

# CONCUSSION

***RECOGNISE, REMOVE, RECOVER, RETURN***



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## RECOGNISE RED FLAGS

Seek urgent medical help if the player has any of the following:

- Neck pain, bad or worsening headaches
- Increased confusion or doesn't recognise you
- Repeated vomiting
- Seizures or convulsions
- Double or blurred vision
- Slurred speech
- Weakness, tingling or burning in the arms or legs
- Decreasing levels of consciousness (this includes difficult waking)
- Unusual behaviour change (irritability, restless)

**DO NOT HESITATE TO CALL 111**

## RECOGNISE SIGNS AND SYMPTOMS OF CONCUSSION

What you see?

- Lying on the ground not moving or slow to get up
- Loss of balance or coordination
- Disorientation or confusion
- Visible injury to face or head
- Grabbing or clutching of head
- Loss of consciousness
- Dazed, blank or vacant look

## RECOGNISE SIGNS AND SYMPTOMS OF CONCUSSION

What they feel?

- Blurry vision
- Dizzy
- Difficulty with bright light or loud noises
- Tired
- Problems with memory
- Find it hard to think or concentrate
- More emotional
- Irritable

## RECOGNISE SIGNS AND SYMPTOMS OF CONCUSSION

What they say? Difficulty answering or incorrect answers to any of these questions may indicate a concussion:

- Where are we playing?
- Which half is it now?
- Who scored last in this game?
- What team did you play last week?
- Did your team win the last game?

- \* Where are we training?
- \* Who is leading this session?
- \* What was the last drill?
- \* Question remains the same
- \* Question remains the same

\* Use these variations at training

## REMOVE FROM PLAY AND REFER FOR ASSESSMENT

Any player with a suspected concussion must be immediately removed from play or training. A medical doctor should assess the player to confirm the diagnosis and determine if additional support is needed.

## THE FIRST 48HRS

Concussion symptoms can be delayed, and serious complications are more likely to occur in the first 48hrs.

Players with a suspected concussion should:

- Be closely monitored by a responsible person.
- Avoid alcohol, sleeping pills and illegal drugs.
- Not drive.
- Relative rest: which includes activities of daily living and reduced screen time.

## NZR GRADUATED RETURN TO PLAY

REHABILITATION STEP	RECOMMENDED ACTIVITY	MINIMUM TIME PER STEP
1. Relative rest	Activities of daily living and reduced screen time.	Days 1–2
2. Light to moderate exercise	Symptom-guided low to moderate intensity activity such as walking, or jogging.	
3. Individual sport-specific exercise	Individual training (e.g. running, change of direction, burpees). NO risk of head impact.	Days 2–14
<p>Start this step only if you have had no symptoms for the past 14 days.</p>		
4. Non-contact training drills	Include more challenging drills (e.g multi player training, passing). Re-introduce weight training.	Days 14–18
<p>Seek medical clearance</p>		
5. Build to full contact training	Build into participating in normal training activities, including contact drills.	Days 18–20
6. Return to play	If symptom free through step 5, then eligible for match participation after a minimum of 24 hours.	Earliest Day 21

## KEY CONSIDERATIONS FOR NZR GRADUATED RETURN TO PLAY

- Progress only if symptoms are improving and symptom-free.
- Minimum 24 hrs between steps.
- If symptoms worsen, stop, rest, and return to the previous step after 24 hrs.
- Must be symptom free for 14 days before Step 4.
- Seek medical advice if symptoms persist.

## RETURN TO PLAY

Even if symptoms have resolved, the minimum stand-down before a player with concussion can return to play is 21 days.

A player can return to contact training when they:

- Have fully returned to school or work without limitation.
- Have followed the graduated return to play guidelines.
- Are symptom free.
- Have attained medical clearance.

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