



NRL - COMMUNITY HEAD INJURY RECOGNITION AND REFERRAL FORM

A. GENERAL INFORMATION

Player Name: Age: Club:

Examiner Name: Examiner qualifications:

Date: Half: Approximate Time in Half: Position of Player:

B. STRUCTURAL HEAD OR NECK INJURY

1. Are there clinical features of a potentially serious or structural head and/or neck injury, including prolonged loss of consciousness (>1 minute) requiring urgent and emergency hospital transfer?¹ Yes No

C. REMOVAL FROM PLAY

Players MUST be removed permanently from play if any of the following are observed by anyone; including coaches, parents and other players

	YES Observed Directly	YES Reported	NO
2. Loss of consciousness (or prolonged loss of movement of > 1 – 2 seconds) or not responding appropriately to trainers, referees or other players	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No protective action in fall to ground (not bracing for impact/ floppy or stiff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Impact seizure/convulsion/fit (stiffening or shaking of arms and/or legs on impact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Balance disturbance ² or Clumsy (loss of control over movements) or slow to get up following a possible head injury (10-15 seconds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Dazed or blank/vacant stare or not their normal selves/not reacting appropriately to surroundings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Unusual behaviour for the player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Confusion or disorientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Memory impairment (e.g. fails Maddocks questions – refer to CRT5 ¹)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Player reports or displays any other concussion symptoms (refer to CRT5 ¹)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT TO REMEMBER

- Any player who is unconscious should be suspected of having a spinal cord injury and treated appropriately. This includes DRABC (Danger, Response, Airway, Breathing, Circulation) and they should not be moved unless appropriately trained personnel are present.
- If the player has weakness or tingling/burning in the arms and/or legs, they should be treated as if they have a spinal injury and an ambulance called.
- A player with a **facial injury** after head trauma should be assessed for signs and symptoms of concussion.
- Players must be **HONEST** in reporting how they feel. Uncooperative behaviour by players should be considered a possible sign of concussion and result in their removal from play as a potential head injury.

¹ Refer to the NRL Concussion Management Guidelines available on the Play NRL website: <http://www.playnrl.com> and use the **Concussion Recognition Tool 5 (CRT5)** <http://bjsm.bmj.com/content/early/2017/04/28/bjsports-2017-097508CRT5>

² NOTE: 'Balance disturbance' is defined as when a Player is unable to stand steadily unassisted or walk normally and steadily without support in the context of a possible head injury.

D. OUTCOME AND ACTION

If 'Yes' is selected for question 1, an ambulance must be called for immediate transfer to hospital

If 'Yes' is selected for any of questions 2-10, **immediate** removal from play and medical assessment³ are required

A player who is removed from play for concussion or possible concussion MUST NOT return to play until formally cleared by a doctor. If any RED FLAGS listed in the CRT5 are present or there is any other concern – call an AMBULANCE.

A PLAYER SUSPECTED OF HAVING SUSTAINED A CONCUSSION MUST NOT BE ALLOWED TO RETURN TO THE FIELD OF PLAY ON THE DAY OF THE INJURY EVEN IF THE SYMPTOMS RESOLVE. HE/SHE MUST BE SENT HOME IN THE CARE OF A RESPONSIBLE ADULT.

PLEASE REFER TO NEXT PAGE TO COMPLETE ASSESSMENT FOR PLAYERS REQUIRING MEDICAL REVIEW FOR SUSPECTED CONCUSSION

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Player Name:

Date:

E. SYMPTOM RECORD – complete based on how the player feels **now**. (Helpful for medical follow up.)

A Parent should help answer these questions if the Player is 12 years old or younger

	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
“Pressure in head”	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like “in a fog”	0	1	2	3	4	5	6
“Don’t feel right”	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or anxious	0	1	2	3	4	5	6
Trouble Falling Asleep (If applicable)	0	1	2	3	4	5	6

If you know the player (or ask parents/friends), how different is the player acting compared to his/her usual self?

No different	Very different	Unsure	N/A
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SIGNATURE OF EXAMINER

Signed:

Date:

Time completed:

The NRL require the injured player to be assessed by a **Doctor** as soon as possible after a head injury **PRIOR** to returning to a graduated structured training program.

POST CONCUSSION INJURY ADVICE – for person monitoring the injured player

- Recovery time from concussion is variable and signs and symptoms can evolve over minutes or hours
- If the player displays ANY of the following: vomiting, neck pain, severe or worsening headache, double vision, excessive drowsiness, convulsions or change in behaviour; then call an ambulance or contact your doctor or the nearest emergency department **immediately**
- Rest (physical and mental) - including any training until medically cleared (at least 24-48 hrs)
- **NO** alcohol until medically cleared
- **NO** driving until medically cleared
- **NO** medications such as sleeping pills, aspirin, anti-inflammatories or sedating pain killers
- **Please take this completed form to your doctor to assist with the assessment – it is recommended that you book a long consultation with your doctor**

A final consultation by a Doctor, to clear the player medically fit before full contact training and match play, MUST be undertaken.

It is preferable that the same doctor performs all the assessments (including initial and final clearance) is possible.



NRL COMMUNITY HEAD INJURY/CONCUSSION MEDICAL CLEARANCE

NOTES FOR THE TREATING DOCTOR / MEDICAL PRACTITIONER

Please refer to the NRL Concussion Management Guidelines available via the website: <http://www.playnrl.com>

A concussed rugby league player requires a formal medical clearance to return to training and competition.

The NRL recommend that the injured player be assessed by a medical practitioner as soon as possible after a head injury, prior to returning to a graduated structured training program with a mandatory **final** consultation to clear the player medically fit **before** full contact training and match play is undertaken. It is recommended that the same medical practitioner (doctor) performs all the assessments on a player for each concussion episode/presentation.

In accordance with the current Concussion Guidelines, there is no defined mandatory period of time that an NRL player must be withheld from play following a concussion but a 6 stage graduated return to play must be undertaken. The duration of exclusion from play is based on an individual's recovery as managed by a medical practitioner. However, before a player can start a graduated return to sport protocol, the player should be symptom free at rest for a minimum of 24-48 hours. Children and adolescents (18 years old and younger) should be treated more conservatively. A **graduated return to learn** (school or other education) and/or work **must be completed prior** to commencing a return to sport (refer to <http://bjsm.bmj.com/content/bjsports/early/2017/04/28/bjsports-2017-097699.full.pdf>). A concussion recovery is generally considered **prolonged** if it is greater than 2 weeks in adults and 4 weeks in children/adolescents.

Conventional imaging (e.g. CT or MRI) should be considered in cases where there is concern regarding an underlying structural brain, skull or neck injury.

It is useful to use the SCAT5 and Child SCAT5 forms for all assessments and comparing the symptoms to those initially reported (bear in mind that new/different symptoms can present) and ensuring that no clinical signs are present.

SCAT5: <http://bjsm.bmj.com/content/bjsports/early/2017/04/28/bjsports-2017-097506SCAT5.full.pdf>

Child SCAT5: <http://bjsm.bmj.com/content/bjsports/early/2017/04/28/bjsports-2017-097492childscat5.full.pdf>

Graduated Return to Sport Protocol – AFTER initial rest (Physical and Mental) of at least 24-48 hours

- 6 stages – generally at least 24 hours per stage
- Proceed to next level if symptom free
- If any symptoms return, rest for 24 hours and start at prior asymptomatic stage once symptom free again
- Usually takes at least 1 week

PLAYER AND PARENT HONESTY IS VITAL IN THIS PROCESS – IT IS THEIR RESPONSIBILITY

Rehabilitation Stage	Functional Exercise at each stage	Objective
1. Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2. Light aerobic exercise	Walking or exercise bike (slow to medium pace)	Increase heart rate
3. Sport specific exercise	Running drills (no head impact activities)	Add movement
4. Non contact training drills	Progress to more complex training drills eg passing drills. May start progressive resistance training	Exercise, coordination & cognitive load (increased thinking)
5. Full contact training	After medical clearance	Restore confidence and coaching staff to assess functional skills
6. Return to play	Normal game/match play	Symptom free

Screening computerised cognitive tests provide a practical method for the assessment of cognitive recovery. A number of screening computerised cognitive test batteries have been validated for use following concussion in sport and are readily available on-line (e.g. AXON CogState Sport, ImPACT). You may utilise these at your clinical discretion but they are not routinely recommended for children.

The following is a guide to the return to contact training and match play medical examination of a concussed player:

The **minimum standard** is that a player **must** be symptom free at rest and on exertion, returned fully to school/work, determined to have returned to baseline level of cognitive performance, and is confident and comfortable to return to play.

If the answer to any of the following 4 questions is 'Yes', the player requires further observation and/or a referral for specialist (Neurologist, Neurosurgeon or Sport and Exercise Physician with an interest in Concussion) assessment.

1. Are there any neurological or other worrying symptoms on questioning, or signs on examination?
2. Is the player experiencing ongoing symptoms suggestive of concussion?
3. The player has **NOT** fully returned to their usual work or education/school?
4. Does the player experience any concussion type symptoms when exercising?

Difficult or complicated cases (e.g. prolonged recovery or recurrent concussion) should be referred to a clinician or neurologist with expertise in concussion.

MEDICAL CLEARANCE – TO BE COMPLETED BY A DOCTOR

I have examined: , following the head injury sustained on and declared him/her medically fit⁴ to contact train and return to match play.

Practitioner Name:

Medical Practice Stamp:

Signed:

Date:

⁴ Please refer to the notes for medical practitioners (above) when assessing the player and determining his/her medical fitness to train and play.