

CONCUSSION

5 R's



R ecognise

- RED FLAGS**
- Deteriorating consciousness state
 - Fits/seizures/convulsions
 - Burning/tingling in limbs
 - Increasing or worsening headache
 - Repeated vomiting
 - Deteriorating vision or speech
 - Severe or unusual neck pain

- DEFINITE SIGNS**
- Loss of consciousness
 - Ataxia (staggering, inappropriate movements, loss of balance)
 - Convulsions/seizures
 - Tonic posturing
 - Clearly dazed, vacant, disorientated
 - Player reports new or progressive concussion signs
 - No protective mechanism when falling

R emove

- Evaluation by appropriate healthcare professional
- Address first aid issues (? Blood)
- Must not return to sport that day
- Be accompanied and monitored by a responsible adult
- Must not drive
- Must not drink alcohol
- Must not consume aspirin, anti-inflammatories (Panadol okay)

R efer

- To ED if any red flags present
- At 48hrs or 2 sleeps having ongoing symptoms – review with a sports doctor (or any doctor that is experienced in concussion assessment and management)
 - E.g. Tuesday after Sunday game

SPORTS DR'S

- Dr Simon Jenkin
- Dr Tane Eunson
- Dr Jane Taylor
- Dr Tom Hill
- Dr Casey Whife
- Dr Anthony Henderson
- Dr Lionel Lim
- Dr Garrett Leonard
- Dr Jonathan Charlesworth

R est

- Stay below a symptomatic threshold – headache, light-headedness
- Minimize the energy cost on the brain
- School/Work/Life – limit social media/TV usage
- Exact time frame – different for everyone but player should be symptom free (young brain = longer)

R ecover

- *Prioritize return to learn / return to work*
- 24 hours between sessions – symptoms exacerbate then return to previous stage
- Consult an appropriate medical professional for structured plan and advice

Ascend Physiotherapy

HBF Stadium (bottom level)

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