



SPORTS CONCUSSION GUIDE

Think Safe. Play Safe. Stay Safe.

Sport
SINGAPORE

LIVE BETTER THROUGH SPORT

A Sport Safe Singapore

Sport Singapore recognises that safety must be a fundamental component of our sporting culture and a prerequisite for every healthy lifestyle. It is tasked to lead safety throughout Singapore's sporting community and to inculcate a safety-first mentality in the minds of stakeholders. Therefore, SportSG has set a corporate goal of zero injuries, in the belief that all accidents are preventable. Emphasising the need for personal accountability, SportSG also urges people to be more responsible for the safety of others. For more information, please visit, <https://www.sportsingapore.gov.sg/sports-education/sports-safety/introduction/>

Acknowledgment

SportSG would like to thank and acknowledge the Sport Safety Work Group: Review & Revision of Concussion Guidelines, for their participation in the consultation process; including the provision of materials and photos towards the production of this publication. Their feedback and suggestions greatly improved the final delivery of this publication.

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Another initiative by the Sport Safety Division, ActiveSG

INTRODUCTION

A sport-related concussion is a type of traumatic brain injury caused by a sudden impact to the head, neck, or body that sends an impulsive force to the brain. This can happen during sports or exercise, disrupting the brain's normal function.¹

While sports provide young people with invaluable opportunities for exercise, teamwork, and personal growth, they also carry a risk of injury. Concussions can occur in any sport or recreational activity, whether organised or informal. The risk is higher in contact sports, where collisions are common, but even non-contact sports pose a threat when impacts occur.

Focusing on concussion prevention is crucial in reducing injury, minimising the risk of repeat concussions, and preventing long-term symptoms. Coaches play a key role in this — both by implementing safer training techniques, recognising and responding to potential concussions. They are often the first to see a sport participant get injured and can guide both sport participants and parents or guardians in understanding the severity of the issue.

It's important to remember that even after symptoms disappear, the brain may still be recovering. Research shows that typical unrestricted Return to Sport (RTS) takes up to 1 month post sports-related concussion¹; hence, it's essential to have clear concussion protocols in place, ensuring proper recognition and referral pathways for all sports activities. Strict adherence to Return to Learn (RTL) and Return to Sport (RTS) guidelines are equally important to ensure a safe recovery.



This guide aims to empower coaches, teachers, sport participants, parents or guardians, event organisers, and officials by equipping them with essential information on concussion prevention and management. The goal is to help everyone improve their awareness and understanding of concussions while learning effective strategies to prevent these injuries.

The **Recognise and Remove** protocol is key to taking the right steps in responding to a suspected or confirmed concussion to ensure the sport participant's safety and recovery.

- **Recognise** the signs and symptoms of a concussion quickly and accurately
- **Remove** from sports activity
- **Refer and Re-evaluate** sport participant: by trained healthcare professional
- **Rest**
- **Recovery**
- **Rehabilitation**
- **Return (Return to Learn, Return to Sport)**

While coaches are typically the primary leads in recognising early signs of concussion, it's equally important to educate other key stakeholders — such as teachers, parents or guardians, sport participants, and other involved parties. Given their critical roles in safeguarding participants and guiding behaviour during sports, their awareness and understanding of concussion protocols are essential. Every stakeholder must recognise the severity of a concussion, be able to identify its symptoms, and ensure that injured sport participant takes the necessary time to recover. This includes consulting a healthcare professional with expertise in concussion management.

By working together, we can create a safer environment for all sport participants and ensure their long-term well-being.



Core Stakeholders

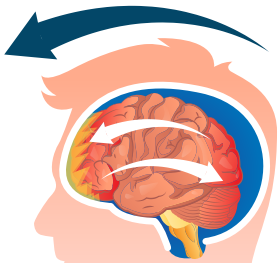


Sport participants must understand the critical importance of reporting any injury accurately and immediately. Myths surrounding concussions, combined with the pressure young sport participants often feel to perform, can lead to underreporting, increasing their risk of further injury.

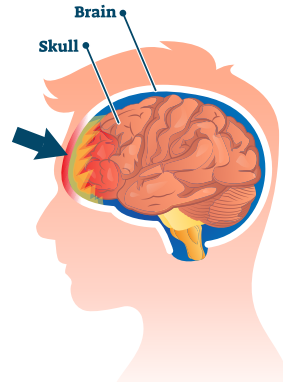
WHAT IS A CONCUSSION?

A sport-related concussion is a form of traumatic brain injury caused by a direct impact to the head, neck, or body, resulting in an impulsive force transmitted to the brain during sports or exercise. This impact triggers a complex chain of events in the brain, including changes in Neurotransmitters (chemical messengers from nerve cells), Metabolic cascade (a series of biochemical reactions in the cells), possible axonal injury (injury to brain's nerve fibres), altered blood flow, and inflammation. Symptoms can appear immediately or develop over time — sometimes within minutes or even hours. While most concussion symptoms resolve within a few days, some symptoms may persist for a longer period, requiring prolonged, careful management.¹

Acceleration-deceleration brain injury



Direct impact brain injury

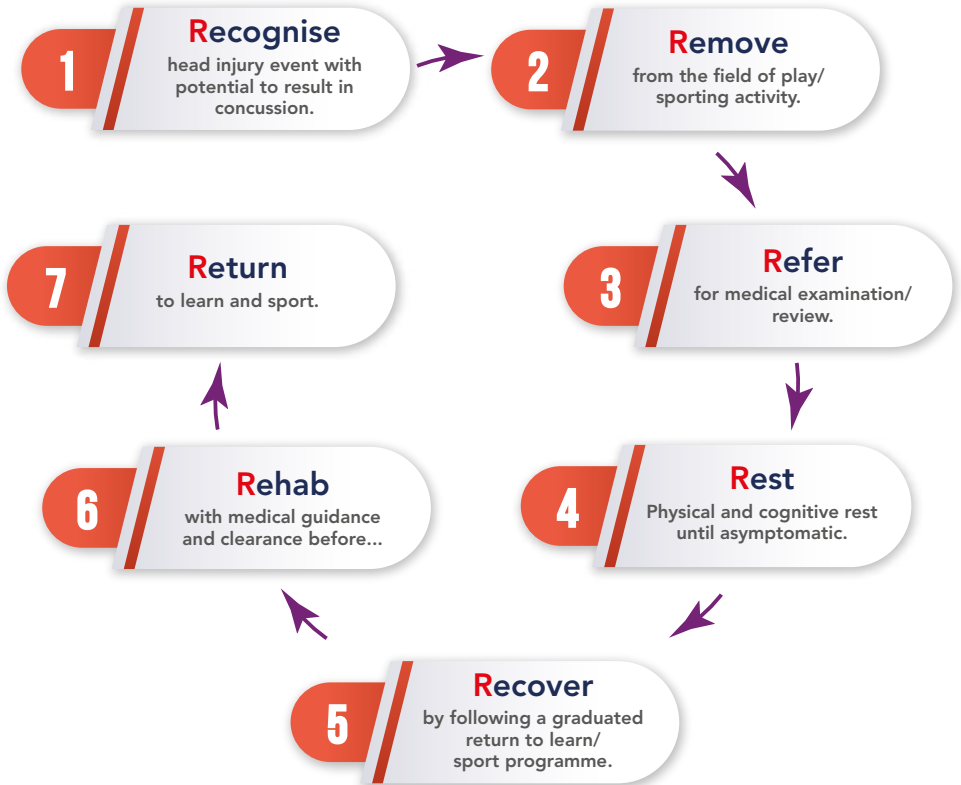


(Impact to head or body) Whiplash

When it comes to diagnosing sports-related concussions, standard imaging techniques like Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) scans often come up clear, showing no structural abnormalities. However, in a research setting, more advanced imaging methods — such as functional, blood flow, or metabolic scans — might uncover subtle issues that aren't visible on these conventional scans. Concussions can present with a wide range of symptoms and signs, and not many of them involve a loss of consciousness. This complexity underscores why it's crucial to consider various diagnostic approaches to fully understand the impact of a concussion.¹

Concussions are most common in contact sports where collisions are frequent, but they can happen in any organised sport or recreational activity. If a concussion is suspected, it's crucial to remove the sport participant from the activity immediately — this is known as "Recognise and Remove."

Principles of concussion management - the 7R's



RECOGNISE

Here are key signs to watch for:

- **Forceful impact:** A strong blow to the head or body that causes rapid movement of the head, whether from a collision with another player or contact with the ground or other objects, can be a red flag.
- **Physical or behavioural changes:** Any noticeable changes to the sport participant's physical symptoms, emotion and thinking may indicate a concussion.

Prompt recognition and removal are essential to ensure the sport participant's safety and prevent further injury.

The Concussion Recognition Tool 6 (CRT6) should be used as the primary tool by all core stakeholders for assessing possible concussions, during any sports or recreational activity.

CRT6™



Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- **Neck pain or tenderness**
- **Seizure, 'fits', or convulsion**
- **Loss of vision or double vision**
- **Loss of consciousness**
- **Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)**
- **Weakness or numbness/tingling in more than one arm or leg**
- **Repeated Vomiting**
- **Severe or increasing headache**
- **Increasingly restless, agitated or combative**
- **Visible deformity of the skull**

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

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CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:





1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms

Headache
 "Pressure in head"
 Balance problems
 Nausea or vomiting
 Drowsiness
 Dizziness
 Blurred vision
 More sensitive to light
 More sensitive to noise
 Fatigue or low energy
 "Don't feel right"
 Neck Pain

Changes in Emotions

More emotional
 More irritable
 Sadness
 Nervous or anxious

Changes in Thinking

Difficulty concentrating
 Difficulty remembering
 Feeling slowed down
 Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

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

"Where are we today?"

"What event were you doing?"

"Who scored last in this game?"

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

"Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

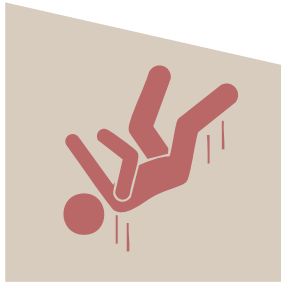
Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

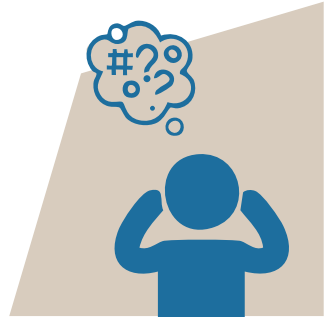
Visible Cues of Suspected Concussion



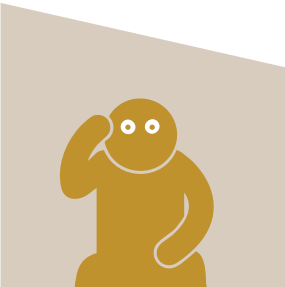
Loss of consciousness or responsiveness



Falling unprotected to the playing surface



Disorientation or confusion



Dazed, blank, or vacant look



Seizure, fits, or convulsions



Slow to get up after direct or indirect hit to the head



Feeling unsteady, off-balance or wobbly



Head or face injury

Symptoms of Suspected Concussion



Headache



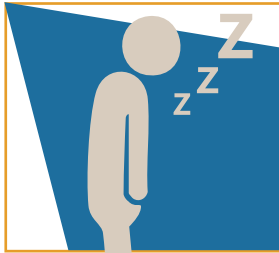
Pressure in the head



Problem balancing



Nausea or vomiting



Drowsiness



Dizziness



Blurred vision



More sensitive to light



More sensitive to noise



Fatigue or low energy



Don't feel right



Neck pain

REMOVE FROM SPORTS

When managing the sport participant, it is important to take note of the following:

- 1) Always perform standard first aid checks — Danger, Airway, Breathing, Circulation.
- 2) Assume spinal cord injury in all cases of head injury.
- 3) Do not remove helmet or equipment unless trained to do so.
- 4) Ensure that suitably trained personnel remove the sport participant from the playing area to a safe location.



If any red flags are identified using the CRT6 (Concussion Recognition Tool 6), immediate action is necessary:

- **Stop the activity:** The activity should be halted right away.
- **Do not move the sport participant:** Keep the sport participant still and comfortable.
- **Call emergency service:** Activate the pitch-side emergency ambulance (EAS) team or dial 995 for urgent medical assistance.

Should there be no red flags, factors that may suggest a concussion include:

- **Visible signs of concussion:** Obvious signs and symptoms, visible to others.
- **Reduced awareness:** Answering one or more of the 5 CRT6 awareness questions incorrectly.
- **Concerning mechanism of injury:** The nature of the injury raises concerns about a concussion.

Remember, concussions are not always visible, and symptoms may not appear immediately. If a concussion is suspected, keep the sport participant out of play, monitor his/ her condition, and ensure that he/ she receives a thorough evaluation by a suitably qualified health care professional.

Under the “Recognise and Remove” protocol, once a sport participant is removed from the field, they should be referred to a healthcare professional trained in concussion management for further evaluation. They must not Return to Sport (RTS) until medically cleared by a qualified professional and all sport-specific requirements have been met..

See Appendix 1 : Referral letter to doctor for sport participant with concussion or suspected concussion.

REST AND RECOVERY

Relative (not strict) rest, which includes activities of daily living and reduced screen time, is indicated immediately and for up to the first 2 days after injury.

Sport participants with concussion should be

- Encouraged to return to physical activity as tolerated (e.g., walking or stationary cycling while avoiding the risk of contact, collision or fall).
- Reduced screen time in the first 48 hours after injury.
- Referred to a healthcare professional for guidance, and an exercise prescription of sub-symptom threshold aerobic exercise.

Sport participants can systematically advance their exercise intensity only when they do not experience more than a mild and brief exacerbation of concussion-related symptoms during a prior bout of aerobic exercise.

Any exercise should not cause more than a mild increase in concussion-related symptoms, and this increase in symptoms should last less than 1 hour.

Physical activity and cognitive exertion should be stopped if concussion symptom exacerbation is more than mild and brief and may be resumed once symptoms have returned to the prior level.

Prescribed sub-symptom threshold aerobic exercise within 2–10 days of sport-related concussion is effective for reducing the incidence of persisting symptoms after concussion (symptoms > 4 weeks) and is also effective for facilitating recovery in sport participants suffering from symptoms lasting longer than 4 weeks.

Sport participants should be advised to avoid the risk of re-injury (i.e., contact, collision or fall) until determined by a trained healthcare professional to be safe for higher risk activities.



REHABILITATION

Consider onward referral to healthcare professionals with expertise in concussion rehabilitation if symptoms persist for more than 4 weeks, for targeted rehabilitative treatment. It is recommended to utilize multimodal assessment tools, such as the Sports Concussion Office Assessment Tool 6 (SCOAT6) and Child SCOAT6, to monitor persistent symptoms through serial assessments conducted by a trained healthcare professional.



Symptoms that may benefit from targeted interventions include headache and neck pain, dizziness and balance problems, cognitive and psychological difficulties, and visual disturbances. Referral may be made to physiotherapists trained in manual therapy and vestibular rehabilitation, as well as psychologists for addressing mood and cognitive issues.

Sport participants who experience symptom recurrence during Return to Learn (RTL) or Return to Sport (RTS) strategies may benefit from further referral and rehabilitation. Dietary and nutritional interventions may also help reduce concussion symptoms.

RETURN (RETURN TO LEARN & RETURN TO SPORT)

Table 1: Return to Learn (RTL) Strategy

Step	Activity	Description	Goal
1	Daily living activities	<ul style="list-style-type: none"> Perform daily living activities for 5 to 15 min at a time with gradual increment at home (e.g., leisure reading, drawing, chit-chatting). Minimise screen time (e.g., phone, TV, computer). 	Gradually resume activities of daily living.
2	Light cognitive activities	<ul style="list-style-type: none"> Engage in light cognitive activities at home (e.g., schoolwork, reading). 	Build tolerance for cognitive work.
3	Return to school part-time	<ul style="list-style-type: none"> Gradual resumption of academic lessons in school, starting with a partial school day or having more rest breaks during the day. 	Increase engagement in academic lessons.
4	Return to school full-time	<ul style="list-style-type: none"> Gradual increase academic lessons until a full day can be tolerated without symptoms worsening. 	Fully resume academic lessons and catch up on missed schoolwork.

Note:

- After an initial rest period lasting 24 to 48 hours following an injury, sport participants may begin Step 1 to gradually increase their cognitive load.
- During Steps 1 to 3, the activities should not worsen the concussion-related symptoms. If there is more than a mild worsening of symptoms, the progression to the subsequent step should be slowed down.
- Worsening of symptoms should be mild and of short duration (for less than 60 minutes).
- Parents or guardians should seek medical review with healthcare professionals experienced in managing concussion injury during RTL if there are any concerns.

Table 2: Return to Sport (RTS) Strategy

Step	Activity	Description	Goal
1	Symptom-limited activity	<ul style="list-style-type: none"> Perform daily living activities that do not worsen the concussion-related symptoms (e.g., bathing, eating, walking). 	Gradually resume daily living activities.
2	[A] Light aerobic exercise	<ul style="list-style-type: none"> Engage in light aerobic exercises, up to approximately 55% max heart rate (e.g., stationary cycling, walking at slow medium pace). May start light resistance training that does not result in more than mild exacerbation of symptoms. 	Increase heart rate.
	[B] Moderate aerobic exercise	<ul style="list-style-type: none"> Engage in moderate aerobic exercises, up to approximately 70% max heart rate (e.g., cycling, jogging). 	
3	Individual sport-specific exercise	<ul style="list-style-type: none"> Participate in sport-specific training away from team training (e.g., running, individual training drills, including those involving change of direction). No activities at risk of head impact. If sport-specific training involves any risk of inadvertent head impact, medical clearance should occur before commencing Step 3. 	Add movement, including change of direction.
<p>Steps 4 to 6 should begin after the resolution of any symptoms, including with and after physical exertion, and completed Step 4 of RTL (i.e., returned to school full-time).</p>			
4	Non-contact training drills	<ul style="list-style-type: none"> Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training). Can integrate into team training. 	Resume usual intensity of exercise, coordination and increased thinking.
5	Full contact practice	<ul style="list-style-type: none"> Participate in normal training activities. 	Restore confidence and sports-specific skills by coaching staff.
6	Return to sport	<ul style="list-style-type: none"> Participate in normal game play. 	Fully resume training activities and game play.

Note:

- Within 24 hours of injury, sport participants may begin Step 1, with progression through each subsequent step typically taking a minimum of 24 hours.
- At Steps 1 to 3, if there is more than a mild worsening of symptoms, sport participants should stop and attempt to exercise the next day. Worsening of symptoms should be mild and of short duration (for less than 60 minutes).
- During Steps 4 to 6, sport participants experiencing concussion-related symptoms should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities.
- It is recommended to seek medical clearance from healthcare professionals experienced in managing concussion injury prior to return to contact sports (i.e., Steps 5 - 6).
- Some sport participants may be required to have a mandatory rest period and/ or medical review prior to resuming training/ competition as stipulated by their respective sports organisation.
- Parents or guardians should seek medical review with healthcare professionals experienced in concussion management during RTS if they, the sport participant, or coaches have any concerns.

PREVENTION, PREPARATION, AND RISK MANAGEMENT

Role of Coaches

1. **Educate and Communicate:** Ensure that sport participants, parents or guardians, and anyone involved in training are well-informed about recognising and reporting concussions. Emphasise the importance of adhering to best practice pathways and use the Return to Learning (RTL) and Return to Sport (RTS) programmes provided by experienced healthcare practitioners.
2. **Update First Aid Skills:** Regularly update your sports-specific first aid skills to ensure you are familiar with priority based assessment pathways (Danger, Airway, Breathing, Circulation) and can prioritise and manage associated injuries effectively.
3. **Check Protective Equipment:** Verify that all protective equipment used is approved by the sport's governing body, properly fitted, and worn consistently.
4. **Implement Neuromuscular Training (NMT):** Use on-field neuromuscular training (NMT) warm-up programmes before every practice, training session, and competition.
5. **Assess Skill Levels:** Ensure that sport participants have the necessary skill levels before they participate in tournaments or competitions.
6. **Follow Sports Rules:** Adhere to all sports rules and regulations.

7. **Establish Concussion Management:** Have an agreed-upon best practice concussion management process in place before starting any sports activity sessions.
8. **Document Events:** Keep a written record of details and actions following a suspected concussive event.
9. **Inform and Guide:** Inform the sport participant's parents or guardians about the possible concussion, provide them with a fact sheet, and ensure they take the sport participant to a healthcare professional experienced in managing concussions.
10. **Stay Updated:** Request that parents or guardians keep you informed about the injury.
11. **Ensure Safe Return:** Confirm that the sport participant only returns to training and competition after completing the RTL and RTS programmes, meeting any requirements from the respective sport's governing body, and receiving clearance from a healthcare professional experienced in concussion management.

Role of Parents or Guardians

1. **Encourage Reporting:** Motivate your child to report any contact injuries and any symptoms of concussion they might experience.
2. **Educate Yourself:** Learn about concussion recognition and symptoms.
3. **Understand Recovery Risks:** Be aware of the risks of returning to sports too soon, even if symptoms have cleared. Full brain recovery can take a minimum of 21 days or longer, and a second impact during this period can lead to significant delays and long-term consequences.
4. **Seek Medical Attention:** Get medical attention promptly and follow up with a healthcare professional who understands concussion management. Ensure you and your child follow the specific RTL and RTS programmes provided.
5. **Inform Coaches and Teachers:** Notify coaches and teachers about any concussive or suspected concussive events your child has experienced, including those not related to sports.

Role of Sport Participant

1. **Report Injuries:** Inform your coaches, teachers, parents or guardians if you experience any impacts to your head or body during sports activities or recreational events, and report any symptoms you experience during or after these activities.
2. **Follow Professional Guidance:** Adhere to the guidance provided by the healthcare professional managing your concussion.
3. **Understand Recovery Time:** Recognise that while symptoms may clear quickly, the brain needs adequate time to heal. Returning to sports too soon can increase the risk of further injury.
4. **Use Proper Equipment:** Ensure you use the correct protective equipment specified for your sport, that it fits correctly, and that you wear it consistently.
5. **Work on Skills:** Engage in warm-up drills and skills training with your coach to reduce the risk of further injuries.



Appendix : 1

Referral to Doctor for Sport Participant with Concussion or Suspected Concussion

Date : DD/MM/YY :

Dear Doctor,

Re: Referral of XXX [Name of sport participant of SXXXX (last 3 digits of NRIC with alphabet)]

Thank you for seeing the above named sport participant

He/ she was removed from (specify sports activity) at ___am/pm on DD/MM/YY because he/ she suffered an injury and was assessed using the Concussion Recognition Tool 6 (CRT6), as having the signs and/ or symptoms consistent with a concussion or suspected concussion.

Presenting Signs and Symptoms	Tick appropriate boxes	Details (e.g. duration/frequency)
Loss of consciousness or responsiveness		
Suspected loss of consciousness		
Lying motionless on playing surface		
Disorientation or confusion		
Staring or limited responsiveness		
Inability to respond appropriately to questions		
Dazed, blank or vacant look		
Seizure, fits or convulsions		
Slow to get up after a direct or indirect hit to the head		
Unsteady on feet, balance problems or falling over, poor coordination or wobbly		
Facial injury		
Headache/Feeling pressure in the head		
Nausea or vomiting		
Drowsiness or dizziness		
Blurred vision		
More sensitive to light		
More sensitive to noise		
Fatigue or low energy		
Don't feel right		
Neck pain		
Difficulty concentrating , difficulty remembering		
Feeling sluggish/mentally foggy		
Neck pain		
Others (please specify):		
Mechanism of Injury :		

Appendix 1:

Referal to Doctor for Sport Participant with Concussion or Suspected Concussion

In view of the signs and symptoms, _____ (name of sport participant) has been stopped from sports training.

Any sport participants diagnosed as having suffered from concussion must complete a Return to Learn (RTL) or Work and a Return to Sport (RTS) programme, with a minimum of 21 days before they can resume full sports training and competition.

I would be obliged if you can review or refer to a specialist for further investigations (where applicable). A report/ memo of the relevant Return to Learn programme and Graduated Return to Sport would be required from you/ the specialist and the sport participant will need clearance from you when they are fit to resume sports training along with any specific precautions or actions plans required from the coaches.

Please do not hesitate to contact me if you require any additional information.

Thank you.

Yours sincerely,

_____ (Referrer's name)

_____ (Designation)

_____ (Contact No.)

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