Concussion Facts:
- You do not have to lose consciousness to suffer from a concussion.
- The effects of concussion cannot be seen on standard x-ray, CT scan or MRI.
- Concussion can occur in a game or at training.
- The onset of the effects of concussion may be delayed for up to 24-48 hours.
- Most doctors would argue that the physical benefits of taking part in contact sports outweigh the potential risks associated with sports related concussion.
- Concussion is treatable. By managing concussion appropriately in the early stages and getting help from healthcare professionals such as the GP and physiotherapist where required, you can fully recover from concussion.
- Concussion is treatable. By managing concussion appropriately in the early stages and getting help from healthcare professionals such as the GP and physiotherapist where required, you can fully recover from concussion.

**How to recognise a concussion**

**What you may see when the player is on the field:**
- Loss of consciousness / Lying motionless on ground
- Grabbing / clutching head
- Slow to get up
- Unsteady on feet or falling over
- Seizure or convulsion

**When you talk to the player they may be:**
- Confused
- Disoriented
- Nervous / anxious / irritable
- More emotional / angry / crying / sad
- Just not themselves

**What the player may complain of:**
- Headache
- Dizziness
- Nausea (feeling sick) or vomiting
- Pressure in head
- Blurred vision
- 'Doesn't feel right'
- 'Pressure in head'
- 'Doesn't feel right'
- 'just not themselves'

Later on (at home or next day), player may complain or you may notice:
- Any of the above mentioned
- Trouble sleeping
- Trouble concentrating
- Feeling slowed down
- Slow reaction times
- Increasing or
- More than 1 episode
- Unresponsive or
- Significant neck pain.
- Seizure or convulsion

The signs and symptoms of concussion usually start at the time of the injury but the onset of these may be delayed for up to 24-48 hours.

**What to do if you suspect concussion:**
- **Recognise & Remove**
  If, at any point during a match or training, a player is concussed or has a suspected concussion, that player must be immediately and permanently removed from the field of play. This is known as ‘recognise and remove’.
- **Regress**
  It is the law (Law 3).
  The referee may enforce this rule with or without the support of the coaches to ensure that the players welfare is the primary concern at all times.
- **The player MUST NOT be left alone.**
  A player with suspected concussion should be left in the care of a responsible adult who has been informed of the players suspected concussion.
- **They MUST NOT drive a vehicle.**
- **They MUST NOT consume alcohol.**
- **They MUST NOT return to play before completing the graduated return to play (GRP)**.
Graduated return-to-play (GRTP) strategy

**Graduated return-to-play (GRTP) strategy**

### Graduated return-to-play (GRTP) strategy

**Stage 0**
- Symptom Limited Activity
- Daily activities that do not provoke symptoms e.g. waking up at a comfortable pace, breathing slightly increased.

**Stage 1a**
- Symptom Limited Exercise - exercise that does not provoke symptoms. Slowly build up the duration and intensity of the exercise. (e.g. Walking or jogging at a pace to cause minimal sweating, slight breathlessness and able to hold conversation.)

**Stage 1b**
- Symptom Limited Exercise - exercise that does not provoke symptoms. Slowly build up the duration and intensity of the exercise. (e.g. Walking or jogging at a pace to cause minimal sweating, slight breathlessness and able to hold conversation.)

**Stage 2**
- Increased Aerobic Exercise - Jogging / stationary bike at a pace to cause sweating, breathlessness and able to hold conversation with difficulty.
- Non-contact activities. No resistance training.

**Stage 3**
- Rugby Specific Exercise - Running drills building to 60-80% effort
- Balance exercises
- Lower level resistance training (e.g. body weight exercises)

**Stage 4**
- Non-Contact Rugby - Training drills
- High level balance tasks
- May start progressive resistance training NO CONTACT

**Stage 5**
- Full contact practice following medical clearance, participate in normal training activities.

**Stage 6**
- Return to normal game play.

### Graduated return-to-play (GRTP) strategy

**What the coach must do:**
- Safely remove player from field of play.
- Observe or assign responsible adult to monitor player.
- Ensure any player gets home safely.
- Handover to responsible adult.
- Player to INJ contact parent or guardian to inform of injury.
- Ensure an IRFU injury form is completed.
- Follow the IRFU GRTP.

### Graduated return-to-play (GRTP) strategy

**What the player must do:**
- Stop playing / training if you feel you have a suspected concussion.
- Be honest with how you feel to report to coach or parent.
- Inform your school / work.
- Follow the IRFU GRTP.
- Encourage a teammate to be honest and report symptoms if they have a suspected concussion.

### Graduated return-to-play (GRTP) strategy

**What the parent/ guardian or family member must do:**
- Ensure you have full details of the incident.
- Get player medically assessed by a doctor with expertise in concussion.
- Monitor player for signs and symptoms of concussion for 48-hours.
- Encourage mental and physical rest for first 24-48 hours.
- Inform school / work / other sports of the suspected concussion.
- Ensure player follows the GRUPG.

### Graduated return-to-play (GRTP) strategy

**For further details on GRTP please see the IRFU website and the IRFU GRTP Wallet card**

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**CONCUSSION RECOGNITION TOOL 5 ®**

To help identify concussion in children, adolescents and adults

**FIFA**

- **Stage 0**
  - 0 days
  - Pressure in head
  - Sensitivity to light
  - Restlessness
  - Fatigue or low energy
  - Dizziness

**Stage 1**

- **Symptom Limited Activity**
  - Day 0 to 2 days
  - Days 3-4
  - Days 5-6
  - Days 7-8
  - Days 9-10
  - Days 11-12
  - Days 13-14
  - Days 15-16
  - Days 17-18
  - Days 19-20
  - Days 21-22
  - Days 23-24
  - Days 25-26
  - Days 27-28

**Stage 1**

- **Symptom Limited Exercise**
  - Days 0 to 2 days

**Stage 2**

- **Increased Aerobic Exercise**
  - Jogging / stationary bike at a pace to cause sweating, breathlessness and able to hold conversation with difficulty.

**Stage 3**

- **Rugby Specific Exercise**
  - Running drills building to 60-80% effort
  - Balance exercises
  - Lower level resistance training (e.g. body weight exercises)

**Stage 4**

- **Non-Contact Rugby**
  - Training drills
  - High level balance tasks
  - May start progressive resistance training NO CONTACT

**Stage 5**

- Full contact practice following medical clearance, participate in normal training activities.

**Stage 6**

- Return to normal game play.

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**Report the concussion / suspected concussion to:**
- Club / school
- Go to the IRFU website for the up to date injury report form

**When to seek medical advice:**
- If you have persistent or worsening symptoms consider seeking a physiotherapist as neck and vestibular rehabilitation may help.
- If symptoms of concussion continue for longer than the minimum period stated.
- If player has 2 or more concussions in a 12 month period they should be reviewed by a doctor with expertise in sports related concussion.

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**How is concussion managed?**

**Recommendation:** After a brief period of complete mental and physical rest (1-2 days), players should be encouraged to become gradually more active while staying below the activity level that brings on or worsens symptoms. Mild levels of symptom limited physical and cognitive (mental) activity should be introduced within 3-5 days whilst continuing to avoid contact sports.

**Prolonged rest is not encouraged. Return to learn before return to play**

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**When to seek medical advice**

- At time of injury
- Pre introduction / return to contact sport
- If player has 2 or more concussions in a 12 month period they should be reviewed by a doctor with expertise in sports related concussion.