



CLARENCE FOOTBALL CLUB

HAS ADOPTED THE

CONCUSSION MANAGEMENT POLICY

OF AFL TASMANIA



From: TSL management
Subject: TSL Policy & Procedures in respect to concussion management
Date: June 2013

Background:

In our quest to honour our commitment to the general well-being and welfare the players participating in our competition and as a consequence of discussions between clubs at an Operations Meeting the following draft guideline policy has been set down for approval of clubs. This policy has been developed specific to the TSL but is consistent with other state leagues and National best practice and designed to ensure optimum player safety regarding the management and prevention of head injuries.

Purpose

Its intention is to provide a streamlined process to assist clubs provide a safe playing environment and relieve the pressure / stress from non-medical personnel to make decisions regarding safety to play.

Policy and process:

Where a medical specialist is not present at the ground the most accredited sports trainer will make the assessment and decision based on the SCAT2 Process assessment.

- Use of the Pocket SCAT2 requires NO medical training
1. Where player fails the SCAT2 test, then that player shall not return to the field or take any further part in that match and furthermore, clearance from a medical practitioner is required in writing prior to that player returning to either or both, club training and matches.
 2. Any player who FAILS the SCAT2 assessment should have their names notified to the TSL Match Manger, who will record the player's name in the match report, which is then submitted to the TSL Operations Manager.
 3. Any player whose name is submitted to the TSL as having failed the SCAT 2 will NOT be permitted to play in the TSL until the league receives notification of the club having medical clearance.

Pocket SCAT2



Concussion should be suspected in the presence of **any one or more** of the following: symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behaviour.

1. Symptoms

Presence of any of the following signs & symptoms may suggest a concussion.

- Loss of consciousness
- Seizure or convulsion
- Amnesia
- Headache
- "Pressure in head"
- Neck Pain
- Nausea or vomiting
- Dizziness
- Blurred vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Feeling like "in a fog"
- "Don't feel right"
- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- More emotional
- Irritability
- Sadness
- Nervous or anxious

2. Memory function

Failure to answer all questions correctly may suggest a concussion.

"At what venue are we at today?"

"Which half is it now?"

"Who scored last in this game?"

"What team did you play last week / game?"

"Did your team win the last game?"

3. Balance testing

Instructions for tandem stance

*"Now stand heel-to-toe with your **non-dominant** foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."*

Observe the athlete for 20 seconds. If they make more than 5 errors (such as lift their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more than 5 seconds) then this may suggest a concussion.

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.

ATTACHMENT

Pre-Season Scat Card Test

Name: _____ Date: _____

Sport _____ Mouth guard Y N

COGNITIVE ASSESSMENT: Read List of words 1 sec at a time and ask athlete to repeat list in any order. Repeat the same for lists 2 & 3 place 1 point for each word recalled in the list.

5 Word Recall		Immediate Recall Trials		
List 1	List 2	List 3		
1) Cat _____	1) Elbow _____	1) Baby _____		
2) Pen _____	2) Apple _____	2) Candle _____		
3) Shoe _____	3) Carpet _____	3) Sugar _____		
4) Book _____	4) Saddle _____	4) Wagon _____		
5) Car _____	5) Bubble _____	5) Sunset _____		

Months in Reverse
Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan

CONCENTRATION: Read string of numbers, ask athlete to repeat backwards. If correct go to next string length:
 If incorrect, go to next string, same length.

Digits Backward:		Alternate digit list	
4-9-3	0 1	6-2-9	5-2-6
3-8-1-4	0 1	3-2-7-9	1-7-9-5
6-2-9-7-1	0 1	1-5-2-8-6	3-8-5-2-7
7-1-8-4-6-2	0 1	5-3-9-1-4-8	8-3-1-9-6-4

1 Point for each sequence correct of 4

BALANCE TEST

Three 20 Second test, **eyes closed, hands on waist.** This is calculated by adding 1 error point for each error during the three 20 second tests. The maximum total of errors for any single condition is 10 points. The higher the score the worse the player's balance.

Types of errors while testing = 1 point

Balance Test

	Which foot tested (non- dominant foot)	L	R
1. Hands lifted of waists		___	___
2. Opening eyes	Double leg stance (Feet together) error	___	___ 10
3. Step, stumble or fall	Single leg stance (non-dominant foot) error	___	___ 10
4. Lifting forefoot or heel	Tandem Stance (non-dominant foot back) error	___	___ 10
5. Remaining out of test position > 5 Sec	If you were to kick a ball, which foot would you use?		
6. Moving hip into > 30 degrees abduction	(This will be the dominant foot)		

P.T.O (description of balance test)

Balance exam

No shoes

Roll up pant legs above ankles

Remove any taping

Three 20 second tests with a different stance

Each Test Hands On Hips Eyes Closed.

Timing begins when eyes are closed.

Double leg stance:

Standing with feet together hands on hips and eyes closed maintain stability in this position for 20 seconds.

Timing begins as soon as eyes are closed any movement from this position results in an error point.

Single leg stance:

The dominant leg should be held in approx 30 degrees of hip flexion and 45 degrees of knee flexion.

You should try to maintain stability for 20 seconds. An error point will be calculated for each time you move

out of position, if you stumble out of position open your eyes and return to the start position and continue balancing.

Tandem stance:

Standing heel to toe with your **Non-Dominant Foot** in back. Your weight should be evenly distributed across both feet.

Slightly bending both knees, if you stumble out of position open eyes and return to the start position.