Concussion refers to a disturbance in brain function that results from trauma to the brain. The changes are temporary and the majority of players recover completely if managed correctly.

**Key Components of Concussion Management**
1. Recognise the injury
2. Remove the player from the game
3. Refer the player to a medical doctor for assessment
4. Ensure the player has received medical clearance for a graduated return to training

There should be a trained first aider at every game and the principles of first aid, including management of the cervical spine, should be used when dealing with any player who is unconscious or injured.

**Recognise Concussion**
1. **Visible clues of suspected concussion**
   Any one or more of the following visual clues can indicate a possible concussion:

   - Loss of consciousness or responsiveness
   - Dazed, blank or vacant look
   - Unsteady on feet / Balance problems or falling over / Incoordination

   - Lying motionless on ground / Slow to get up
   - Grabbing / Clutching of head
   - Confused / Not aware of plays or events

2. **Signs and symptoms of suspected concussion**
   Presence of any one or more of the following signs & symptoms may suggest a concussion:

   - Loss of consciousness
   - Headache
   - Seizure or convulsion
   - Nervous or anxious
   - Dizziness
   - Balance problems
   - Confusion
   - Neck Pain
   - Nausea or vomiting
   - Feeling slowed down
   - Drowsiness
   - “Don’t feel right”
   - “Pressure in head”
   - More emotional
   - Blurred vision
   - Sensitivity to noise
   - Irritability
   - Sensitivity to light
   - Sadness
   - Difficulty remembering
   - Amnesia
   - Fatigue or low energy
   - Feeling like “in a fog”
   - Difficulty concentrating

**Manage Concussion**
- Any player who has suffered a concussion or is suspected of having a concussion must be **IMMEDIATELY REMOVED FROM PLAY** and medically assessed as soon as possible after the injury. They must not be allowed to return to play in the same game or practice session.
- A concussed player must not return to school or return to training or playing before having a formal medical clearance.
- A concussed child (player aged 5-17) is not to return to play or sport until they have successfully returned to school/learning, without worsening of symptoms. Symptom assessment in the child often requires the addition of parent and/or teacher input.
- The concussion rehabilitation program should be supervised by the treating medical practitioner and should follow a graded, symptom limited progression.

In the best practice management of concussion in football, the critical element remains the welfare of the player, both in the short and long term.

“IF IN DOUBT, SIT THEM OUT”

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