- If signs or symptoms of concussion are clearly identified at the time of injury but have resolved by the time of the subsequent assessment by a healthcare practitioner, the player should still follow the RTP programme.
- The player should be reviewed by a doctor before returning to sport with a predictable risk of head injury (see review by a doctor section).

# RECOVERY AND RETURN TO ACADEMIC STUDIES

**One of the most important aspects of recovery is to have an expectation of recovery and a positive, open and honest approach. This should be reinforced with the player and the parents/guardians.**

After a concussion the brain needs to rest, so initially the player should **rest from all physical and brain activities such as; exercise, reading, television, computer, video games and smart phones.** Sleep is good for recovery. There is however a balance needed and too much complete rest is thought to delay recovery, so returning to light activities of daily living as soon as the symptoms have started to reduce is advised. No more than 24hrs complete rest is all that is needed in most cases.

After this initial period of 24-48hrs rest, the player should gradually look to return to their normal activities of daily living provided this does not lead to a worsening of their symptoms. If this is the case they should limit activities to a level where this does not occur, while looking to return to full activities as symptom resolution allows.

## SCHOOL/COLLEGE/UNIVERSITY ABSENCE

It is reasonable for a child to miss a day or two of academic study after a concussion if they feel unwell or if on returning to lessons their symptoms return. Extended absence is rarely needed.

Children and young people should return to academic studies before they return to sport:

- Good communication with the school is important and the school may have a support worker who can help and advise.
- Pupils should undertake a gradual return to academic studies.
- Consideration should be given to a managed return to full study days i.e. part days initially.
- Gradual re-introduction of homework is advised to avoid long days of work.
- Consideration should be given to delaying tests and exams until fully recovered. If this is not possible then the school should advise the Examinations Board.
- In a small number of cases, symptoms may be prolonged and this may impact on the child's studies. In such cases, early referral back to a doctor and educational support services is advised.

## GRADUATED RETURN TO PLAY (GRTP)

**Following the recommended rest period the player should return to sport by following a graduated return to play (GRTP) programme.**

Stage 2 should only be started when the person:

- Has had 14 days rest
- Is symptom free
- Is off all medication that modifies symptoms e.g. painkillers
- Has returned to normal work or studies

The GRTP should be undertaken on a case-by-case basis and with the full cooperation of the player and their parents/guardians.

## GRADUATED RETURN TO PLAY – ROUTINE U19 AND BELOW

STAGE	Aim	Activity	Goal	Time
<b>STAGE 1</b>	Initial Rest (Physical and Cognitive)	No exercise or driving. Minimise screen time. Consider time off or adaptation of work or study	Recovery	24-48 hours
<b>STAGE 2A</b>	Relative Rest Symptom-limited activities	Initially daily activities that do not provoke symptoms. Consider time off or adaptation of work or study	Return to normal activities (as symptoms permit)	Minimum 2 weeks (incl. stage 1)
<b>STAGE 2B</b>	Light aerobic exercise	Brisk walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate	Minimum 48 hours
<b>STAGE 3</b>	Sport specific exercise	Running drills. No head impact activities	Add movement	Minimum 48 hours
<b>STAGE 4</b>	Non-contact training drills	Harder training drills, eg, passing drills. May start progressive resistance training	Exercise, coordination, and cognitive load	Minimum 48 hours
<b>STAGE 5</b>	Full contact practice	Following medical review, participate in normal training activities	Restore confidence and assess functional skills by coaching staff	Minimum 48 hours
<b>STAGE 6</b>	Return to sport	Normal game play	Exercise, coordination, and cognitive load	

If any symptoms occur while progressing through the GRTP programme, the player should rest a minimum 48 hours until symptom free and then may return to the previous stage.

REVIEW BY A DOCTOR

**Healthcare practitioners should use the SCAT 5 symptom check lists to monitor recovery. The SCAT 5 is available to download from the HEADCASE HCP Resources Section.**

**[www.englandrugby.com/headcase](http://www.englandrugby.com/headcase)**

## IMPORTANT NOTES ON GRTP:

- Each stage of the Routine U19 and below is for a minimum of 48 hours.
- If symptoms do not resolve with Rest (Stage 1) then progression to symptom limited activities (Stage 2) is recommended.
- Players who are symptom free with daily activities can progress to Stage 2b.
- The player can progress through each stage as long as no symptoms or signs of concussion return.
- Where the player completes each stage successfully without any symptoms the player would normally progress through each stage 48 hours at a time.
- If any symptoms occur while progressing through the GRTP programme, the player should rest for a minimum of 48 hours or until symptom free and then may return to the previous stage.
- If it is not feasible for the coach to conduct stages 2 - 4, these may be done by the player in their own time and under parental supervision with appropriate guidance. Alternatively the programme may simply be extended with each level being conducted by the coach at training sessions or (if appropriate) in the school setting by other PE staff during PE lessons.
- On completion of stage 5 without the presence of symptoms and review by a doctor, the player may return to playing in full contact rugby games (stage 6).

## REVIEW BY A DOCTOR

Following a concussion or suspected concussion, it is recommended that children and young people should be reviewed/assessed by a doctor (typically a GP) before returning to sport and other activities with a predictable risk of head injury e.g. football, rugby, gymnastics, horse riding, hockey, combat sports, skate boarding etc.

Some doctors are happy to clear a player to return to play, but formally clearing players to return to sport is not their role. It is however considered by most experts in concussion that good routine clinical management should include a review by a doctor at an appropriate time to confirm recovery and satisfy themselves that there are no other underlying conditions.

This review should be undertaken having completed the 14 days of relative rest and up to Stage 5 of the GRTP. This fits with the GRTP at around 23 days for children.

The doctor does not need to provide a letter as verbal confirmation by a parent/guardian for U18s is acceptable. Clubs are advised to make a record of this verbal confirmation. GPs may charge a fee for providing a letter.

The following should also be referred back to their doctor for review:

- Children and young people who struggle to return to their studies.
- Those who persistently fail to progress through the GRTP because symptoms return.
- Children and young people who sustain two or more concussions in a 12-month period should be referred to their doctor for a specialist opinion in case they have an underlying pre-disposition or risk factors.

## **CORRECTING PLAYER TECHNIQUES AND BEHAVIOURS:**

If a player's concussion resulted from poor tackle technique, similarly, this needs to be corrected before return to play.

**If there are concerns about the player's behaviour and approach to the game, putting them at increased risk of concussion, then this must also be addressed.**

## **SUMMARY**

**Most players make an uneventful recovery from their concussion but it is important that we all work to ensure that they are managed properly for their short and long-term health.**

It is recognised that players will often want to return to play as soon as possible following a concussion. Players, coaches and management, parents and teachers must exercise vigilance and caution to ensure a safe "Return to Play":

- Ensure that all symptoms have subsided and students have returned to academic studies successfully before commencing the GRTP.
- Ensure that advice of those experienced in managing the GRTP is sought and the GRTP programme is followed.
- Ensure that the advice of healthcare professionals is sought when appropriate.

After returning to play all involved with the player, must remain vigilant for the return of symptoms even if the GRTP has been successfully completed.

**IF SYMPTOMS REOCCUR THE PLAYER MUST CONSULT A HEALTHCARE PRACTITIONER AS SOON AS POSSIBLE AS THEY MAY NEED REFERRAL TO A SPECIALIST IN CONCUSSION MANAGEMENT.**

**More information on concussion and the RFU's Don't be a HEADCASE programme including the free online education modules, general information and FAQs is available at:**

**[www.englandrugby.com/headcase](http://www.englandrugby.com/headcase).**





These RFU Concussion resources have been developed based on the 2016 Berlin Guidelines published in the 2017 Consensus Statement on Concussion in Sport, and adapted for rugby in England with the assistance of experts in the field.

**The information contained in this resource is intended for educational purposes only and is not meant to be a substitute for appropriate medical advice or care. If you believe that you or someone under your care has sustained a concussion we strongly recommend that you contact a qualified health care professional for appropriate diagnosis and treatment. The authors have made responsible efforts to include accurate and timely information. However they make no representations or warranties regarding the accuracy of the information contained and specifically disclaim any liability in connection with the content on this site.**

The RFU Rose and the words 'England Rugby' are official registered trade marks of the Rugby Football Union.