



**New Zealand
Football**

NZ FOOTBALL
CONCUSSION AND HEAD
INJURY GUIDELINES
2024



**Performance
& Prevention**



**New Zealand
Football**

This guideline was produced by New Zealand Football (NZF) in consultation with medical, sport and research experts and was informed by the Sport Concussion in New Zealand - National Guidelines via the 2022 Amsterdam Consensus Statement on Concussion in Sport.

This guideline has been developed to ensure safety in community football where there is minimal and often delayed access to medical support for concussion and head injuries.

Background

Concussion Definition:

Sport-related concussion is a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities.

(Consensus statement on concussions in sport: The 6th International Conference on Concussion in Sport – Amsterdam, October 2022)

Concussion is a brain injury that affects the function of the brain and the person and may, or may not, result in a loss of consciousness. There are several important features to highlight including:

1. A concussion is not always caused by a direct hit to the head. It may be caused by a direct hit to the head, face, neck, or elsewhere on the body with an 'impulse' force transmitted to the head.

2. Only 10% of concussions present with a loss of consciousness.
3. Concussions typically result in the rapid onset of short-lived impairment of neurological (brain cognition) function that resolves spontaneously.

Concussion and head injuries are everyone's responsibility. Coaches, players, clubs, and officials need to act in the best interest of player safety and welfare by taking responsibility for the **RECOGNITION, REMOVAL & REFERRAL** of all players with a suspected concussion or injury, to a medical professional (from a general practice or primary care team). They should then ensure that concussion is appropriately managed as per these guidelines.

"This concussion guideline will be reviewed annually by NZF and will be modified according to the development of new knowledge."

Purpose

The purpose of the New Zealand Football (NZF) Concussion and Head Injury guidelines is to provide best practice guidance on the identification and management of concussion to ALL those involved in football and futsal in New Zealand.

Specifically, the purpose of these guidelines is to:

1. Establish best practice for managing suspected concussion in football and futsal in New Zealand.
2. Provide guiding principles for managing a suspected concussion – **RECOGNISE, REMOVE, REFER, RECOVER & RETURN.**
3. Provide guiding principles and general advice regarding the management of concussion in football and futsal competitions; and

4. Improve the health and wellbeing outcomes for people who play community football and futsal.

New Zealand football has adopted the 2023 ACC National Concussion Guidelines for community sport which has been developed with reference to; 2022 International Consensus Statement on Concussion in Sport and UK Grassroots Sport concussion guidelines 2023.

With respect to the assessment of concussion, the advice contained within these concussion guidelines is of general nature only. Individual treatment will depend on the facts and circumstances specific to each individual case.



Guideline Summary

- Members of the player's whānau and wider community (parents, coaches, teammates, sporting organisations) have an important role to play in recognising the signs and symptoms of concussion.
- Player's suspected of suffering from a concussion must have an assessment with a qualified medical professional (from a general practice or primary care team) for confirmation or exclusion of a concussion and consideration of other diagnoses.
- Player's must NOT return to sport/activity on the day of a suspected concussion.
- Early removal and early access to care reduces recovery time.
- Extra caution is required for child, adolescent and female athletes as they take longer to recover.
- Those with '**RED FLAGS**' must seek urgent medical help (go to Accident & Emergency clinic or hospital).
- When a player suffers a concussion, they must be symptom-free for 14 days post-injury before a graduated return to play.
- Return to work or school must also be achieved prior to return to play.
- Player's must complete a minimum period of 21 days away from full competition before clearance to return.
- Medical clearance must be obtained prior to return to play. Only a medical professional can provide assessment and diagnosis of concussion, diagnosis can be difficult.



Concussion Management Protocols

1. Recognise

When a possible concussion or head injury occurs, it is important to act immediately. The most important steps in the early identification of a concussion is to recognise a possible concussive injury and remove the player immediately from activity and seek diagnosis from a medical professional.

- If a suspected concussion occurs, after checking for neck injury, remove the athlete from play/activity immediately and seek assessment by a qualified medical professional (from a general practice or primary care team).
- Members of the player's whānau and wider community (parents, coaches, teammates, sporting organisations) have an important role to play in recognising the signs and symptoms of concussion
- Player's must NOT return to sport/activity on the day of a suspected concussion.
- Those with 'RED FLAGS' must seek urgent medical help (go to Accident & Emergency clinic or hospital).

Immediate visual indicators of concussion include:

- Loss of consciousness or responsiveness.
- Lying motionless on the ground/slow to get up.
- A dazed, blank or vacant expression.
- Appearing unsteady on feet, balance problems or falling over.
- Grabbing or clutching of the head.
- Impact seizure or convulsion.

Concussion can include one or more of the following:

- Symptoms; Headache, dizziness, 'feeling in a fog'
- Behavioural changes; Inappropriate emotions, irritability, feeling nervous or anxious
- Cognitive impairment; Slowed reaction times, confusion/disorientation - not aware of location or score, poor attention and concentration, loss of memory for events up to and/or after the concussion.

RED FLAGS (require urgent medical help – go to Accident & Emergency clinic or Hospital).

- Complaint of neck pain.
- Increasing confusion or irritability.
- Repeated vomiting.
- Weakness or tingling/burning in arms or legs.
- Deteriorating after being injured – increased drowsiness, headache or vomiting.
- History of bleeding disorder.
- Loss of consciousness or seizures.
- Severe or increasing headache.
- Unusual behaviour (different from normal).
- Double vision.
- Anyone who has inadequate supervision post-injury.
- Visible skull deformity.
- History of regular medication use that could result in prolonged bleeding (e.g Warfarin, Aspirin).

2. Remove from Play

A player should be removed from play immediately if a concussion is suspected. A player should never return to play on the day of a concussive injury.

- If a suspected concussion occurs, after checking for neck injury, remove the player from play/activity immediately and seek assessment by a qualified medical professional (from a general practice or primary care team).
- Members of the player's whānau and wider community (parents, coaches, teammates, sporting organisations) have an important role to play in recognising the signs and symptoms of concussion.
- Player's must NOT return to sport/activity on the day of a suspected concussion.
- Those with 'RED FLAGS' must seek urgent medical help (go to Accident & Emergency clinic or hospital).
- Player's with a suspected concussion should not be left alone, drive a motor vehicle or consume alcohol. The player MUST also be in the care of a responsible person who is aware of the concussion.
- Only qualified medical practitioners should diagnose a concussion or provide advice as to whether the player can return to play. All players should be referred for a medical assessment.
- NZF suggests all clubs and teams have a list of local medical doctors, concussion clinics and emergency departments close to where the training ground and/or match is being played, as part of their emergency action plans or health and safety plans.

3. Refer for Medical Assessment

Player's suspected of suffering from a concussion must have an assessment with a qualified medical professional (from a general practice or primary care team) for confirmation or exclusion of a concussion and consideration of other diagnoses.

Those with 'RED FLAGS' must seek urgent medical help (go to Accident & Emergency clinic or hospital).

If there is significant concern about the degree of severity of the injury, it may be necessary to call an ambulance (111).

- Treatment is most effective when initiated early.
- The effects of concussion can interfere with an individual's ability to learn or to function well at work.
- Return to education/work needs to be graduated and work activities altered to reflect the level of function. This should be guided by a healthcare professional (e.g. Doctor, Physiotherapist or Occupational Therapist) experienced in ongoing concussion management.
- Typical management includes physical and cognitive rest for 24-48 hours (including reduced electronic screen use), prior to initiating a graduated programme of progressive physical and cognitive activity.

4. Rest and Recover

- Strong evidence supports the benefits of aerobic exercise at a level that does not aggravate symptoms during the activity as an early intervention treatment within a recovery plan.
- Return to competitive sport must only occur after progressive physical activity (see later stage explanation) and return to education/work and social activities.
- Where symptoms are prolonged (e.g. >4 weeks) or graduated activity has not been tolerated, the player must have further evaluation by a medical professional (general practice or primary care team) to review the diagnosis. You should ensure the player has registered with ACC for support.
- The medical professional (general practice or primary care team) may refer the player to ACC concussion services if they meet certain criteria, this is a service that offers comprehensive support (Specialist Physiotherapy, Occupational Therapy, Neuropsychologist) to guide symptom management and return to activity.

5. Return to Play

(See stage 1 – 6 Graduated Return to Play Guidelines on page 6 of these guidelines)

- Concussion management should be guided by a healthcare professional (e.g. Doctor, Physiotherapist or Occupational Therapist) experienced in ongoing concussion management. This includes the timing of progressions and clearance to return to sport.
- A conservative approach to return to sport is recommended for adoption across sports codes in New Zealand. Return to sports related activity should be progressed more slowly with children, adolescents and females. This approach is aligned with international literature that now recognises more time is needed to recover from concussion than earlier statements had indicated. Safe return to sport following a concussion typically occurs within 1 month of injury in children, adolescents and female adults.
- All player's diagnosed with concussion should go through a graduated return to education/work and sport programme, guided by a healthcare professional experienced in the management of concussion (e.g. Doctor, Physiotherapist or Occupational Therapist) and implemented by those involved with the team/sport (e.g. coaches, physical trainer, teacher, parent etc.). Player's should have fully returned to school or work and social activities before returning to contact-based training or sport specific competition.
- Members of the player's whānau and wider community (parents, coaches, team-mates, sporting organisations) all have a role in facilitating the comprehensive return to sport process by providing support.
- It is suggested that any player who has sustained multiple concussions (defined as ≥ 3 in one season or > 5 during their sporting career) have a review from a clinician with expertise in managing sports-related concussion (for example a Sport and Exercise Medicine Physician, Neurologist, or Neuropsychologist) before returning to sport.

- Clearance by a medical professional (from a general practice or primary care team) is essential before returning to contact-based and sports specific training (i.e Stage 5), or full competition (Stage 6).

The following requirements must be met for a player to return to sport specific training (i.e stage 5).

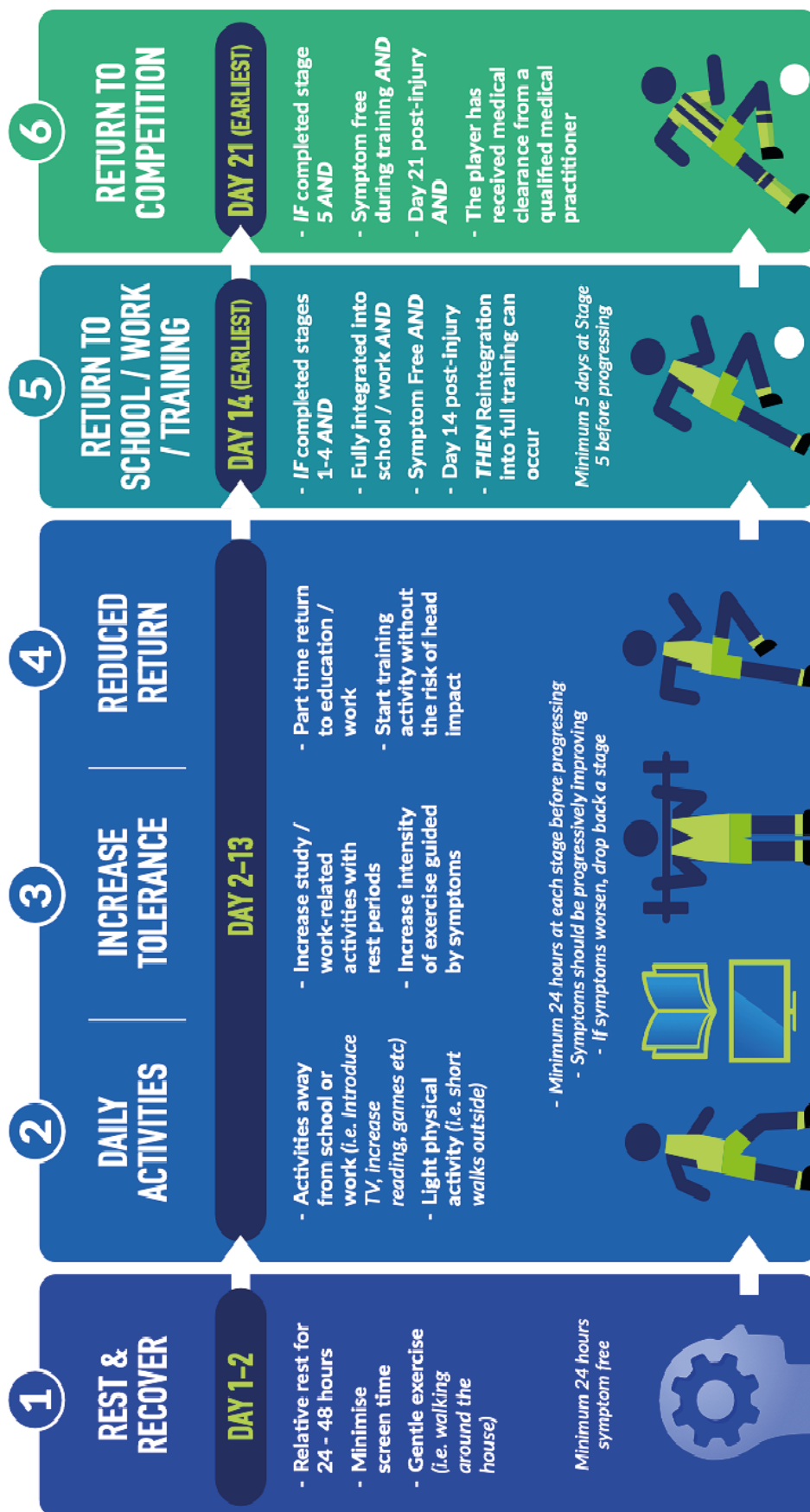
The Player:

1. has returned to and is tolerating full time work or learning.
2. is symptom free and has completed up to and including Stage 4.
3. is a minimum of 14 days symptom free post-injury (Day 0 = Day of injury).

The following factors should be satisfied for a return to competitive sport/play (Stage 6):

1. The player remains symptom free having completed 7 days at Stage 5 of the graduated return to education/work and sport protocol.
2. The player is a minimum of 21 days post-injury.
3. The player has received medical clearance from a qualified medical professional (from a general practice or primary care team).

GRADUATED RETURN TO PLAY GUIDELINES



Note: Prior to a player commencing the exercise elements (stage 2) of the Return to Play Guidelines they must be symptom free for a minimum of 24 hours. A player can then progress through each stage as indicated as long as no symptoms or signs of concussion return. If at any time the player develop symptoms, they should be advised to rest for at least 24 hours before returning to the stage prior, that they were able to complete symptom free. Players experiencing any ongoing symptoms, should stop exercising and see their medical practitioner.

CONCUSSION

UNDERSTANDING THE R'S

Recognise



Recognise the signs of a suspected or potential concussion.



Remove



Remove from play if a concussion is suspected and if in doubt ensure you sit them out anyway.



Refer



Refer all suspected /potential concussion to a medical doctor for diagnosis and return to play guidelines.



Rest & **R**ecover



All players must have full physical and cognitive rest. Follow your medical advice and gradually return to activity. Rest until symptom free.



Return



Players should undertake a graduated return to training and play.



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