

CONCUSSION: September 2015

About concussion and recovery from concussion.

- The acute symptoms of concussion largely reflect a disturbance in the functioning of the brain rather than an injury to the skull, scalp or any other part of the head.
- Such symptoms can include inattention, impaired decision making, unsteadiness and fatigue, irritability, slowed reaction times and sleep disturbance (e. g. insomnia).
- The majority (80–90%) of concussions resolve in a short (7–10 day) period, though in some cases symptoms may be prolonged
- Always remember that the shock of the concussion injury can exacerbate the effects of the injury. The effects of emotion on the concussed person and their family should not be underestimated.
- If someone is concerned about a family member or friend who has sustained a suspected concussion then medical advice should be sought
- Concussion can be difficult to diagnose. There can be late onset symptoms, with the concussed person reporting they are quite all right at the time, but then headache, memory/concentration problems, fatigue becoming more obvious later.
- Some concussion symptoms involve how someone feels rather than memory/confusion or balance, and some can find it very difficult to make accurate reports on their feelings. Assessment of concussion should accept vague reports such as 'I am still fuzzy headed', or 'I don't feel quite right', as indicating that the concussion is still recovering even if symptoms such as poor memory, heavy fatigue or headaches have gone.
- We advise that those who know the concussed person should use their everyday observations of their behaviour, to help judgement of recovery. When the concussed person says that they are symptom free, to make doubly sure of recovery ask the questions;
 - Does the person avoid or have marked difficulty with physical activities they would normally do?
 - Has the social behaviour of the person changed (more withdrawn)?
 - Is the person much more moody than they normally are (get upset by things they might usually shrug off)?

- Information from family members both about how someone usually acts and whether behaviour or their moods have changed after an incident has occurred can therefore be a key factor in diagnosis and judgement about recovery.
- When someone visits the GP for a final check up to make sure that they have recovered from the concussion, they should take in the information gathered from friends and family to help the doctor make his/her decisions.

Concussion and sport

- Although concussions which occur during sporting activity form a small proportion of total concussions, sport's high public profile means that how sporting bodies address concussion has a huge impact on the public perception of concussion occurring elsewhere eg falls, accidents, fights
- The Brain Injury Rehabilitation Trust (BIRT) supports the approach set out in the 'Consensus statement on concussion in sport: The 4th International Conference on Concussion in Sport held in Zurich, November 2012'
<http://bjsm.bmj.com/content/47/5/250.full>

In summary:

- Any player who appears concussed (including loss of consciousness) should be subject to an assessment by a health professional using the Sport Concussion Assessment Tool 3 (SCAT 3) or equivalent. The SCAT 3 can be found here
<http://bjsm.bmj.com/content/47/5/259.full.pdf>
- The player will usually come off the pitch for assessment.
- A player with diagnosed concussion should not be allowed to return to play on the day of injury; they should not be left alone in the hours after the injury and their condition should be closely monitored
- The final decision about a concussion diagnosis and/or fitness to play is a medical decision based on clinical judgement.

The assessment and management of concussion and mild brain injury in football and rugby players

- While on-line clinical information and publicity may help, for example www.EnglandRugby.com/concussion cannot totally replace the excellence of 'face to face' clinical training for what is a clinical condition (mild traumatic brain injury).

- Concussive injuries are not uniform. Valid and reliable clinical protocols used within a Multi Disciplinary Team specifically trained to assess and treat concussion efficiently and effectively are required, using baseline assessment information, including behavioural data supplied by relatives. There are particular challenges around acknowledging and managing the tiredness, slowed attention and irritability that is so often intrinsic to concussion.
- The way clinical teams are trained is paramount to obtaining the clinical excellence and player support that sporting bodies strive for.
- The Trust has met with the Football Association, and offered a longer meeting, and to hold a sample workshop, to impart our clinical expertise around concussion to the football coaching team and others involved in supporting the team players.
- We have also met with the RFU and offered assistance in relation to the neurobehavioural aspects of concussion management at community level and they have welcomed these suggestions.
- The RFU is taking concussion extremely seriously; we welcome their focus on it and their willingness to take on board our feedback on the neurobehavioural aspects of concussion recovery
- BIRT's offer of help to sporting bodies is in line with our charitable mission, and our appreciation of how both rugby players and footballers are models for the thousands of young people vulnerable to traumatic brain injury.

Concussion – general

- In general we support the NHS Choices advice about concussion <http://www.nhs.uk/conditions/concussion/pages/introduction.aspx> but people should also be aware of the mood and behavioural changes which can be caused by concussion and, in reference to sport, the need for the final decision about a concussion diagnosis and/or fitness to play to be a medical decision based on clinical judgement.
- **The Brain Injury Rehabilitation Trust (BIRT) wishes to prevent brain injury and poor outcomes from manageable conditions, and thus help to provide a better prognosis for people who sustain these injuries.**