




# USA Rugby CONCUSSION RETURN TO PLAY PROTOCOLS

## INTRODUCTION

The following minimum rest periods (**no excessive physical or intellectual exercises**) are to be followed by all players if diagnosed with a concussion or when a player is suspected of having concussion during a Game or training at which there is no appropriately qualified person present. GRTP (Graduated Return to Play) should only be commenced after the completion of the minimum rest period for each age group and only if the player is symptom free and off medication that modifies symptoms of concussion. Medical or approved healthcare professional clearance is required prior to commencing a GRTP.

**Any player with any symptoms following a head injury should not return to training or playing whilst symptoms persist.**

**A second head impact in a player who has not fully recovered from concussion could lead to dangerous neurological complications, including death**

AGE GROUP	MINIMUM REST PERIOD POST CONCUSSION		GRTP		MINIMUM NUMBER OF MISSED WEEKENDS
U/6 - U/19 (ages 5-18)	2 weeks	<b>Caution!</b> Return to play protocol should be started only if the player is symptom free off medication that modifies symptoms of	4 Stage GRTP with progression every <b>48 hours</b> if asymptomatic <b>Total GRTP days = 8 days.</b>	<b>Caution!</b> Contact Sport should be authorized only if the player is symptom free off medication <b>MEDICAL CLEARANCE RECOMMENDED</b>	<b>Earliest Return to play</b> = 2 weeks rest post injury + 8 days GRTP <b>(Play - Day 23 post injury)</b> 3 Weekends missed
Adults (Players 19 years and over)	24 hours		4 Stage GRTP with progression every <b>24 hours</b> if asymptomatic <b>Total GRTP days = 4 days.</b>		<b>Earliest Return to play</b> = 24 hours rest post injury + 4 day GRTP <b>(Play - Day 6 post injury)</b>
 <b>Any player with a second concussion within 12 months, a history of multiple concussions, players with unusual presentations or prolonged recovery should be assessed and managed by health care providers (multidisciplinary) with experience in sports-related concussions. If this expertise is unavailable the player should be managed using the protocol from the lower age group.</b>					

## NOTES

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- As per IRB Regulation 10 - All Players who are suspected of having concussion during a Game or training at which there is no appropriately qualified person (as applicable in the relevant jurisdiction) present are considered to have a diagnosed concussion.
- The IRB recommends that the "Gold Standard" concussion management be implemented for all players diagnosed with a concussion or when a player is suspected of having concussion during a Game or training at which there is no appropriately qualified person present. This 'Gold Standard' includes
  - assessment by a physician familiar with international concussion protocols
  - thorough, serial symptom analysis
  - general and neurological examination
  - balance assessment
  - assessment of cognitive function preferably compared to a pre-injury baseline
- The IRB recognizes that there may be considerable diversity in healthcare support across and within each Member Union. Because of this diversity each Union is encouraged to identify the roles and responsibilities of licensed Health Care Professionals (HCP) and to establish a definition of 'licensed' Health Care Professional relevant to their respective jurisdiction.
- Each Union will be responsible for confirming who is approved or licensed to:
  - a) diagnose a concussion
  - b) provide clearance to start a Graduated Return to Play (GRTP)
  - c) provide clearance to RTP.
- During the Zurich 2012 Consensus meeting, 'rest' was discussed in two situations.
  - a) **Rest after an acute concussion and within 24 hours of the injury** - in this situation rest should be more complete physical and cognitive rest.
  - b) **Rest related to delayed recovery** - in this instance rest was defined as being activity below the level at which physical activity or cognitive activity provokes symptoms