



Wrestling Australia Concussion Policy

The purpose of this document is to provide guidance on concussions that may occur within the sport of Wrestling.

This summary is prepared specifically for the Wrestling community and should not be used as a medical document.

Athletes, parents, coaches and officials need to act in the best interest of player safety and welfare by taking responsibility for the recognition, removal and referral of athletes to a medical doctor and then ensuring concussion is appropriately managed as per these guidelines

Concussion Facts:

A concussion is a brain injury and is defined as a complex physiological process affecting the brain, induced by biomechanical forces. Concussion may be caused by either a direct or indirect blow to the head, face, neck or body causing an impulsive force transmitted to the head.

It is characterised by a graded set of neurological symptoms and signs that typically arise rapidly and resolve spontaneously over a sequential course. The process of recovery, however, varies from person to person and injury to injury.

The diagnosis of acute concussion usually involves assessment of a range of domains including clinical symptoms, physical signs, cognitive impairment, neurobehavioral features and sleep disturbance.

It is important that all first aid personnel are aware of how to recognise and safely manage concussion.

Anyone evaluating concussion on the field or sideline should err on the side of safety: “when in doubt, sit them out”.

Any sports participant diagnosed with or suspected of having concussion should not be allowed to return to participation on the day of injury.

Most (80%–90%) concussions resolve in a short (7–10 day) period although the recovery time frame may be longer for children (<18 years of age).

Diagnosis

The suspected diagnosis of concussion can include one or more of the following features:

Headaches	Dizziness
Nausea	Vomiting
Blurred Vision	Sensitive to light and noise
Slowing to get up	Holding of the head
Unsteadiness	Dazed look
Loss of consciousness	Loss of balance and poor co-ordination
Irritability	Sadness
Anxiety	Slowed reaction
Difficulty concentrating	Amnesia
Feeling in a fog	Confusion
Sleep disturbance	Sleeping more or less than usual
Insomnia	Seizure or convulsions
Fatigue or low energy	Nervous or anxious

Memory function

Failure to answer any of these questions correctly may suggest a concussion.

“What venue are we at today?”
“Who won the last match?”
What is your club name?”
“What day of the week is it?”

If any of these components are present, a concussion should be suspected and the appropriate management strategy adopted.

DANGER SIGNS

If ANY of the following are reported, the athlete should be safely and immediately removed from the sport. If no qualified professional is available, consider transporting by ambulance for urgent medical assessment:

Athlete complains on neck pain	Deteriorating conscious state
Increasing confusion or irritability	Severe or increasing headache
Repeated vomiting	Unusual behaviour change

Seizure or convulsion	Double vision
Weakness or tingling/burning in the arm or legs	

Any athlete with a suspected concussion should be **IMMEDIATELY REMOVED FROM PLAY**, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle. It is recommended that, in all cases of suspected concussion, the athlete is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

Remember: In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.

- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) unless trained to do so.

Returning to activities

Physical and cognitive rest until the acute symptoms resolve are the cornerstone of concussion management followed by a stepwise program of increasing exertion and medical clearance and Returning to activities. An initial period of rest in the acute symptomatic period following injury (24–48 hours) may be of benefit. In the absence of evidence-based recommendations, a sensible approach involves the gradual return to school/work and social activities (prior to contact sport) when the participant is symptom free, in a way that does not result in a significant exacerbation of symptoms

Six steps are recommended when considering if an athlete is ready to return to activity:

1. Baseline- There should be no activity. This means complete physical and mental rest.
2. Light aerobic exercise- A player should be cleared by a medical practitioner before they advance to this stage.

This stage can include such exercise as walking, swimming or other exercises that can be done at less than 70% maximum heart rate. No resistance training should be included in this step.

3. Wrestling specific exercise – This can include running drills or individual training drills. There should be no head impact at this stage.
4. Non-contact training drills- This includes more complex training such as training wrestling moves with a partner.
5. Full contact practice. A medical professional must agree that the athletes is ready to return to full training, they must be able to provide the athletes with a medical certificate. . If the athlete is given clearance from a doctor, they are permitted to return to full training.

6. Return to competitions- An athlete should only return to competition when they have fully recovered from concussion. This means the player must:
 - Not have any signs or symptoms of concussion at rest or in normal daily activities (school, study or work).
 - Have successfully completed the previous stages without any symptoms or signs of concussion (during or after training and contact training).

It is important to monitor symptoms and cognitive function carefully during each increase of exertion. Athletes should only progress to the next level of exertion if they are not experiencing symptoms at the current level. If symptoms return at any step, an athlete should stop these activities as this may be a sign the athlete is pushing too hard. Only after additional rest, when the athlete is once again not experiencing symptoms for a minimum of 24 hours, should he or she start again at the previous step during which symptoms were experienced.

These stages are best conducted through a team approach and by a health professional who knows the athlete's physical abilities and endurance. By gauging the athlete's performance on each individual step, a health care professional will be able to determine how far to progress the athlete on a given day. In some cases, the athlete may be able to work through one step in a single day, while in other cases it may take several days to work through an individual step. It may take several weeks to months to work through the entire 6-step progression.