



NRL Community Head Injury/Concussion Medical Clearance

The NRL recommend that the injured player be assessed by a medical practitioner (doctor) 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.

Notes for Treating Doctor / Medical Practitioner

Please refer to the NRL Concussion Management Guidelines available at playrugbyleague.com/concussion

In accordance with the current Concussion Guidelines, there is no defined mandatory period of time that a Rugby League 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 (generally double the timeframes of adults). A **graduated return to learn** (school or other education) and/or work **must be completed prior** to commencing a return to sport (refer to www.playrugbyleague.com/concussion). 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 also useful to use the **SCAT5** (<http://bit.ly/SCAT5tool>) and **Child SCAT5** (<http://bit.ly/ChildSCAT5tool>) 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.

Graduated Return to Sport Protocol (GRTS) (after initial physical and mental rest of at least 24-48 hours)

The GRTS Protocol has **6 stages** which generally **last 24 hours per stage**. The player should only proceed to the next stage if they have been symptom free. If symptoms return at any stage, rest until symptoms resolve and start at the prior symptom free stage.

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

Each stage of the GRTS protocol is listed below. For more information visit www.playrugbyleague.com/concussion

1	Symptom-limited activity	2	Light aerobic exercise	3	Sport specific exercise
4	Non-contact training drills	5	Full contact training	6	Return to play

The GRTS Protocol should usually take a minimum of 7 to 8 days and it is recommended that this timeframe be at least twice as long in children/adolescents 18 years old younger after they have fully returned to School/learning. Not all concussions will recover this quickly.

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. CogState, ImPACT). Doctors may utilise these at their clinical discretion.

Guide to the Return of Contact Training and Match Play Medical Examination

*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', then the player requires further observation and rest and/or a referral for specialist assessment with a Neurologist, Neurosurgeon or Sport & Exercise Physician with an interest in Concussion.

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** successfully fully returned to their usual work or education/school without symptoms?
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 (e.g. Sport and Exercise Physician) or neurologist with expertise in concussion.

Medical Clearance

GRTS Protocols are to be followed:

Adults: If a player wishes to return to play in the **following rounds' match** (or any available match within less than an 11 day period following the injury) they must be cleared in writing by a specialist concussion Doctor

Children and Adolescents: If a player wishes to return to play in less time than the GRTS stipulates (less than 14 days) from the time of injury, they must be cleared in writing by a specialist concussion doctor.

A specialist concussion doctor must be one of the following with a documented strong interest in concussion management: Neurologist – Neurosurgeon - Sport and Exercise Physician (Sports Physician).

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 Date

Signed

Medical Practice Stamp

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