

Benjamin Robinson's death sparks schools alert over concussion







It follows the death of 14-year-old Benjamin Robinson who died from "second impact syndrome" after a school rugby match in January 2011.

The schoolboy was in several heavy tackles before collapsing near the end of the game in January 2011.

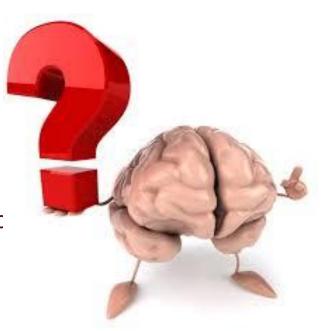
The coroner at his inquest in Belfast said this was the first such death recorded in Northern Ireland

GAA Concussion Awareness Workshop

Workshop Outline

- GOO
- Can Cladh

- Introduction
- The Brain
- What is Concussion?
- Recognition of Signs & Symptoms
- Potential Dangers
- Principles of Management / Action Plan for Coac
- Considerations for Children (5-12 years)
- Helping your Players Cope
- Return to Play
- Resources for Coaches



Concussion in Gaelic Games



Video 1: Concussion Education -- Players, Coaches _ Parents









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The Brain - Main Parts





Four Lobes

- Front Personality, Judgement, etc..... Who you are
- Sides Memory, Sensory & Movement
- Back Vision

Other parts

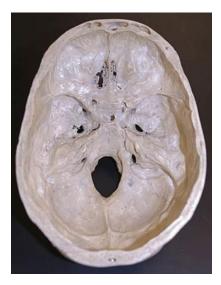
- Mid–Brain Vital Signs
- Cerebellum Co-ordination

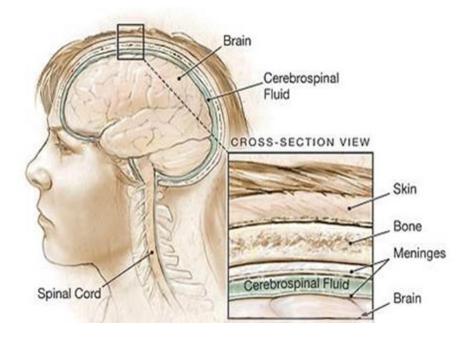


The Brain – Protection from Outside In













Understanding Concussion



Concussion is a brain injury and can be caused by a direct or indirect hit to the player's head or body. Concussion typically results in an immediate onset of short lived signs and symptoms. However in some cases, the signs and symptoms of concussion may evolve over a number of minutes or hours.'

(Concussion Guidelines in the GAA 2013 - 2016)

- BRAIN INJURY
- 2. Temporary loss of brain function
- 3. Its ultimately a clinical judgement for a medical doctor AND
- 4. COACH may recognise signs
- 5. PLAYER may experience symptoms
- 6. SUSPECT IT Remove immediately
- 7. Advise parent/guardian to refer to a medical doctor

What Happens in a Concussion

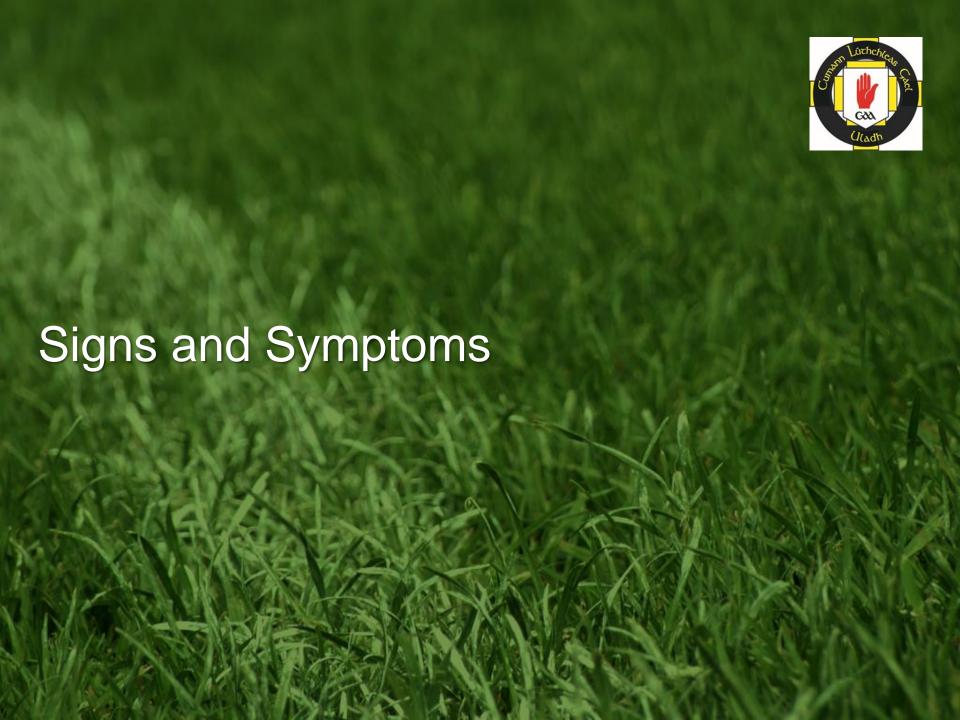
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Video 2 What is Concussion - Brain Animation











What to Watch for?



- Most concussion occur without a loss of consciousness
- Some symptoms develop immediately, whilst others appear gradually
 - Symptom something a player will feel
 - Sign a player's team-mate or coach will notice
- Suspect if ONE OR MORE visible cues, signs, symptoms or errors in memory questions are present



On the Field – A Player may Experience:

GOO

- Headache or Pressure
- Nausea
- Balance or Dizziness problems
- Double or Blurry Vision
- Sensitivity to Light/Noise
- Feeling Sluggish/Hazy/Groggy
- Concentration/Memory Problems
- Confusion
- Does not 'Feel Right' or 'Feeling "Down"
- Nothing!!





On the Field – Coach/Parent may Notice a Player:



- Appears Dazed or Stunned
- Is Confused about Position
- Role Play
- Caa Utadh

- Forgets an Instruction
- Unsure of Game Details
- Moves Clumsily
- Answers Questions Slowly
- Loses Consciousness (even briefly)
- Shows Mood/Behaviour/Personality
- Change
- Forgets Events 'Prior' to or 'After' Hit or Fall





Scenario 1

Video 3 – All Ireland Minor Final











During the video clip, both players collided. It was a heavy collision and the Mayo player developed a headache, dizziness and nausea but wasn't knocked out

As he wasn't knocked out, is there any need to suspect concussion?

(See notes for guidance)

Scenario 2

Video 4 Roscommon v Mayo









Scenario 2



You will have noticed that both players in the previous video clip were involved in a collision and received medical treatment. The Mayo player doesn't report any symptoms or display any signs therefore plays on. During the half-time team-talk, you notice that he is dazed/stunned.

What action should now be taken as a coach?

(See notes for guidance)













Risks of Leaving the Player On





- They can even be FATAL
- 2. Concussion must be taken extremely seriously
- 3. With rest, most people fully recover from a concussion
- 4. Some people recover within a few hours, others take a few weeks
- 5. When a player's brain is still healing, it is more likely to sustain another concussion
- 6. Repeat concussions can increase the time it takes to recover
- In rare cases, repeat concussions in young players can result in brain swelling or permanent damage to their brain



Second Impact Syndrome



- Second Impact Syndrome A second concussion before the first has resolved
 - Results in death 50% of time
 - Results in permanent disability 100% of time
- Children more susceptible due to their immature brains
- Risk of permanent brain injury
- Hugely increased risk of further concussions after suffering the first one
- Cumulative Concussions cause permanent brain injury

'THE PLAYER HAS A LOT MORE TO LOSE THAN A MATCH'



What should I do if I suspect a player has Concussion?

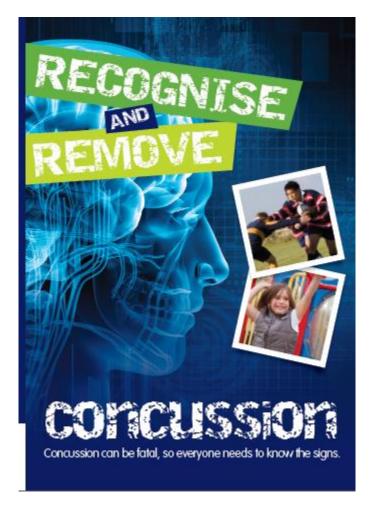






Suspect Concussion?

Take The Player Off!



GOO

GAA Guidelines



- A player with a diagnosed concussion should NEVER be allowed to return to play on the day of injury.
- Return to play must follow a medically supervised stepwise approach and a player MUST NEVER return to play while symptomatic
- The most important aspect of concussion management is physical and cognitive rest until the acute symptoms resolve and then a graded program of exertion prior to medical clearance and return to play
- Recovery form concussion should not be rushed nor pressure applied to players to resume playing until recovery is complete.
- The risk of re injury is high and may lead to recurrent concussion injuries which can cause long term damage.





Management in Children (Up to 12)



- Concussion management is different due to the following factors:
 - Brain development
 - Variable growth rates
 - Language difficulties
 - Child versus parental reports of symptoms
 - Lack of medical coverage at underage games
 - Physical examination in children is usually normal



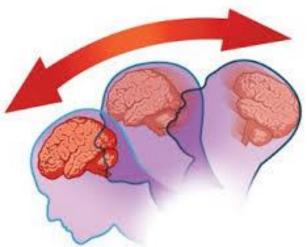


General Signs in Children

- Crying more than usual
- Headache that does not go away
- Changes in the way they play or act
- Changes in the way they eat or sleep
- Being upset easily or having more temper tantrums
- A sad mood
- Lack of interest in their usual activities or favourite toys
- Loss of balance and trouble walking
- Not being able to pay attention
- Or None You Can Put Your Finger On!



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Principles of Management in Children



- Rest for minimum of two weeks before starting the Gradual Return to Play Protocol
- Rest = Recovery
 - No sports
 - No TV/radio
 - No computers/Xbox etc...
 - No reading
 - No physical exercise
 - No exertion of any kind
- Occasionally there is a need for gradual return to school work, increase breaks during school day etc...
- Parents should be advised to seek medical advice





GRTP (Gradual Return to Play) Protocol



- Even though this protocol should be medically supervised, it is important that coaches are MINDFUL of it
- This is a six step protocol which should be medically supervised
 - Each steps takes one day,
 - No player with a diagnosed concussion should return to play before six days
 - Initial rest period of 24-48 hours after a diagnosed
 - If player has been <u>symptom-free</u> (without medication) for 24 hours <u>he can start six-stage GRTP</u> protocol
 - A player should <u>only return after successfully completing the protocol AND after</u>
 <u>obtaining medical clearance</u>

Return to Play



- Steps in GRTP Protocol
 - <u>Day 1:</u> Low level physical activity (light Jogging, Stationary Bike, Walking)
 - <u>Day 2:</u> Moderate Levels of Physical Activity (Weightlifting)
 - <u>Day 3:</u> Heavy non-contact physical activity (Sports Specific Drills)
 - <u>Day 4:</u> Non-contact sports specific practice.
 - Day 5: Full contact practice
 - Day 6: Unrestricted return to activity or return to competition
- May only move one step per day (24 hours)
- If symptoms occur <u>— drop back to previous level</u> and try to progress after 24 hours rest
- Medical clearance is required before full RTP



Question

Q. After a concussion, players can return to sports when?

- a) Never
- b) After cleared by a doctor
- c) As soon as the immediate effects wear off
- d) As soon as they have completed the Gradual Return to Play Protocol





How can we Help Players Cope?



- Advise
 - Rest (Mental and physical)
 - Avoidance of alcohol
 - Prescription of medication
- Support players
 - Players can tire when carrying out tasks that require concentration i.e. work and school
 - Be mindful of mood difficulties feel depressed, anxious or irritable
 - Be patient
- Better to have missed one game than a whole season!



Question



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Q. What is the best medical management of a concussion?

- a)Rest
- b) Medication
- c) MRI Scan



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Educational Resources for Players

- Concussion Management Guidelines
- Information Sheet for Players
- Pocket Concussion Recognition Tool (Irish and English language versions)
- ABI Ireland Wallet cards
- Official GAA Website
- Learning and Development Portal
 - E-Learning Course
- ABI Ireland (<u>www.concussion.ie</u>)
- All resources can be accessed from <u>learning.gaa.ie/player</u>





Want to test your knowledge?



- Players, coaches and parents can access a GAA specific e-Learning module on concussion awareness which is available on the GAA Learning and Development Portal
- The module takes about 15 minutes to complete and there are 10 questions at the end

Steps

- 1. Users must be registered on http://learning.gaa.ie
- 2. Once logged in, visit the player section http://learning.gaa.ie/player
- 3. You will see a section on the right of your screen called 'e-Learning courses', within this, click on 'Concussion Awareness'

4. Click 'Enter' and best of luck!



Key Points to Remember



- Recognise the signs [The Coaches Pocket Guide should be carried by the coach]
- Remove the player
- Reiterate key messages
 - Don't hide it
 - Report it
 - Take time to recover
 - Seek medical advice
 - Adhere to GRTP (Gradual Return To Play) guidelines













IF IN DOUBT SIT THEM OUT

Dont risk it

CONCUSSION CAN BE FATAL

http://www.irishrugby.ie/downloads/Pocket_Guide NOW from:

Download your pocket guide NOW from:

Concussion_Recognition_Tool.pdf

Go raibh míle maith agat