




IRB CONCUSSION RETURN TO PLAY PROTOCOLS

INTRODUCTION

The following minimum rest periods (**no excessive physical or intellectual exercises**) are to be followed by all players if diagnosed with a concussion or when a player is suspected of having concussion during a Game or training at which there is no appropriately qualified person present. GRTP (Graduated Return to Play) should only be commenced after the completion of the minimum rest period for each age group and only if the player is symptom free and off medication that modifies symptoms of concussion. Medical clearance is required prior to commencing a GRTP.

Any player with any symptoms following a head injury should not return to training or playing whilst symptoms persist.

A second head impact in a player who has not fully recovered from concussion could lead to dangerous neurological complications, including death

AGE GROUP	MINIMUM REST PERIOD POST CONCUSSION		GRTP		MINIMUM NUMBER OF MISSED WEEKENDS
U/6 - U/15 (up to and including age 15)	2 weeks	Caution! Return to play protocol should be started only if the player is symptom free off medication that modifies symptoms of concussion	4 Stage GRTP with progression every 48 hours if asymptomatic Total GRTP days = 8 days.	Caution! Contact Sport should be authorized only if the player is symptom free off medication MEDICAL CLEARANCE RECOMMENDED	Earliest Return to play = 2 weeks rest post injury + 8 days GRTP (Play - Day 23 post injury) 3 Weekends missed
U/16 - U/19* (ages 16,17 and 18)	1 week		4 Stage GRTP with progression every 24 hours if asymptomatic Total GRTP days = 4 days.		Earliest Return to play = 7 days rest post injury + 4 day GRTP (Play - Day 12 post injury) 1 Weekend missed
Adults	24 hours		4 Stage GRTP with progression every 24 hours if asymptomatic Total GRTP days = 4 days.		Earliest Return to play = 24 hours rest post injury + 4 day GRTP (Play - Day 6 post injury)
 Any player with a second concussion within 12 months, a history of multiple concussions, players with unusual presentations or prolonged recovery should be assessed and managed by health care providers (multidisciplinary) with experience in sports-related concussions. If this expertise is unavailable the player should be managed using the protocol from the lower age group.					

* Note: U/19 players playing adult Rugby should be managed via the U/16 - U/19 protocol.

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NOTES

- The IRB acknowledges that there is no concrete evidence supporting return to play guidelines in children following a concussive injury¹ and the optimal period for rest following a concussive event is unknown². Despite this lack of evidence the IRB has adopted the recommendation from the Concussion in Sport Group, Consensus Statement, that children and adolescent's return to play should be managed more conservatively³. These IRB Return to Play Protocols have been developed based on current available evidence and support the IRB philosophy of protecting our younger athletes.
- The IRB Return to Play Protocols recommend minimum rest periods and minimum length of GRTP stages for managing return to play following a head injury at different ages. As with all IRB guidelines, each Union is required to adopt the guideline philosophy (protecting young athletes) and adapt this philosophy to their environment. The IRB acknowledges that each Union has different social, medical, educational, competition age structure and communication characteristics and therefore recognizes that minimum rest periods, length of GRTP stages and age distributions may be adapted to align with a Union's unique environment provided these minimum standards are not reduced.
- As per IRB Regulation 10 - All Players who are suspected of having concussion during a Game or training at which there is no appropriately qualified person (as applicable in the relevant jurisdiction) present are considered to have a diagnosed concussion.
- The IRB recommends that the "Gold Standard" concussion management be implemented for all players diagnosed with a concussion or when a player is suspected of having concussion during a Game or training at which there is no appropriately qualified person present. This 'Gold Standard' includes
 - assessment by a physician familiar with international concussion protocols
 - thorough, serial symptom analysis
 - general and neurological examination
 - balance assessment
 - assessment of cognitive function preferably compared to a pre-injury baseline
- The IRB recognizes that there may be considerable diversity in healthcare support across and within each Member Union. Because of this diversity each Union is encouraged to identify the roles and responsibilities of licensed Health Care Professionals (HCP) and to establish a definition of 'licensed' Health Care Professional relevant to their respective jurisdiction. Each Union will be responsible for confirming who is approved or licensed to:
 - a) diagnose a concussion
 - b) provide clearance to start a Graduated Return to Play (GRTP)
 - c) provide clearance to RTP.
- During the Zurich 2012 Consensus meeting, 'rest' was discussed in two situations.
 - a) **Rest after an acute concussion and within 24 hours of the injury** - in this situation rest should be more complete physical and cognitive rest.
 - b) **Rest related to delayed recovery** - in this instance rest was defined as being activity below the level at which physical activity or cognitive activity provokes symptoms

REFERENCES

1. Purcell L. What are the most appropriate return-to-play guidelines for concussed child athletes? *Br J Sports Med* 2009; 43 (Suppl 1): i51-i55
2. Schneider KJ et al. The effects of rest and treatment following a sports related concussion: a systematic review of the literature. *Br J Sports Med* 2013; 47: 304-307
3. McCrory P et al. Consensus Statement on Concussion in Sport 3rd International Conference on Concussion in Sport, Zurich. *Clinical J Sports Med* 2009; 19: 185-200