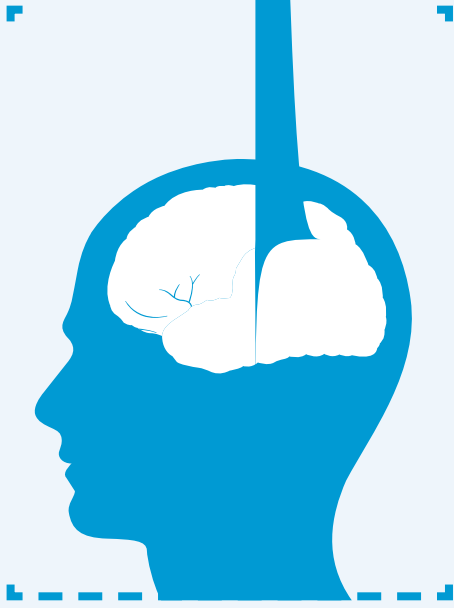




# Summary Points





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**The FA's**

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# What is concussion?

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**The FA's**

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# How to recognise a concussion

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If any of the following signs or symptoms are present following an injury the player should be suspected of having a concussion and immediately removed from play or training and must not return to play that day. The Pocket Recognition tool may be used as an aid to the pitchside assessment (see Useful Links section)

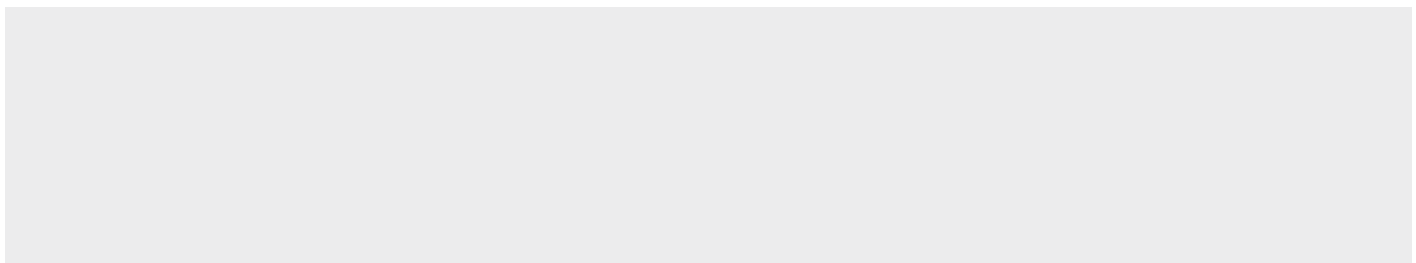
**If in doubt sit them out.**



Visible clues (signs) of concussion



Symptoms of concussion



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**The FA's  
Concussion  
Guidelines**

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# 4

# Returning to play

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, % - ' , % , % # + # \$2! - , ! 3 1 1 ! - 0, 3 1 . # ! 2-# ! 3 1 1 ' - ,

**The FA's**

**Concussion**

**Guidelines**

If in doubt sit them out.

# Ongoing management

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## Rest the body rest the brain.

Rest is the cornerstone of concussion treatment. This involves resting the body, 'physical rest', and resting the brain, known as 'cognitive rest'. The period of rest allows symptoms to recover and in the non-professional setting allows a return to work or study prior to resuming training and playing.

### Rest means avoiding:

- F Physical activities such as running, cycling, swimming, physical work activities etc.
  - F Cognitive activities (thinking activities), such as school work, homework, reading, television, video games
- diagnosis of concussion may need to have allowance made for impaired cognition during recovery, such as additional time for classwork, homework and exams

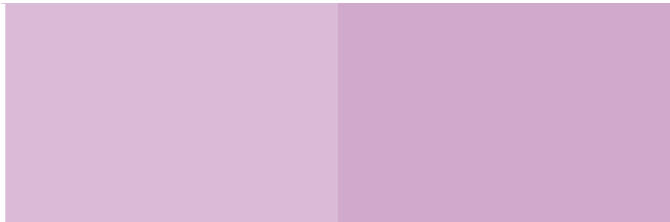
### Anyone with a concussion or suspected concussion should NOT:

- F be left alone
  - F consume alcohol
- thereafter should avoid alcohol until free of all



# Graduated return to play protocol

Stages 2-5 take a minimum of 24 hours in adults, 48 hours in those aged 19 and under.



rest @ \$2#0 2&# ' , '2' swimming, stationary  
 -\$ Ñ Ó Ó × & 01 0#12A 2&#  
 . \* 7#0 1&-3\*" %0 "3 \*\*7  
 0#', 20-"3!# 2&#'0 , -0+  
 !2'4'2'#1 -\$ " '\*7 \*4 , %  
 .0-4'"#" 2&'1 "-#1 , -2  
 \*# " 2- 5-01# , , % -\$  
 2&#'0 17+.2-+1 @ \$ 2&#  
 17+.2-+1 "- 0&#30,  
 . \* 7#0 1&-3\*" 0#12 % '  
 3, 2'\* 17+.2-+ \$0##

F '+. \*#-4#+#, 12'4'2'#  
 e.g. running drills  
 F '+ '2- "7 , " &# "  
 movement  
 F &# "+. !2!2'4'2'#1  
 ', !\*3"', %&# "' , %

F 0-%0# 12!+-0#  
 complex training activities  
 with increased intensity,  
 coordination and attention  
 e.g. passing, change of  
 direction, shooting,  
 small-sided game  
 F 7 12 0#1'12 , !#  
 training  
 F &# "+. !2!2'4'2'#1  
 ', !\*3"', %&# "' , %  
 goalkeeping activities  
 should avoid diving and any  
 risk of the head being hit by  
 a ball

F -0+ 20 ' , , !2'4'2'#1 F \* 7#0 & ' '\*2 2#"  
 e.g. tackling, heading,  
 diving saves

F - 20 ' , , %

F #-4#07

F , !0# &# 022#

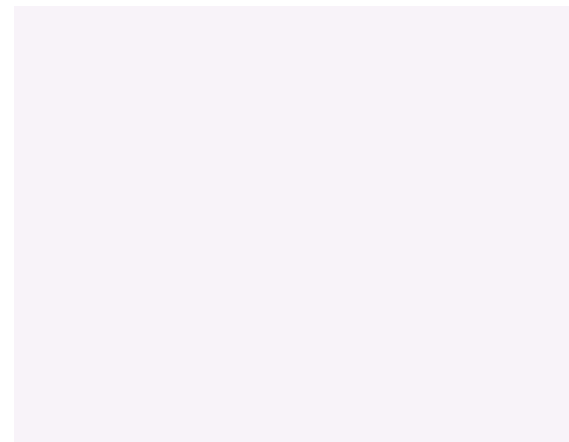
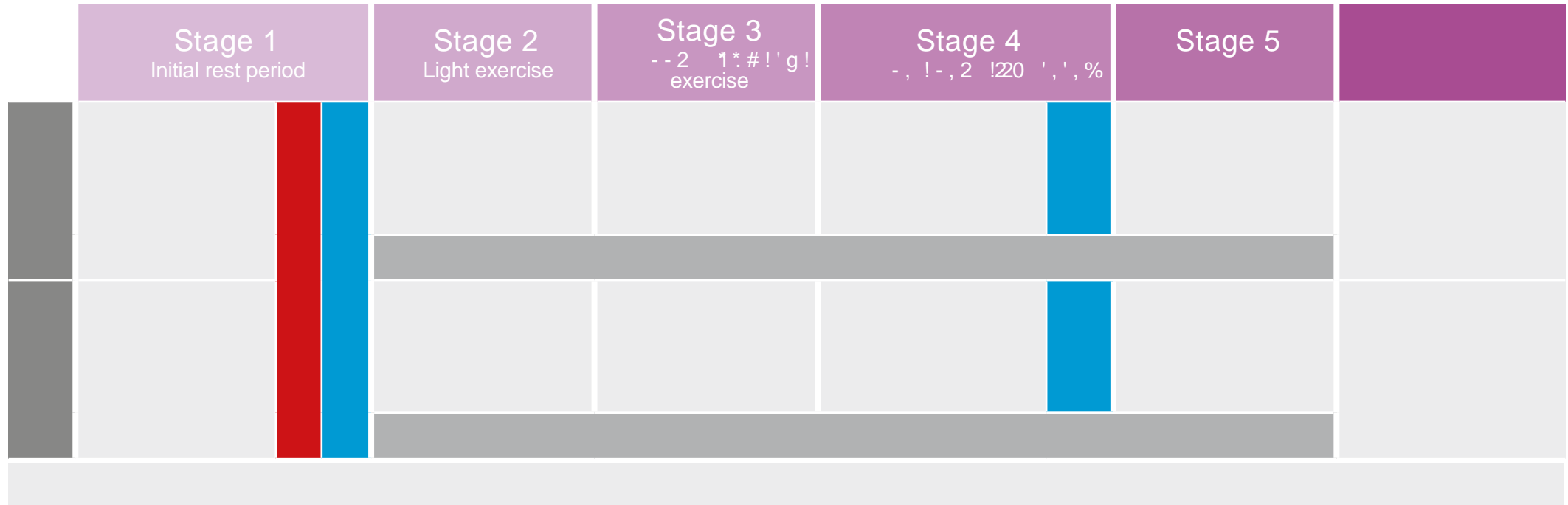
F " "+-4#+#, 2

F 6#0! À

F - 17+.2-+2&# , "  
 -\$5##) 1

# Standard Return to Play Pathway

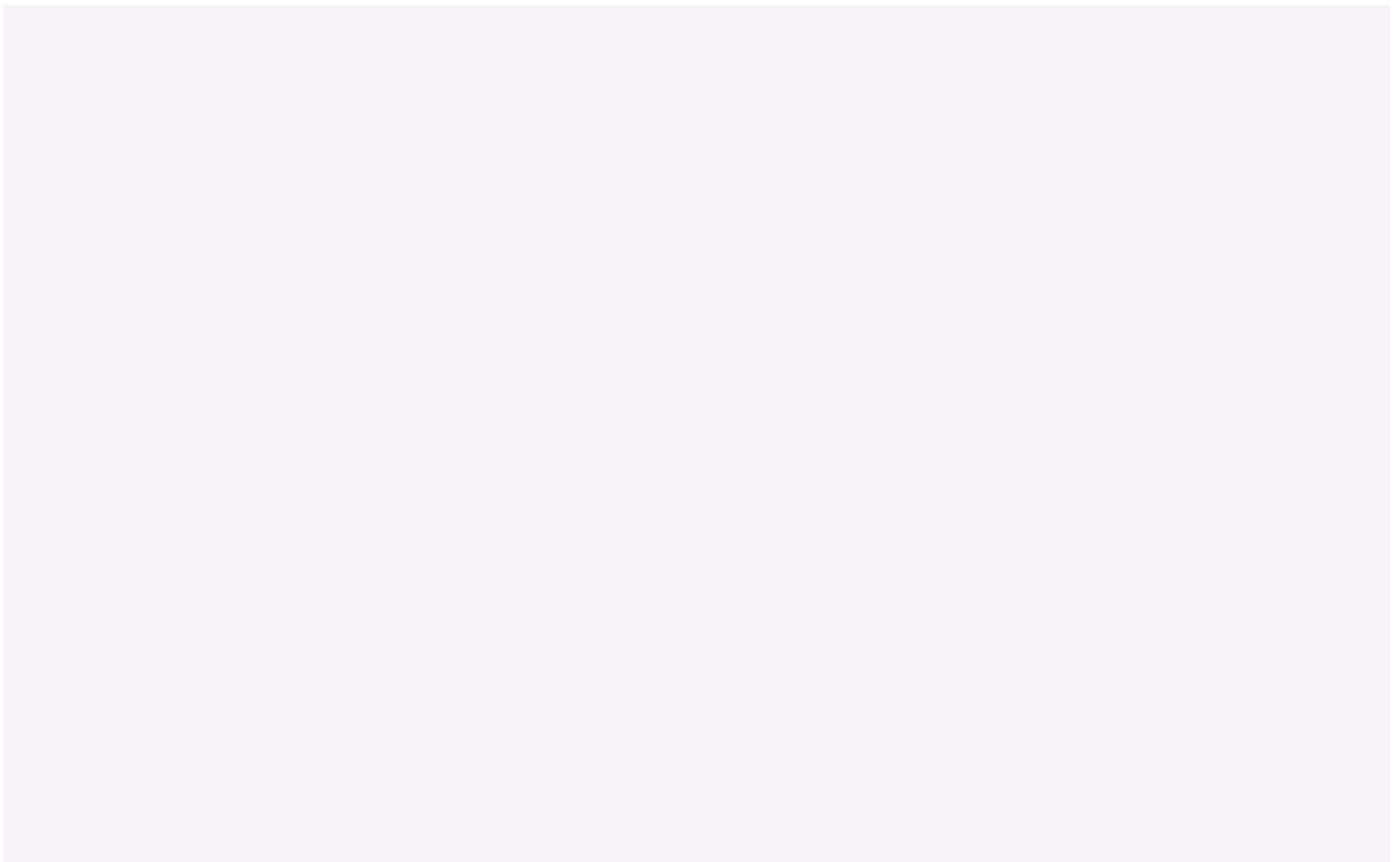
The minimum time in which a player can return to play in the standard care setting is summarised in the table below. Each day comprises a 24 period. The pathway begins at midnight on the day of injury.



# Enhanced Care Setting

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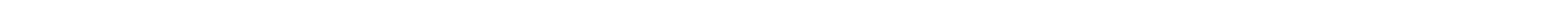
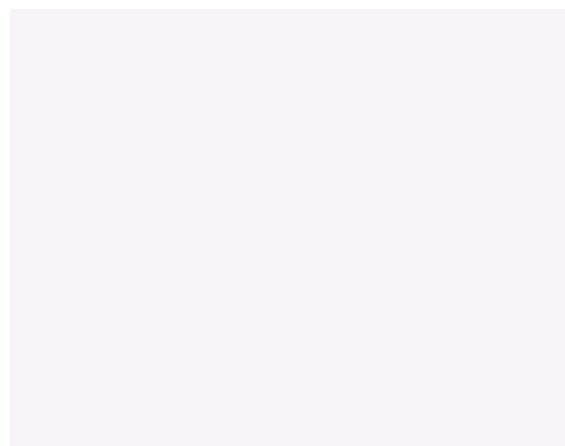
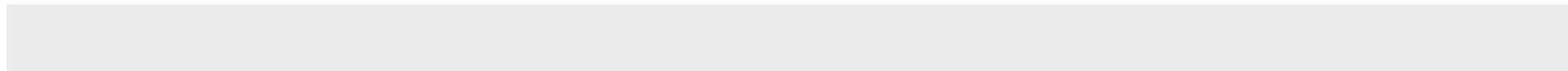
, 1 - + #' 0! 3 + 1 2 H! #3! & 0 - \$ # 1 1 ' \* 3 \* 1, 2 # 0 , 2 2-#, † 1 " ! " # + ' # 1 J  
there may be a enhanced level of medical care available which allows closer supervision of  
. \* 7 # D `0! #, " % 0 " 3 Q# 2 30. \* H J, @ & # ' 1, # 2 , ! # 1 & - 0 2 # + 0 # \$ 0 + #  
\$ - 0 # 2 30. \* H ↓ 7 #. - 1 1 ' \* 3 2, \* 3 , " # 1 0 2 0 1 3 2 # 0 4 ' 1 2- & # . 0 - . 0 ' 2 #  
medical personnel as part of a structured concussion management programme. It is never  
appropriate for a player und.4 <59er und.4 <59er ue7-3.4Ind.4 <59er ue 0 Td 3tenTj 02>]TJ /



# Enhanced Care Setting

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The minimum time in which a player can return to play in the Enhanced Care Setting is summarised by the table below. Each day comprises of





# Useful links

# 0 \* ' , concussion group consensus statement  
& 22 . B G G ( 1 + @ + ( @ ! - + G ! - , 2 # , 2 G Ó Ö G Ô ð G ð D G x Ô )

## SCAT Ô

& 22 . 1 B G G ( 1 + @ + ( @ ! - + G ! - , 2 # , 2 G ( 1 . - 0 2 1 Q Ñ Ĩ Đ Ö Q ĩ Ø Ö Ó Ø Ñ ! & ' \* " 1 ! 2 Ô @ \$ 3 \* \* @ . " \$  
# 0 \* 7 G Ñ Ĩ Đ Ö G ĩ Ó G Ñ Ö G ( 1 . - 0 2 1 Q Ñ Ĩ Đ Ö Q ĩ Ø Ö Ó Ø Ñ ! & ' \* " 1 ! 2 Ô @ \$ 3 \* \* @ . " \$  
[www.axonsports.com](http://www.axonsports.com)

## Paediatric SCAT Ô

& 22 . 1 B G G ( 1 + @ + ( @ ! - + G ! - , 2 # , 2 G ( 1 . - 0 2 1 G  
# 0 \* 7 G Ñ Ĩ Đ Ö G ĩ Ó G Ñ x G ( 1 . - 0 2 1 G  
[www.impacttest.com](http://www.impacttest.com)

## Pocket RecognitionTool

& 22 . B G G ( 1 + @ + ( @ ! - + G ! - , 2 # , 2 G Ó Ö G Ô ð G ð D G x Ô )  
Multidisciplinary concussion management team  
[www.iseh.co.uk](http://www.iseh.co.uk)

## Useful adjuncts to concussion assessment and management:

### Cogstate

Baseline cognitive testing  
[www.axonsports.com](http://www.axonsports.com)

### imPACT

Baseline cognitive testing  
[www.impacttest.com](http://www.impacttest.com)

### ISEH

Multidisciplinary concussion management team  
[www.iseh.co.uk](http://www.iseh.co.uk)

### Headway

Guide for GPs  
[www.headway.org.uk](http://www.headway.org.uk)

### Brain and Spine Foundation

Charity offering support and advice  
[www.brainandspine.org.uk](http://www.brainandspine.org.uk)

### FA ' ! - 3 0 1 #

" 4 , ! # " . ' 2 ! & Q 1 ' " # 2 0 3 + + , % # + # , 2  
" - ! 2 - 0 1 A . & 7 1 ' - 2 & # 0 . ' 1 2 1 , " \* \* ' # " &  
. 0 - \$ # 1 1 ' - , \* 1 5 - 0 ) ' , % ' , \$ - - 2 \* \*  
& 22 . B G G 5 5 5 @ 2 & # \$ @ ! - +

### FA ' course

, 2 # 0 + # " ' 2 # . ' 2 ! & Q 1 ' " # 2 0 3 + + , % # + # , 2  
" - ! 2 - 0 1 A . & 7 1 ' - 2 & # 0 . ' 1 2 1 , " \* \* ' # " &  
. 0 - \$ # 1 1 ' - , \* 1 5 - 0 ) ' , % ' , \$ - - 2 \* \*  
& 22 . B G G 5 5 5 @ 2 & # \$ @ ! - +

### Birmingham Sport Concussion Clinic

& 22 . B G G 5 5 5 @ 3 & @ , & 1 @ 3 ) G 1 . - 0 2 Q , "  
[medicine.htm](http://medicine.htm)

### Spire Perform - Southampton

& 22 . B G G 5 5 5 @ 1 . ' 0 # . # 0 \$ - 0 + @ ! - + G 1 - 3 2  
1 # 0 4 ' ! # 1 G ! - , ! 3 1 1 ' - , Q 1 # 0 4 ' ! #