THE MANAGEMENT OF SPORT-RELATED CONCUSSION IN AUSTRALIAN FOOTBALL: FAQs

Updated 27 April 2021

1. Why do we need guidelines to manage concussion in Australian Football?

Head impacts can be associated with serious and potentially fatal brain injuries. Concussion is caused by trauma to the brain and when the forces transmitted to the brain are high enough, they can injure or "stun" the nerves and affect the way in which the brain functions. It is important that the brain is given an appropriate period of time to recover and that a phased recovery process is followed to decrease the likelihood of any long-term impact from the concussion.

Our previous concussion guidelines were released in 2017 and have now been updated based on the latest research, medical advice and consultation.

2. Who do these guidelines apply to?

The guidelines have been updated and apply to all levels of Australian football below AFL/AFLW and contain specific provisions for children and adolescents (aged 5-17 years).

3. Who did the AFL consult with in developing these guidelines?

The AFL Chief Medical Officers led a consultative process in the development of these guidelines, including meeting with other medical experts and representatives of State bodies.

The AFL Doctors Association and AFL regularly review and refine their approach to the assessment and management of sport-related concussion (SRC) based on recommendations from the International Conference on Concussion in Sport, regular collaboration with other national and international sporting codes, and their experience with previous AFL Concussion Guidelines. The Guidelines continue to reflect a pragmatic translation of the consensus statement from the International Conference on Concussion in Sport for the management of concussion in Australian Football.

4. What is different in the updated guidelines for managing concussion in Australian Football, compared to what was previously in the guidelines for community football?

The Guidelines continue to reflect the latest medical advice on managing concussion in Australian Football. The key differences from the previous guidelines to manage concussion in Australian Football include:

- Greater detail around the process to return to play following a concussion including allowing a brief period of complete rest, returning to symptom limited activity,

returning to a graded loading program (with monitoring) and getting a medical clearance prior to returning to competitive contact sport or full-contact training.

- The need for a more conservative approach in children and adolescents given they typically recover slower.
- The earliest that a player may return to play (once they have successfully completed a graded loading program and they have obtained medical clearance) is on the 12th day after the day on which the concussion was suffered.

5. The graded loading program in the policy takes 12 days to complete. Does that mean any concussed player can return after 12 days out?

No. Every case is different and a player may take longer to return depending on their symptoms. Each player should follow the graded loading program and receive the appropriate medical approval before progressing to the next stage. If symptoms persist or return at any stage of the process, individuals must go back to a previous step in the process.

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6. What is different about the guidelines for community football compared to the recently released guidelines for AFL / AFLW?

The guidelines recognise that in many community football clubs there is a lack of medical doctors to oversee each stage of the return to play program (in comparison to AFL / AFLW clubs) and that there is often a lack of baseline testing to help in assessing for concussion and monitoring return to play following a concussion. Therefore, it outlines that a more conservative approach is required if there is a lack of baseline testing and lack of active medical practitioner oversight of each stage of the graded return to football.

The guidelines also outline the importance of a more conservative approach in certain situations including for children and adolescents, players with a history of concussion and where there is a recurrence of symptoms at any stage during the return to play program.

7. Are Leagues and Clubs legally obliged to adopt and follow these guidelines?

All community football leagues that are directly controlled by the AFL (and clubs that play in those leagues) must comply with these guidelines. For other community football leagues, they are **strongly** encouraged to adopt the guidelines as compulsory.

For the most part, the enforcement of the guidelines will be undertaken by clubs. The guidelines are principally about protecting the health and safety of players and clubs will be highly motivated to protect their players and the prioritisation of rest and rehabilitation over an early return to play.

However, where the guidelines are compulsory, if leagues become aware of a serious breach of the guidelines, they should take steps to protect the health and safety of players

where it is appropriate to do so. A serious breach of these guidelines may result in a serious risk to the health and safety of players.

The AFL will provide assistance to leagues in respect of issues that may arise in the enforcement of the guidelines in connection with a serious breach.

8. Can leagues and associations adopt their own guidelines?

For leagues that are not directly controlled by the AFL, they will need to determine whether to adopt and enforce the guidelines. However leagues in that position are strongly encouraged to do so and need to carefully consider adopting concussion management practices that are inconsistent with the guidelines. These guidelines reflect the latest medical advice on managing concussion in community football competitions and prioritise the short- and long-term health of players who have or are suspected to have suffered a concussion.

Leagues that adopt concussion management practices that are "less conservative" than those set out in the guidelines need to consider whether doing so is in the best interests of (1) player health and safety (2) Leagues and Clubs with respect to potential legal liability to players in the unfortunate circumstance of (further) injury and/or the availability of public liability insurance to defend personal injury claims that may be brought against them.

9. Why are we more conservative with kids?

The timeframe is likely to be longer in children and adolescents, where a more conservative approach is important as it is recognised that recovery from concussion tends to be slower in this group.

In general, children and adolescents (aged 5-17) require a different approach from adults because their brains are developing, and they need to continue learning and acquiring knowledge. As such, the priority is not just player welfare and return to sport, but a critical element is return to school and learning.

The guidelines explain the important steps that should be taken in order for players to return to play following concussion.

10. How can Leagues and Clubs implement / follow these guidelines?

There are a range of key steps to following the guidelines. These include:

- Recognising suspected concussion
- Removing the player from the field of play if a concussion is suspected
- Referring to a medical doctor for assessment
- Allowing a brief period of complete rest
- Returning to symptom-limited activity
- Returning to a graded loading program (with monitoring)
- Getting a clearance from a registered medical doctor before returning to competitive contact match play or training

It is important that Leagues and Clubs work to educate their players, parents, coaches, trainers and others involved in community football about the importance of following the steps outlined in the guidelines.

The AFL-approved concussion management app HeadCheck (headcheck.com.au) should be utilised to recognise and assist in the management of any suspected concussion for both adults and children. Headcheck was developed in collaboration with the Murdoch Children's Research Institute and a panel of sport-related concussion experts led by Professor Vicki Anderson.

11. Who can provide a medical assessment following a concussion and who can provide the medical clearance to return to competitive sport or full-contact training?

Management of a head injury is difficult for non-medical personnel. In the early stages of injury, it is often not clear whether you are dealing with a concussion or there is a more severe underlying structural head injury. For this reason, ALL players with a suspected concussion need an urgent medical assessment (with a registered medical doctor). This assessment can be provided by a medical doctor present at the venue, local general practice or hospital emergency department.

If the player has concussion-related symptoms for more than 10-14 days (or four weeks in children/adolescents), or there is any uncertainty about recovery following concussion, then review by a medical practitioner with expertise in concussion (e.g., sport and exercise medicine physician, neurologist) is strongly recommended.

Clearance by a medical doctor is required before the player can return to the final full contact training session and competitive contact sport.

The player should also have a medical clearance (e.g., physiotherapist, sports trainer, first aider) to confirm that the player has had no concussion-related symptoms for at least 1 day prior to entering the individual phase of the graded loading program and also before entering the full team training phase of the graded loading program.

12. How can we recognise a concussion?

The guidelines outline at range of clues that can indicate a possible concussion including (but not limited to) loss of consciousness, unsteady on feet, dazed or blank look, impaired memory or the player reporting a headache or blurred vision. Loss of consciousness, confusion and memory disturbance are all classic features of concussion. However, the problem with relying on these features to identify a suspected concussion is that they are not present in every case.

Tools such as HeadCheck or the Concussion Recognition Tool 5th edition (CRT5) should be used to help identify a suspected concussion.

It is important to note however that brief sideline evaluation tools (such as HeadCheck or the CRT5), are designed to help identify a suspected concussion. They are not meant to replace a more comprehensive medical assessment and should never be used as a stand-alone tool for the management of concussion.

Any player who has suffered a concussion or is suspected of having a concussion must be medically assessed as soon as possible after the injury and must NOT be allowed to return to play in the same match/training session.

13. Are there any tools that may be able to help in diagnosing concussion or determining when it is ok to return to play?

Currently, there are no commercially available tools (impact sensors, goggles, balance apps, etc) that can be relied upon to either diagnose or exclude a concussion.

There is no evidence that impact sensors (e.g., in mouthguards or helmets etc.) are reliable in diagnosing or excluding concussion at the time of injury. Studies are currently underway to consider impact sensors – however, these are primarily being used to monitor head impacts (number and force involved) rather than diagnosing or excluding concussion.

Eye scan tools may be a useful tool to add objective information to the concussion assessment (both in diagnosis and / or monitoring return to play). However, further scientific research is required to assess the potential of this tool and it should not be used in isolation and a thorough assessment by a medical doctor is required for diagnosis or return to play decisions.

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