



CONCUSSION

Prevalence

- Commonest neurological illness in young people
- Accounts for 5-15% of total injuries in most contact sports

Symptoms and Signs

- Wide variety
- Do not need loss of consciousness to be concussed
- Amnesia, dizziness, blurred vision, nausea, headaches, attentional deficits, loss of consciousness

Severity

- Difficult to grade
- Should monitor symptoms – any change is more significant than any individual symptom

Management

- **Immediate** | DR ABC
 - D - danger R - response
 - A - airways B - breathing C - circulation and cervical spine
- **Later**
 - Full neurological examination
 - Regularly monitored
 - Home with a responsible adult, and a head injury card
 - No drinking, driving or drugs
- Investigations usually normal

Return To Play

- Contentious
- Traditional 3 weeks off
- More sensible to regularly assess the player
- Decision should be symptom based
 - Any symptoms: no play or training
 - Symptom free: graduate return
 - Any recurrence: further rest



Post Concussion Issues

- Second impact syndrome – probably does not exist
- Post concussion syndrome
- Concussive convulsions
- Cumulative effects

Prevention

- Helmets – no evidence this reduces risk of concussion in football codes
- Correctly fitted mouthguard
- Technical factors such as tackling techniques
- Neck muscle conditioning
- Proper coaching
- Rule changes (ban spear tackling/head high tackling)
- Padding goalposts