



# NRL - COMMUNITY HEAD INJURY RECOGNITION AND REFERRAL FORM

## A. GENERAL INFORMATION

Player Name:  Age:  Club:

Examiner Name:  Examiner qualifications:

Date:  Half:  Approximate Time in Half:  Position of Player:

## B. STRUCTURAL HEAD OR NECK INJURY

1. Are there clinical features of a potentially serious or structural head and/or neck injury, including prolonged loss of consciousness (>1 minute) requiring urgent and emergency hospital transfer?<sup>1</sup>  Yes  No

## C. REMOVAL FROM PLAY

**Players MUST be removed permanently from play if any of the following are observed by anyone; including coaches, parents and other players**

	YES Observed Directly	YES Reported	NO
2. Loss of consciousness (or prolonged loss of movement of > 1 – 2 seconds) or not responding appropriately to trainers, referees or other players	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No protective action in fall to ground (not bracing for impact/ floppy or stiff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Impact seizure/convulsion/fit (stiffening or shaking of arms and/or legs on impact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Balance disturbance <sup>2</sup> or Clumsy (loss of control over movements) or slow to get up following a possible head injury (10-15 seconds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Dazed or blank/vacant stare or not their normal selves/not reacting appropriately to surroundings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Unusual behaviour for the player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Confusion or disorientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Memory impairment (e.g. fails Maddocks questions – refer to CRT5 <sup>1</sup> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Player reports or displays any other concussion symptoms (refer to CRT5 <sup>1</sup> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### IMPORTANT TO REMEMBER

- Any player who is unconscious should be suspected of having a spinal cord injury and treated appropriately. This includes DRABCD (Danger, Response, Airway, Breathing, CPR, Defibrillation) and they should not be moved unless appropriately trained personnel are present.
- If the player has weakness or tingling/burning in the arms and/or legs, they should be treated as if they have a spinal injury and an ambulance called.
- A player with a **facial injury** after head trauma should be assessed for signs and symptoms of concussion.
- Players must be **HONEST** in reporting how they feel. Uncooperative behaviour by players should be considered a possible sign of concussion and result in their removal from play as a potential head injury.

<sup>1</sup> Refer to the NRL Concussion Management Guidelines on the Play NRL website: [playrugbyleague.com/concussion](http://playrugbyleague.com/concussion) and use the **Concussion Recognition Tool 5 (CRT5)** [bjsports-2017-097508CRT5](http://bjsports-2017-097508CRT5)

<sup>2</sup> NOTE: 'Balance disturbance' is defined as when a Player is unable to stand steadily unassisted or walk normally and steadily without support in the context of a possible head injury.

## D. OUTCOME AND ACTION

If 'Yes' is selected for question 1, an ambulance must be called for immediate transfer to hospital

If 'Yes' is selected for any of questions 2-10, **immediate** removal from play and medical assessment<sup>3</sup> are required

**<sup>3</sup> A player who is removed from play with a suspected concussion MUST NOT return to play until formally cleared by a doctor. If any RED FLAGS listed in the CRT5 are present or there is any other concern – call an AMBULANCE.**

**A PLAYER SUSPECTED OF HAVING SUSTAINED A CONCUSSION MUST NOT BE ALLOWED TO RETURN TO THE FIELD OF PLAY ON THE DAY OF THE INJURY EVEN IF THE SYMPTOMS RESOLVE. HE/SHE MUST BE SENT FOR MEDICAL ASSESSMENT IN THE CARE OF A RESPONSIBLE ADULT.**

**PLEASE REFER TO NEXT PAGE TO COMPLETE ASSESSMENT FOR PLAYERS  
REQUIRING MEDICAL REVIEW FOR SUSPECTED CONCUSSION**



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Player Name:

Date:

**E. SYMPTOM RECORD** – complete based on how the player feels **now**. (Helpful for medical follow up.)  
A Parent should help answer these questions if the Player is 12 years old or younger

	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
“Pressure in head”	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like “in a fog”	0	1	2	3	4	5	6
“Don’t feel right”	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or anxious	0	1	2	3	4	5	6
Trouble Falling Asleep (If applicable)	0	1	2	3	4	5	6

If you know the player (or ask parents/friends), how different is the player acting compared to his/her usual self?

<input type="checkbox"/> No different	<input type="checkbox"/> Very different	<input type="checkbox"/> Unsure	<input type="checkbox"/> N/A
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**SIGNATURE OF EXAMINER**

Signed:

Date:

Time completed:

The NRL require the injured player to be assessed by a **Doctor** as soon as possible after a head injury **PRIOR** to returning to a graduated structured training program.

**POST CONCUSSION INJURY ADVICE – for person monitoring the injured player**

- Recovery time from concussion is variable and signs and symptoms can evolve over minutes or hours
- If the player displays ANY of the following: vomiting, neck pain, severe or worsening headache, double vision, excessive drowsiness, convulsions, change in behaviour, loss of consciousness or weakness/tingling/burning in arms or legs; then call an ambulance or contact your doctor or the nearest emergency department **immediately**
- Rest (physical and mental) - including any training until medically cleared (at least 24-48 hrs)
- **NO** alcohol until medically cleared
- **NO** driving until medically cleared
- **NO** medications such as sleeping pills, aspirin, anti-inflammatories or sedating/strong pain killers
- **Please take this completed form to your doctor to assist with the assessment – it is recommended that you book a long consultation with your doctor**

A **final** consultation by a Doctor, to clear the player medically fit **before** full contact training and match play, **MUST** be undertaken.

**It is preferable that the same doctor performs all the assessments (including initial and final clearance) if possible.**



# 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](http://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](http://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](http://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 fit<sup>4</sup> to contact train and return to match play.

Practitioner Name  Date

Signed

Medical Practice Stamp

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