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FOOTBALL
AUSTRALIA

COMMUNITY SPORTS RELATED CONCUSSION GUIDELINES

Background

These Guidelines provide guiding principles and general advice to community (and semi-professional, non-elite) football participants, clubs and competition administrators regarding:

- The management of Sports Related Concussion (SRC); and
- The return to play/training process following a diagnosed SRC event.

These Guidelines have been produced by Football Australia and are based on the **Australian Concussion Guidelines for Youth and Community Sport** issued by the Australian Institute of Sport. The Guidelines provide a practical translation of the evidence and recommendations from the 6th International Conference on Concussion in Sport as they relate to the sport of Football and they also take into consideration recommendations from other documents such as the **Australian Institute of Sport Concussion and Brain Health and Position Statement 2024** and the variable and often limited healthcare resources that typically exist in community football.

Overall, a cautious and conservative approach is recommended, especially in children and adolescents (aged under 19 years).

These Guidelines are intended to assist in the management of sports-related concussion and do not replace the need to seek medical assessment. The content of the Guidelines should not be interpreted as a guideline for clinical practice or legal standard of care.

It is recognised that differences in geography, healthcare type and access are important considerations for the implementation of these recommendations. These Guidelines assume that Advanced Health Care is not readily available in these settings.

These Guidelines will be reviewed regularly by Football Australia for modification as required as new concussion knowledge develops.

1. What is Sports Related Concussion?

Sports related concussion (SRC) 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 Concussion in Sport: The 6th International Conference on Concussion in Sport, Amsterdam, October 2022**).

2. Why is it important to recognise Sports Related Concussion?

These Guidelines recognise the important public health concerns of SRC, as related to football players of all ages, genders and levels of the sport. While recognising that there are inherent risks associated with participating in a contact sport, these Guidelines aim to reduce the risks posed by SRC through timely diagnosis, evidence-based management and return to play procedures for the protection of all players. As a precaution, these Guidelines apply to all players where a suspected SRC has occurred, including the need to satisfactorily progress through the suggested Graded Return to Play Program.

3. What are the Signs and Symptoms of Sports Related Concussion?

SRC is an injury to the brain which results in temporary changes to normal brain function. The signs (what you see) and symptoms (what the player reports) of SRC may present immediately or evolve/develop over minutes or hours. The duration of symptoms and signs are variable and can commonly resolve within days, although they may be prolonged and take several months to resolve in some individuals. Importantly, SRCs may or may not involve loss of consciousness.

There is no single test to diagnose SRC, which can only be diagnosed by a qualified medical practitioner (e.g., Sport & Exercise Physician, Neurologist, Sports Doctor) based on the event, signs and symptoms, physical examination, and with specific concussion assessment tools (such as the SCAT6 or SCOAT6). Other healthcare professionals specifically trained in SRC management, e.g., physiotherapists, may also be appropriate to assist in the initial recognition of an SRC pitch-side, monitoring return to play, and management of certain symptoms after a suspected SRC.

The Concussion Recognition Tool (CRT6) has been developed as a recommended pitch-side tool to assist any person, including a non-medically trained individual such as coach, parent, spectator etc. to recognise symptoms and signs of a suspected SRC. The CRT6 can be found at this link: [Assessment of concussion | Concussion in Australian Sport](#)⁽²⁾

3.1. Signs of SRC that may be observed include:

- Can't recall events *prior to or after* a hit or fall.
- Appears dazed or stunned.
- Forgets an instruction, is confused about a task, role or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behaviour or personality changes.

3.2. Symptoms of SRC that may be reported include:

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down".

Source: [Signs and Symptoms of Concussion – HEADS UP- CDC](#)

4. What to do following a Sports Related Concussion?

SRC signs and symptoms may be delayed, requiring a cautious approach, particularly in young players. The mantra of "**If in doubt, sit them out**" is highlighted as a cautious and appropriate approach when dealing with suspected SRC.

At the time of injury:

- Any player with a suspected SRC must be immediately removed from the match or training session. If a suspected neck injury has occurred, the player should not be moved, and their neck stabilised until assessed by qualified medical personnel for potential spinal injury.
- The player must not take further part in any activity, including training or matches or other sports on the day of injury, even if the player reports feeling recovered.
- Players with a suspected SRC should not be left alone, consume alcohol, take any pain medication or anti-inflammatories, and should not drive a motor vehicle.

- All players with a suspected SRC should be assessed by a medical practitioner with appropriate training in SRC management (e.g., a Sport & Exercise Physician, Neurologist, Sports Doctor) within 3-4 days of the SRC event. However, emergency medical assessment needs to be sought if **any** of the following signs or symptoms are observed or develop:
 - Worsening headache.
 - Repeated vomiting.
 - Excessive drowsiness or inability to be awakened.
 - Seizures (arms and legs jerk uncontrollably).
 - Inability to recognize people or places.
 - Any behavioral change, increasing confusion, irritability.
 - Slurred speech, double vision.
 - Weakness or numbness in arms or legs.
 - Unsteadiness on feet.
 - Loss of consciousness at the time of injury.
- A player with a suspected SRC should have a minimum of 24-48 hours of *relative physical and cognitive rest*. (ie., minimise physical activity and screen time) before resuming (light) daily living activities. Current evidence suggests a quicker recovery from SRC with the appropriate resumption of light physical activity **Australian Institute of Sport Concussion and Brain Health and Position Statement 2024**⁽³⁾.

Ongoing Rest and Recovery:

- Following a period of initial relative rest (i.e., minimise activity and screen time), a gradual return to school and/or work is advised, in addition to the Graded Return to Play Program (outlined below).
- Some signs and symptoms may not be evident initially and may develop during the various stages of the graded return. This is acceptable as long as the aggravation is mild and temporary, i.e., the symptoms return to baseline before the next exercise session and do not last more than one hour from pre-exercise levels. Longer or more severe symptoms warrant review by a medical practitioner.
- An upgrade to the next level of physical activity should not occur unless the aggravation that occurred at the lower level of physical activity has fully resolved and the symptoms were only brief and mild.
- The majority of adult SRC's resolve in a short period of time (7-10 days)⁽³⁾. A slower rate of recovery is observed in children and adolescents and a more conservative approach to SRC is required for those under 19 years of age. This conservative approach should apply when progressing a child or adolescent with mild or brief symptom aggravation to the next step of the Graded Return to Play Program i.e., if there is **any** uncertainty about symptoms, delay the next step.
- This conservative approach to the SRC management of players under 19 years of age also applies to the Advanced Health Care Graded Return to Train/Play (see below), which is only applicable to those aged 19 years and older.

5. Graded Return to Play

Following a suspected SRC, a player's return to training or playing (as applicable) should be as follows:

- A minimum of 21 days since the suspected SRC event occurred is required before **returning to match play** and is based on successful completion of all stages of the Graded Return to Play and School/Work Program. Importantly, this is also inclusive of having been symptom-free at rest for a minimum 14 days until **full contact training** is allowed. The 14 days is not calculated from the time of the concussive incident; rather, it is specifically 14 days from when the player becomes **symptom-free**. The day of the concussive incident is deemed as day 0 of the Graded Return to Play Program.

- The only exemption recommended to these time frames is strictly restricted to players aged 19 years and over and can only occur where there is access to an **Advanced Health Care Setting**.
- The Advanced Health Care Setting is defined as where a player has access to sideline medical care at training and matches, and consideration has been given to pre-season concussion baseline testing and there is ready access to a Club Doctor. This would include professional football teams and some semi-professional football clubs (e.g., NPL) that provide the specified level of medical care.
- In addition, a player aged 19 years and older can return to play earlier than 21 days if a medical assessment is undertaken within the 3-4 days after the suspected SRC event and then a re-assessment is performed by the same medical practitioner (e.g., Sport & Exercise Physician, Neurologist, Sports or Club Doctor) to provide clearance to play after successful completion of the Graded Return to Play Program. A report of the initial assessment and the re-assessment, as proof of clearance, will need to be provided to Club Management to allow a potential return to training/matches within an earlier time frame. Successful completion of all stages of the Graded Return to Play Program is still required and should have been monitored with written certification of this monitoring provided by a physiotherapist experienced in sport, and preferably concussion, to that medical practitioner who will provide the final medical clearance, if satisfied that it is appropriate to do so. Prior to commencing the next stage of the graded return to play program there should be at least 24 hours duration, and any symptom aggravation should return to baseline prior to starting the next activity level. In an *Advanced Health Care setting*, a minimum of 10 days symptom-free at rest since the SRC event is required before returning to **full contact training**.
- All players should commence and progress through the Adult Graded Return to Play Program or Children and Adolescents Graded Return to Play Program (as applicable), examples of time frames from the SRC incident which are provided below.

Further specific details are set out below.

Summary of Adult Graded Return to Play Program

STEP	ACTIVITY	TIME FRAME
1	Relative Rest and Recovery	24 – 48 hours
2	Resume Daily Living Activities	24 – 48 hours
3	Light Exercise	48 – 72 hours
4	Moderate Exercise	4 – 5 days
5	Running and Sport-Specific Drills	5 – 7 days
6	Sport-Specific Training Without Contact	7 – 14 days
7	Resume Full Contact Training	14 – 21 days (must be 14 days symptom-free at rest since SRC event)
8	Return to Competition	21 days. Only earlier with medical approval, having followed the Advanced Health Care Program (must be 14 days symptom-free at rest since SRC event)

Summary of Child/Adolescent Graded Return to Play Program (Under 19 years)

STEP	ACTIVITY	TIME FRAME
1	Relative Rest and Recovery	24 – 48 hours
2	Resume Daily Living Activities	24 – 48 hours
3	Light Exercise & Cognitive Work	48 – 72 hours
4	Moderate Exercise & Cognitive Work	4 – 5 days
5	Running and Sport-Specific Drills & Increase Cognitive Work	5 – 7 days
6	Sport-Specific Training Without Contact & Normal Cognitive Work	7 – 14 days
7	Resume Full Contact Training	14 – 21 days (must be 14 days symptom-free at rest since SRC event)
8	Return to Competition	Min. 21 days (must be 14 days symptom-free at rest since the SRC event)

NOTE: The time frames specified for progression through each Graded Return to Play Program step is a guide and is dependent on individual variability in a player’s symptomatic response to an SRC episode. Symptoms may dictate a slower graded return. Importantly, for a community footballer, there must be a **minimum of 14 days** symptom-free at rest before a return to **full contact training** and a **minimum 21 days** from the SRC event before a return to **competitive match play** on the basis that the player was symptom-free at rest for a minimum of 14 days.

6. What to do following Repeated Sports Related Concussions?

All players suffering multiple SRCs in a season (>1 in 3 months) or across seasons (>2 in 12 months) need to be assessed by a specialist medical practitioner (e.g., Sport & Exercise Physician, Neurologist, Sports Doctor) experienced in SRC management.

Players suffering multiple SRCs should not return to partial or full play (match or training) until extensive clinical assessment has been conducted. Only after extensive specialist medical practitioner consultation and clearance should players participate in training or matches.

As a minimum, return to sport after a second concussion within three months, would be 28 days symptom-free before return to contact training and a minimum of six weeks from the time of the most recent concussion until return to competition. Being part of an “Advanced Care Setting” does not exclude the individual from following this longer recovery period. Clearance from a Health Specialist Medical Practitioner remains necessary in addition to these longer time frames.

More than two concussions within a 12-month period potentially could result in missing a full season of contact sport. Specialist Medical Practitioner assessment and clearance is necessary prior to returning to contact sport (match or training) in these circumstances.

7. Where to Seek Help and Additional Resources?

The following resources should be referred to for further information and support:

- Your club or personal medical doctor.
- Sport and Exercise Physician, Neurologist, Sports or Club Doctor (or hospital emergency department if emergency health care needed).
- (1) Consensus Statement on Concussion in Sport: The 6th International Conference on Concussion in Sport, Amsterdam, October 2022.
(Consensus Statement on Concussion in Sport: The 6th International Conference on Concussion in Sport, Amsterdam, October 2022)
- (2) CRT6 – Concussion Recognition Tool 6.
Assessment of concussion | Concussion in Australian Sport
- (3) AIS Concussion and Brain Health Position Statement, February 2024.
Australian Institute of Sport Concussion and Brain Health and Position Statement 2024
- SCAT 6 – Sport Concussion Assessment Tool –6th Edition.
Assessment of concussion | Concussion in Australian Sport
- Child SCAT6-Sport Concussion Assessment Tool (for children ages 5 – 12 years).
Assessment of concussion | Concussion in Australian Sport
- SCOAT-6 – Sport Concussion Office Assessment Tool-6.
Assessment of concussion | Concussion in Australian Sport
- Football Australia Adult Graded Return to Play Protocol.
Community Sports Concussion Guidelines
- Football Australia Children and Adolescents Graded Return to Play Protocol.
Community Sports Concussion Guidelines



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AIS

AUSTRALIAN CONCUSSION GUIDELINES FOR YOUTH AND COMMUNITY SPORT

A collaboration between the Australian Institute of Sport, Australasian College of Sport & Exercise Physicians,
Sports Medicine Australia and Australian Physiotherapy Association

Aligned with the UK Department of Culture, Media and Sport and NZ Government Accident Care Commission

Australian Institute of Sport | June 2024



“If in doubt, sit them out”

CONTENTS

Introduction	3
What is concussion?	4
What causes concussion?	4
Onset of symptoms	4
How to recognise concussion	5
What to do next: Immediate management of concussion	6
Graded return to sport framework for community and youth	8
Examples of return to sport timeframes	11
Protocol for those with multiple suspected concussions	13
Concussion officer for community/school environments	14
Additional resources	16



“If in doubt, sit them out”

INTRODUCTION

These guidelines are intended to provide information on how to recognise concussion and manage concussion from the time of injury through to a safe return to education, work and playing sport. This information is intended for the general public and for individuals participating in underage and community sports – primary school age and upwards – where Healthcare Practitioners are less likely to be available to diagnose and monitor individuals with concussion.

There has been growing concern in sporting communities about the potential health ramifications for athletes from repeated head trauma (RHT) and sport-related concussion (referred to as concussion here on). Concussion affects athletes at all levels of sport, from the part-time recreational athlete to the full-time professional. If managed appropriately, most episodes of concussion resolve over a short period of time, with or without medical intervention. Complications can occur, however, including prolonged duration of symptoms and increased susceptibility to further injury. Chronic traumatic encephalopathy (CTE) is a neurodegenerative pathology associated with a history of RHT. There are a growing number of case studies and case series which document CTE neuropathological change (CTE-NC) in retired athletes with a history of RHT.

Over recent years there has been elevated public awareness of concussion and increased focus on the importance of diagnosing and managing the condition promptly, safely, and appropriately.

Sport administrators, healthcare practitioners (HCPs), coaches, parents/guardians/caregivers, and athletes are seeking information regarding the timely recognition and appropriate management of concussion. There is a need for clear, unequivocal, and reliable information to be readily accessible to all members of the community. There is a need for clarity and consistency of message in order to optimise safety across all levels of sports.

This document provides a general overview of concussion identification and management and the role community members should play. For more in-depth information and references, refer to the [AIS Concussion and Brain Health Position Statement \(CBHPS24\)](#). However, this information should not be interpreted as a guideline for clinical practice or legal standard of care.








These guidelines are based on current evidence and examples of best practice taken from other sports and organisations around the world. In partnership with THE New Zealand Accident Care Commission (ACC) and the UK Department of Culture, Media and Sport (DCMS), these guidelines enable a strong international consensus that provides clarity and consistency of message, enhancing the safety of all community sport participants. These guidelines are aligned with the [UK Government’s Concussion Guidelines for Non-Elite \(Grassroots\) Sport, released in April 2023](#).

These concussion guidelines are recommended for youth (aged under 19 years) sport settings, and for community adult sport.

What is concussion?

Concussion is a brain injury resulting in a disturbance of brain function. It affects the way a person thinks, feels and remembers things. Concussion can affect an individual in a variety of ways, including:

 <p>PHYSICAL</p>	 <p>COGNITIVE</p>	 <p>EMOTIONAL</p>	 <p>SLEEP</p>	 <p>FATIGUE</p>
<p>Headaches, dizziness, vision changes</p>	<p>Feeling 'foggy', slowed down</p>	<p>Short tempered, sad, or a general change of personality</p>	<p>Not being able to sleep or sleep more than normal</p>	<p>Low energy</p>



What causes concussion?

A concussion occurs through a collision with another person or object where biomechanical forces to the head, or anywhere on the body transmit an impulsive force to the head/brain. In most cases, this results in transient neurological impairment. It should be noted that concussion can also occur with relatively minor 'knocks'.

Onset of symptoms

Concussion is often an evolving injury, with symptoms changing over hours or days following the injury. There are often adverse effects on balance and cognitive function. Recovery times following concussion vary between athletes. Physiological recovery may take longer than measures of clinical recovery, and the average time taken to resolve symptoms may vary according to sex, age, presence of pre-injury medical conditions, and para-athlete status. While these guidelines apply to all in community and youth settings, additional information regarding certain individual characteristics can be found in the [CBHPS24](#).

HOW TO RECOGNISE CONCUSSION

The **Concussion Recognition Tool 6 (CRT6)** may be used as an aid to the on field recognition of concussion (see additional links section on page 12). If any of the following visible clues (signs) or symptoms are present following an injury, the individual should be assumed to have concussion and must be immediately removed from play or training and must not return to activity that day.

The **CRT6** is a simplified summary of the key signs and symptoms and 'red flags' that should raise a concern about a possible concussion. 20 symptoms listed in the **CRT6** are:

- > Headache
- > "Pressure in head"
- > Balance problems
- > Nausea or vomiting
- > Drowsiness
- > Dizziness
- > Blurred vision
- > Sensitivity to light
- > Sensitivity to noise
- > Fatigue or low energy
- > "Don't feel right"
- > More emotional
- > More irritable
- > Sadness
- > Nervous or anxious
- > Neck pain
- > Difficulty concentrating
- > Difficulty remembering
- > Feeling slowed down
- > Feeling like "in a fog"

The individual with suspected concussion should be reviewed by a Health Care Practitioner (HCP) at the earliest opportunity and should commence a graded return to sport and learning activities. The AIS Concussion Referral & Return Form provides important information to a healthcare practitioner following the suspected concussion of an athlete. The form outlines clear return to sport protocols, and the requirements for clearance for return to contact activities.

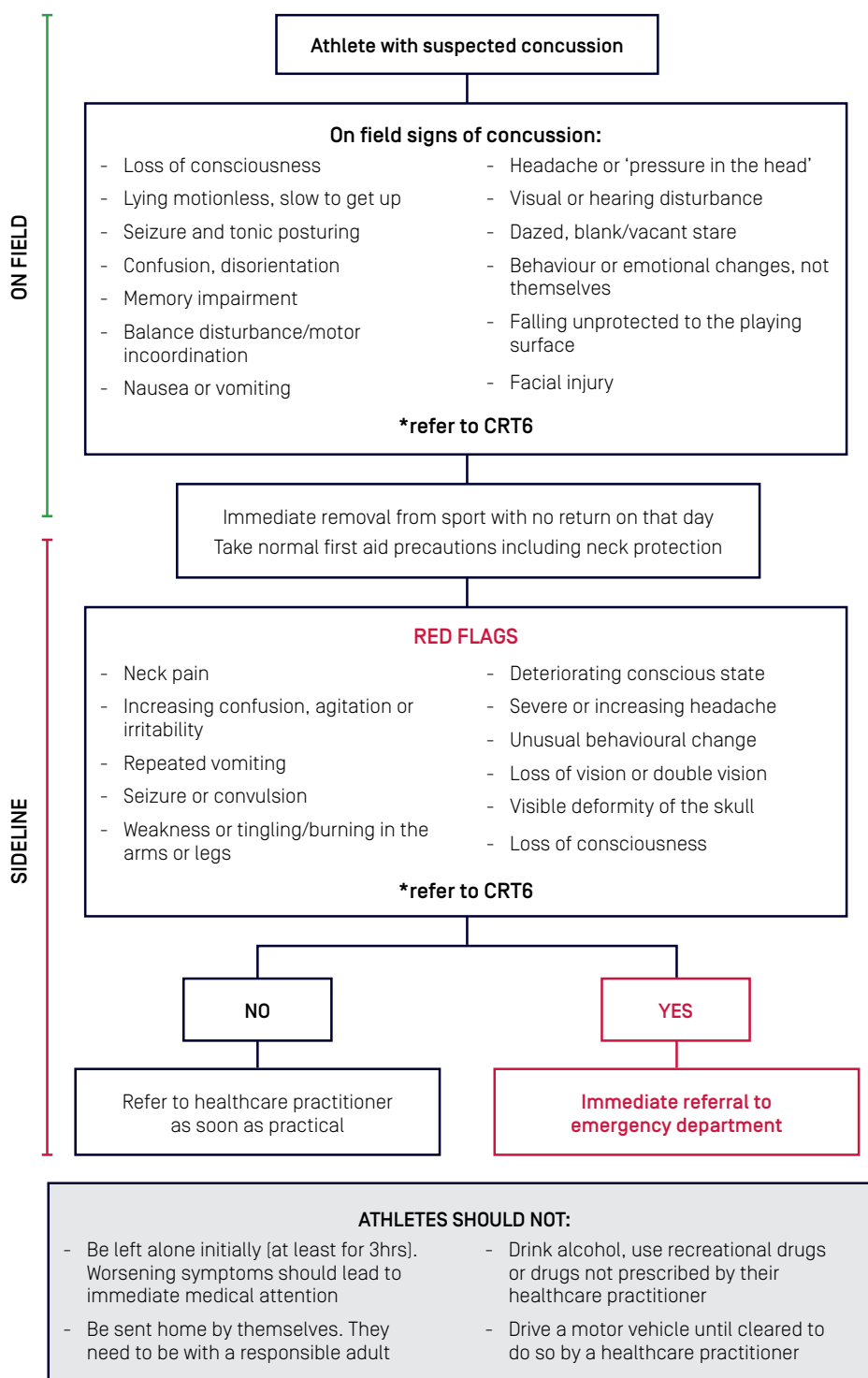
Concussion is an evolving condition. Therefore, signs and symptoms can change or be delayed, reflecting the changing underlying physiological injury status of the brain. In some instances, it will be obvious that there has been a significant injury where the athlete immediately suffers a loss of consciousness, has a seizure or has significant balance difficulties. However, signs and symptoms of concussion can be variable, non-specific, subtle, and may be difficult to detect. Symptoms that are initially subtle can become more significant in the hours and days following the injury and require repeat/serial evaluations. Owing to delays in presentation, it may take up to 48 hours following a head contact to exclude a diagnosis of concussion. Parents/caregivers, teachers, coaches and attending healthcare practitioners need to be alert to behaviour that is unusual or out of character.



WHAT TO DO NEXT: IMMEDIATE MANAGEMENT OF CONCUSSION

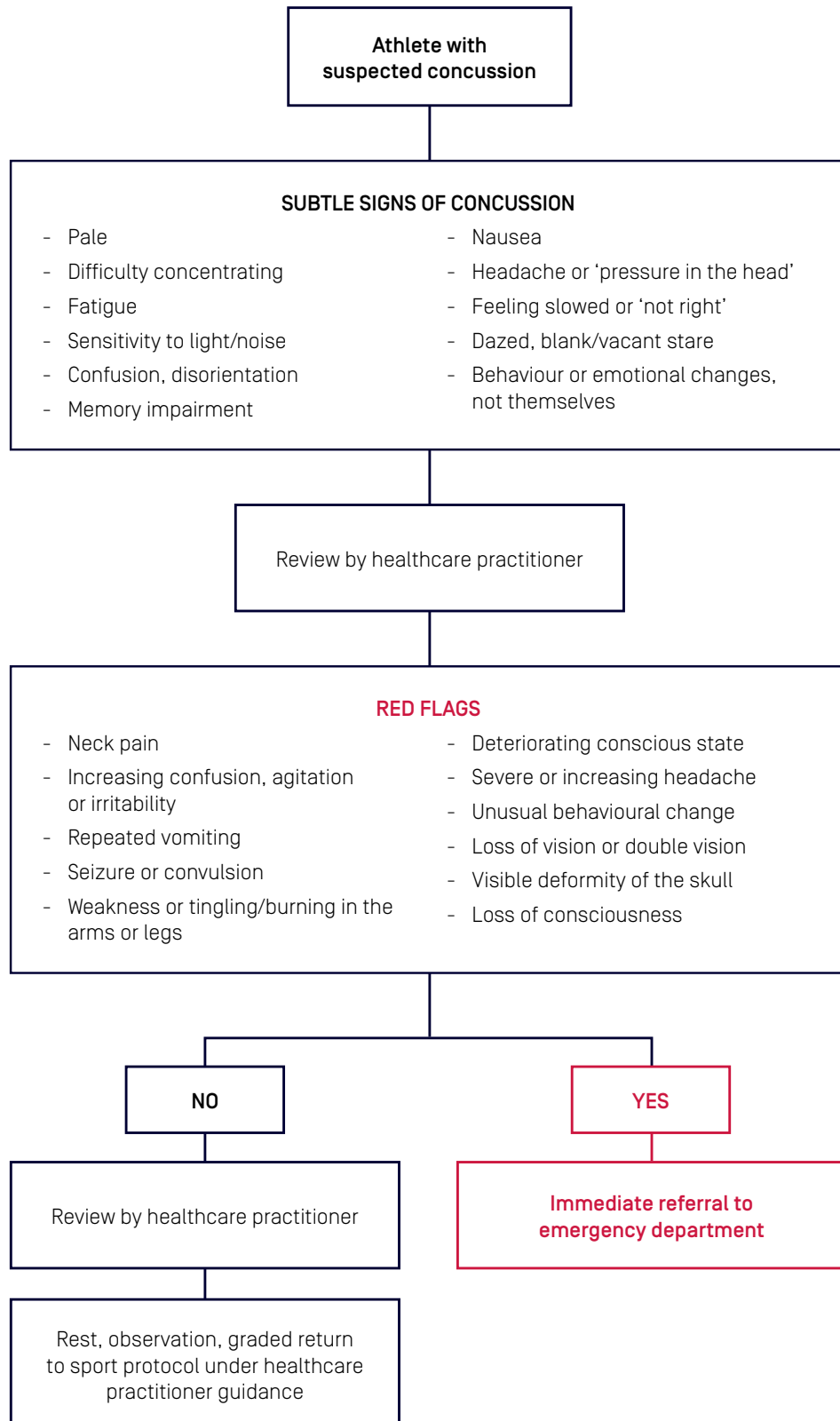
Immediately following a suspected concussion, it is important to exclude 'red flags' (signs that suggest the athlete should go straight to hospital). Once 'red flags' have been excluded, the athlete should be referred to a health care practitioner. Return to sport and learning activities commences with a short period of rest of 24-48 hours, followed by a gradual return to sport and/or learn process. Relative rest involves providing rest for both the body (physical rest) and the brain (cognitive rest).

Figure 1: Non-healthcare practitioner at sporting event where there is a suspicion of concussion (for parents, coaches, teachers, team-mates, support staff)



Sometimes concussion is not detected or suspected at the time of injury. The athlete may present two or three days later at home, or at school, with subtle changes in behaviour. It is important that teachers, coaches, parents, school mates and team mates understand the subtle symptoms and signs that can suggest someone has suffered concussion.

Figure 2: Non-healthcare practitioner in a school or home setting where there is a suspicion of concussion (for parents, coaches, teachers, team-mates, support staff)



GRADED RETURN TO SPORT FRAMEWORK FOR COMMUNITY AND YOUTH

The risk of complications from concussion is increased if a player is permitted to return to sport before they have fully recovered. It is important that athletes do not return to contact activities or competition, until they have fully recovered. The graded return to sport framework (GRTSF) for community and youth assists athletes/coach/parents/teachers with concussion management through the recovery process and time frames for a safe return to sport/learn.

The AIS return to sport protocol for community and youth sport includes;

- > Introduction of light exercise after an initial 24-48 hours of relative rest.
- > Several checkpoints to be cleared prior to progression.
- > Gradual reintroduction of learning and work activities. As with physical activity, cognitive stimulation such as using screens, reading, undertaking learning activities should be gradually introduced after 48 hours.
- > At least 14 days symptom free (at rest) before return to contact/collision training. The temporary exacerbation of mild symptoms with exercise is acceptable, as long as the symptoms quickly resolve at the completion of exercise, and as long as the exercise-related symptoms have completely resolved before resumption of contact training.
- > A minimum period of 21 days until the resumption of competitive contact/collision sport.
- > Consideration of all symptom domains (physical, cognitive, emotional, fatigue, sleep) throughout the recovery process.
- > Return to learn and work activities should take priority over return to sport. That is, while graduated return to learn/work activities and sport activities can occur simultaneously, the athlete should not return to full contact sport activities until they have successfully completed a fully return to learn/work activities.



Reintroduction of daily activities is appropriate if the activities do not severely exacerbate symptoms following the initial 24-48hour period of rest. Early resumption of activities of daily living is associated with improved symptom resolution and shorter recovery time.

After the initial period of relative rest, graded return to school and/or work is advised. Concussion is an evolving injury and symptoms can change over time in one or more domains. All affected domains may not be evident during the early stages of the graded return. Care should be taken when returning to activities that involve multiple domains, such as school or work, with dosage and environment considered.

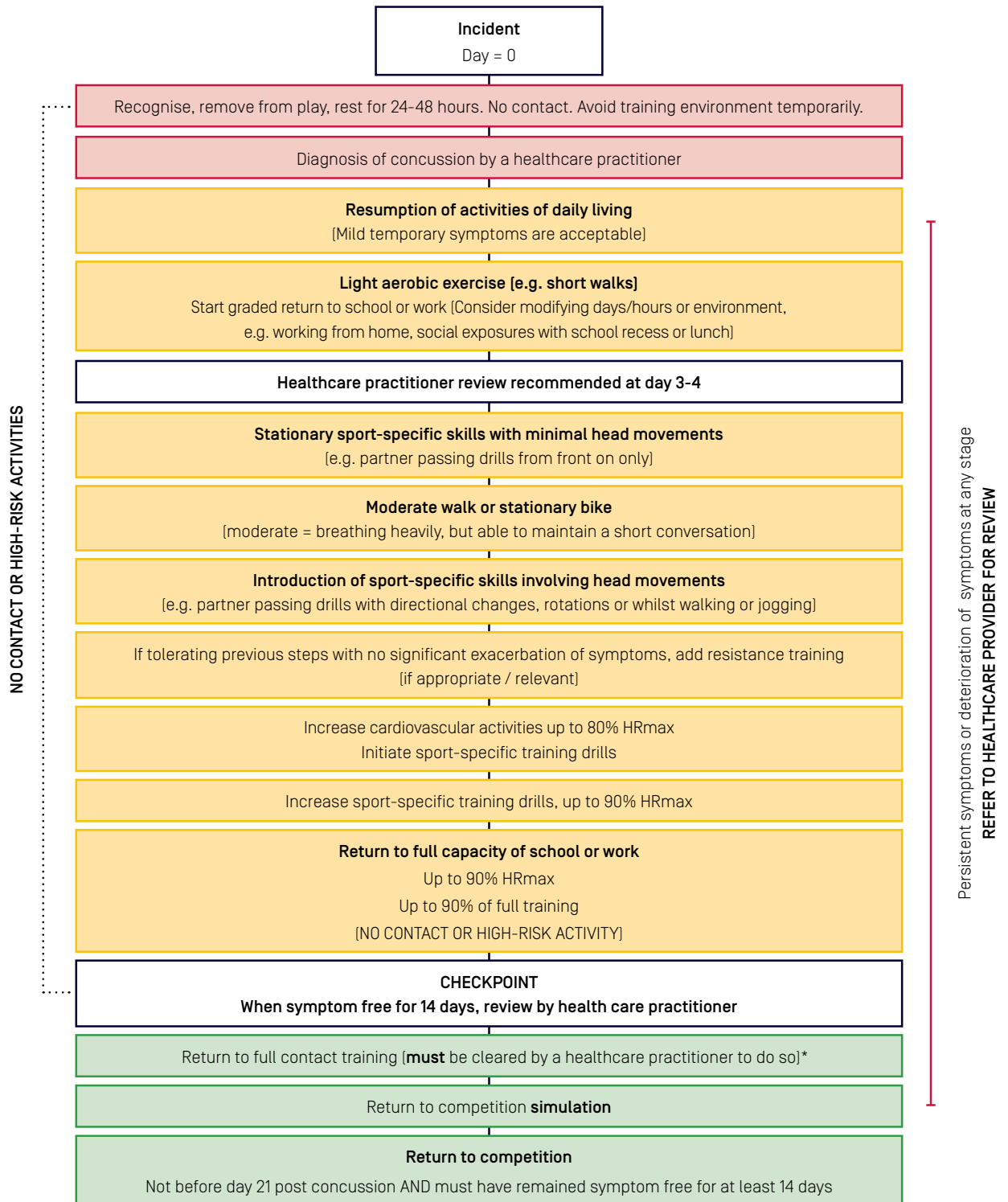
Recent studies encourage initiation of low-intensity exercise 24-48 hours post-concussion irrespective of the presence of low-level symptoms. Mild and brief exacerbation of symptoms may occur during progression through the GRTSF. This is acceptable as long as the exacerbations are temporary, that is, the symptoms return to baseline before the next exercise session. Mild is defined as an increase of no more than 2 points on a 10 point scale and brief is no more than 1 hour duration of exacerbation from pre-exercise symptoms. If there is moderate or severe exacerbation of symptoms or symptoms persist until the next scheduled bout of activity [considered prolonged symptoms] then a review with a HCP is recommended.

Children and adolescents take longer to recover from concussion than adults. A more conservative approach should be taken with those aged under 19 years of age. **The GRTSF requires those under 19 years of age and those without a dedicated HCP to guide recovery, to be symptom free for 14 days (at rest) before return to contact training, and not return to competitive contact sport until a minimum of 21 days from the time of concussion.** To be clear, that is *not* 14 days *from the time of concussion*. It is *14 days from when the athlete becomes symptom-free*. The day of the concussive incident is deemed *day 0* of the GRTSF. This recommendation allows for the individual case variability in symptom duration. It ensures that the most vulnerable individuals have demonstrated a clear capacity to perform all normal activities of daily living, including non-contact exercise, without symptoms, before they return to the field of play.



Figure 3: Graded return to sport framework for community and youth sport

Each stage, highlighted in orange or green below, should be at least 24 hours and symptoms should return to baseline prior to commencing the next activity or stage.



Some high-performance athletes may have access to appropriately trained Healthcare Practitioners experienced in multi system concussion rehabilitation. These athletes may be cleared earlier if their sports concussion protocol allows. Refer to the graded return to sport framework for advanced care settings. Note, athletes aged under 19 years should NOT have access to earlier clearance available in advanced care settings.

* Please note that athletes cannot go directly from non-contact activities to return to competition. That is, they must complete some full contact training, to the satisfaction of the health care practitioner, before returning to competitive contact.

Examples of return to sport timeframes

Note:

- > Day of concussive incident is considered 'Day 0'.
- > Examples below assume a sport where competition (competitive contact) occurs weekly on a Saturday.
- > The 14-day symptom-free period does not start until the first day that the athlete is symptom-free.

Key:

Incident
Symptomatic
Symptom-free
Contact training
Full competition

Example 1. Athlete symptom-free on day 3

Week 1	Week 2	Week 3	Week 4	Week 5
Saturday	5. Saturday	12. Saturday	Saturday	Saturday
Sunday	6. Sunday	13. Sunday	Sunday	Sunday
Monday	7. Monday	14. Monday	Monday	Monday
1. Tuesday	8. Tuesday	Tuesday	Tuesday	Tuesday
2. Wednesday	9. Wednesday	Wednesday	Wednesday	Wednesday
3. Thursday	10. Thursday	Thursday	Thursday	Thursday
4. Friday	11. Friday	Friday	Friday	Friday

In example 1, the athlete has symptoms for 3 days (orange) in Week 1, including the day of the incident. They become symptom-free on the Tuesday of Week 1. They complete their 14-day symptom-free period (yellow) by the Monday of Week 3. The athlete then completes 4 days of contact training (blue) without difficulty in week 3. The healthcare practitioner is satisfied. The athlete is cleared to return to full competitive contact (green) on the Saturday of Week 4.

Example 2. Athlete symptom-free on day 7

Week 1	Week 2	Week 3	Week 4	Week 5
Saturday	1. Saturday	8. Saturday	Saturday	Saturday
Sunday	2. Sunday	9. Sunday	Sunday	Sunday
Monday	3. Monday	10. Monday	Monday	Monday
Tuesday	4. Tuesday	11. Tuesday	Tuesday	Tuesday
Wednesday	5. Wednesday	12. Wednesday	Wednesday	Wednesday
Thursday	6. Thursday	13. Thursday	Thursday	Thursday
Friday	7. Friday	14. Friday	Friday	Friday

In example 2, the athlete had symptoms for 7 days (orange). They became symptom-free on the Saturday of Week 2. They completed their 14-day symptom-free period (yellow) by the Friday of Week 3. However, they could not be cleared to play on the Saturday of Week 4 because, as per the graded return to sport framework (Figure 3) above, once the athlete has completed their 14-day symptom-free period, *they must do some contact training* to demonstrate that they can tolerate contact training without developing symptoms. The athlete cannot go straight from non-contact training to playing matches. There is no specific duration of contact training (blue). The health care practitioner overseeing the athlete must be satisfied that they have done enough contact training to demonstrate that they are ready to return to full, unrestricted competitive contact. In this case the athlete narrowly missed out being able to play on the Saturday of Week 4. They undertake contact training (blue) in Week 4 and are cleared to return to play on the Saturday of Week 5.

Example 3. Athlete symptom-free on day 9

Week 1	Week 2	Week 3	Week 4	Week 5
Saturday	Saturday	6. Saturday	13. Saturday	Saturday
Sunday	Sunday	7. Sunday	14. Sunday	Sunday
Monday	1. Monday	8. Monday	Monday	Monday
Tuesday	2. Tuesday	9. Tuesday	Tuesday	Tuesday
Wednesday	3. Wednesday	10. Wednesday	Wednesday	Wednesday
Thursday	4. Thursday	11. Thursday	Thursday	Thursday
Friday	5. Friday	12. Friday	Friday	Friday

In example 3, the athlete has symptoms (orange) for 9 days. They become free of symptoms on the Monday of Week 2. They complete their 14-day symptom-free period (yellow) by the Sunday of Week 4. They then complete 5 days of contact training (blue). The healthcare practitioner is satisfied. They are cleared to return to play on the Saturday of Week 5.

Protocol for those with multiple suspected concussions

An athlete with a history of multiple concussions is at risk of experiencing prolonged symptoms before return to sport. Those who suffer from multiple concussions within a short period of time should be managed more conservatively and be assessed by a clinical management team with specific training and expertise in concussion. *Multiple concussions can be two concussions within a 3-month period, or three concussions in a 12-month period.* If this occurs, the individual should follow a more conservative return to sport protocol. There is no evidence regarding specific time frames for return to sport following multiple concussions. The timeframes will be influenced by factors such as the severity of the most recent injury, the number of previous concussions and the general medical history of the athlete. A recommended starting point for return to sport after second concussion within three months, would be 28 days symptom-free before return to contact training and a minimum of six weeks from the time of the most recent concussion until return to competitive contact.

In situations where three concussions have occurred within a 12-month period, consideration needs to be given to missing a season of contact / collision sport.



Concussion officer for community/school environments

All community members should be aware of the concussion management protocols and pathways relevant to their sport and community, including their role in the identification and management of concussion. It is recommended that clubs and schools introduce a 'concussion officer' to oversee the management of concussion. A 'concussion officer' is a single point of contact and manages the coordination of matters related to concussion. A 'concussion officer' is not a concussion expert and is not expected to diagnose concussion. Analogous to the role of a 'fire warden', the 'concussion officer' ensures that anyone diagnosed with concussion follows the organisation's agreed concussion protocol. The designated person can be any member of the affiliated community. Their job is to be the recipient of information in relation to concussion and to ensure that the concussion protocol is enacted. It is recommended that a 'whole of community' concussion policy or protocol is adopted. This needs to be effectively socialised and communicated to all stakeholders, to ensure it is adapted successfully.

Figure 4: Systems for managing the concussed student in the school environment

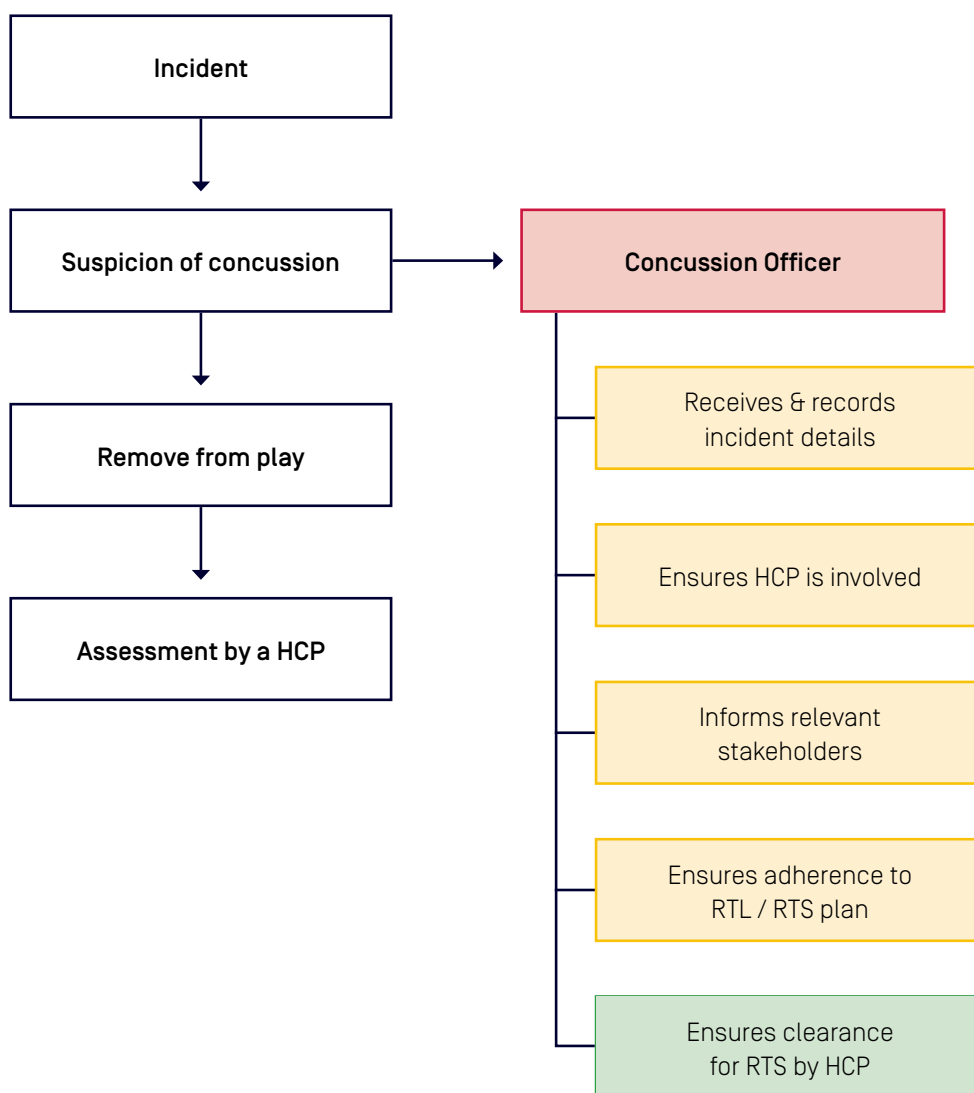
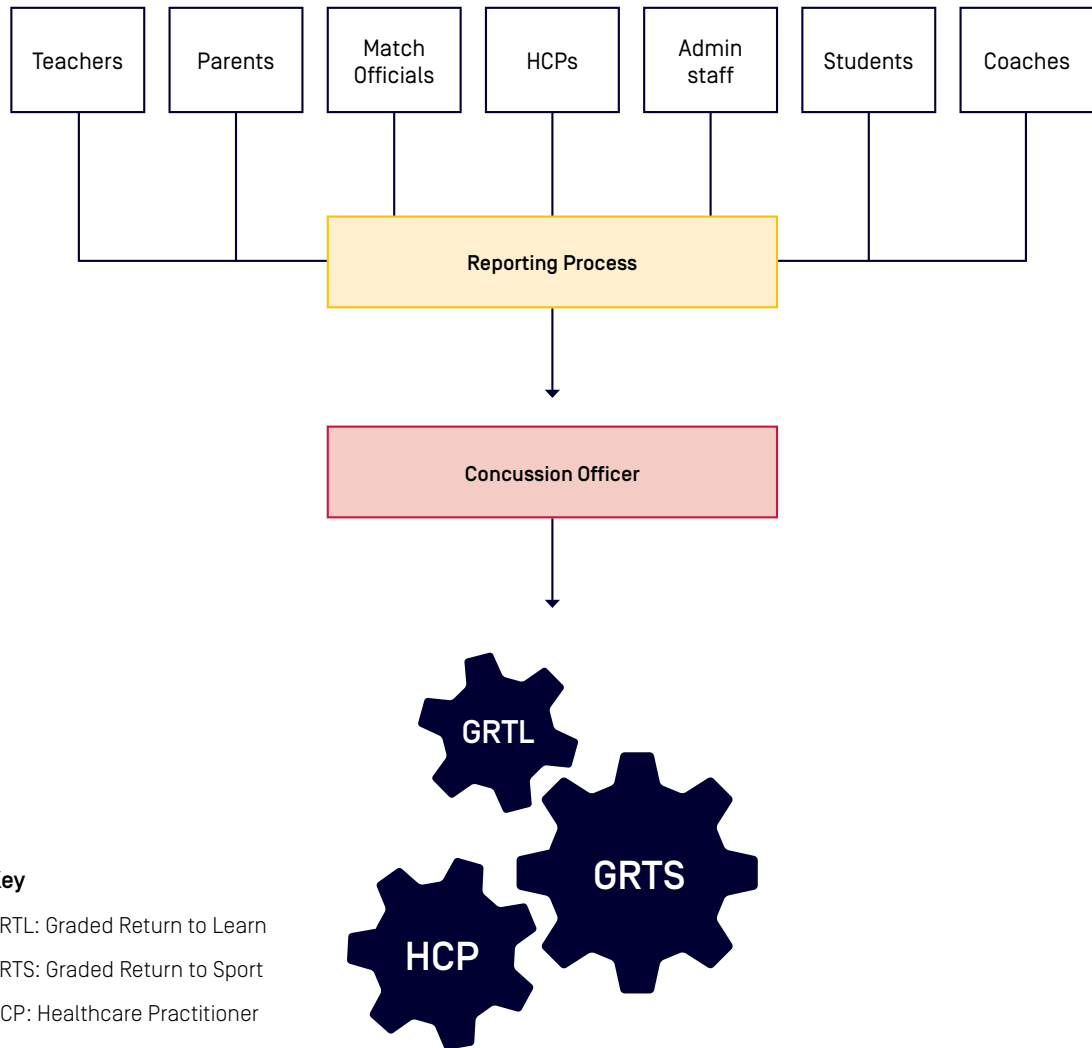


Figure 5: Systems for managing the concussed student in the school environment



“Everyone has a responsibility to report a suspected concussion”

ADDITIONAL RESOURCES

- > [AIS Concussion and Brain Health Position Statement 2024](#)
- > [Concussion in Sport Australia | Australian Sports Commission](#)
- > [Connectivity: Sport-Related Concussion Short Course](#)
- > [UK Government's Concussion Guidelines for Non-Elite \(Grassroots\) Sport](#)
- > [Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport](#)
- > [Concussion Recognition Tool 6 \(CRT6\)](#) (For use by non-healthcare practitioners)
- > [Sport Concussion Assessment Tool 6 \(SCAT6\)](#) (For use by healthcare practitioners)
- > [Sport Concussion Office Assessment Tool 6 \(SCOAT6\)](#) (For use by healthcare practitioners)
- > [BJSM Para-Sport Concussion Consensus Paper](#)
- > [Concussion referral and clearance form](#)





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