



Netball Australia POLICY & POSITION STATEMENT ON CONCUSSION IN NETBALL

3 September 2021

NETBALL AUSTRALIA POLICY & POSITION STATEMENT ON CONCUSSION IN NETBALL

Netball Australia pays respect to the traditional custodians of our ancient continent, Aboriginal and Torres Strait Islander peoples, we honour their continuing connection to country and their custodianship of the world's oldest living culture.

Where relevant, in this Position Statement – reference to Netball Australia includes Suncorp Super Netball and the Confident Girls Foundation.

Netball Australia's Purpose: Netball empowers girls and women to shine, while enriching and connecting communities.

Suncorp Super Netball's Purpose: Inspire generations and strengthen netball.

Confident Girls Foundation's Purpose: Empowering marginalised girls through netball.

1. PURPOSE

- 1.1. Netball Australia (**NA**) recognises the need for a Policy & Position Statement on Concussion in Netball to guide the response and treatment of concussion at national level events and competitions through competition specific guidelines for the Australian Netball Diamonds, Australian Development Squad, Australian 21/U Squad, National Underage Squads (**National Programs**), Suncorp Super Netball (**SSN**), NA's pathway programs (National Netball Championships (**NNC**) and the Australian Netball Championship (**ANC**)).
- 1.2. NA also recognises a need for advice and information to assist netball's member organisations, associations and clubs address concussion at the community level.
- 1.3. Although the prevalence of concussion in netball is low, concussion in sport has increasingly become a significant public health issue. The primary purpose of this Policy & Position Statement and the related Guidelines is to protect the welfare of netballers. Accurate diagnosis and management are needed to ensure that a concussed netballer is appropriately identified, managed and safely returned to play.
- 1.4. NA acknowledges peak medical bodies with expertise in the area of concussion identification and management have produced valuable resources accessible to all the different stakeholders within sport including netballers, parents and coaches and medical staff. These resources will be referred to in this document and are available at www.concussioninsport.gov.au.

2. WHAT IS SPORT RELATED CONCUSSION?

- 2.1. Sport related concussion (**SRC**) is a traumatic brain injury induced by biomechanical forces.
- 2.2. SRC may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.
- 2.3. SRC typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.

- 2.4. SRC may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.
- 2.5. SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness.
- 2.6. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases, symptoms may be prolonged.
- 2.7. The clinical signs and symptoms cannot be explained by drug, alcohol, or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction, etc) or other comorbidities (eg, psychological factors or coexisting medical conditions).

3. RECOGNISING CONCUSSION

- 3.1. Concussion can be very difficult to detect.
- 3.2. Concussion symptoms and signs can be varied, non-specific and subtle.
- 3.3. Recognising concussion is critical to ensure appropriate management and prevention of further injury.
- 3.4. **Non-medical assessment tool:** The Concussion Recognition Tool 5 (CRT5) is recommended to help ***non-medical practitioners*** recognise the signs and symptoms of concussion ([Concussion recognition tool 5© \(bmj.com\)](https://www.bmj.com/concussion-recognition-tool-5)).

4. MANAGING CONCUSSION

- 4.1. Use first aid principles in the management of the netballer with suspected concussion – including first aid principles for protection of the cervical spine.
- 4.2. Remove any netballer with a suspected concussion from the sport immediately – they should not return to sport that day.
- 4.3. Seek medical care from a medical practitioner.
- 4.4. Refer any serious injuries (such as neck pain, increased confusion, agitation or irritability, repeated vomiting, seizure, weakness or tingling/burning in the arms or legs, reduced level of consciousness, severe or increasing headache, or unusual behaviour) to the closest emergency department.
- 4.5. Concussion is a condition that evolves. Netballers suspected of, or diagnosed with, concussion require close monitoring and repeated assessment.

5. MEDICAL ASSESSMENT OF CONCUSSION

- 5.1. Any netballer with a suspected concussion requires a medical assessment.
- 5.2. There is no single test that can determine whether someone has sustained a concussion.
- 5.3. The diagnosis of concussion should be based on a clinical history and examination that includes a range of domains such as mechanism of injury, symptoms and signs, cognitive functioning and neurology, including balance assessment.

5.4. **Medical assessment tools:**

- 5.4.1. **ADULTS (INCLUDING CHILDREN AGED 13 – 18 YEARS):** SCAT5 is the internationally recommended concussion assessment tool for **medical practitioners** and covers the above-mentioned assessments. This should not be used in isolation, but as part of the overall clinical assessment ([Sport concussion assessment tool - 5th edition \(bmj.com\)](#)).
- 5.4.2. **CHILDREN AGED 5 TO 12 YEARS:** Child SCAT3 has been developed for use in children aged 5 to 12 years old to accommodate for physical, cognitive and language development ([263.full.pdf \(bmj.com\)](#)).

6. TREATMENT AND RETURN TO PLAY

- 6.1. The main treatment for concussion is rest (physical and cognitive).
- 6.2. This includes physical rest as well as time off school or work and deliberate rest from cognitive activity, for at least 24–48 hours.
- 6.3. After this period and subject to medical advice, the netballer may return to light intensity physical activity as long as such activity does not cause a significant and sustained deterioration in symptoms. You should seek medical advice should there be a deterioration in symptoms.
(https://www.concussioninsport.gov.au/_data/assets/pdf_file/0008/683648/Return_to_Sport_Protocol_-_adults_over_18_years_of_age.pdf)
- 6.4. **CHILDREN AND ADOLESCENTS (U18):** Children and adolescents take longer to recover from concussion. They should be advised to wait a minimum of 14 days from when symptoms cease before returning to full contact/collision activities in line with medical advice.
(https://www.concussioninsport.gov.au/_data/assets/pdf_file/0009/683649/Return_to_Sport_Protocol_-_children_18_years_of_age_and_under.pdf)
- 6.5. There should be a graduated return to school/work and increased physical activity as long as this does not cause a deterioration of symptoms.
- 6.6. The time to return to full contact sport will vary depending on the netballer's symptoms, in line with medical advice.
- 6.7. The long-term consequences of concussion, and especially multiple concussions, are not yet clearly understood.

7. SPECIFIC COMPETITION GUIDELINES

7.1. NA Competitions

- 7.1.1. Guidelines for the management of concussion have been prepared by the NA CMO in consultation with concussion medical experts, SSN and NA medical staff for use during NA competitions:
- Policy & Guidelines for the Management of Sports Related Concussion – National Programs & SSN
 - Policy & Guidelines for the Management of Sports Related Concussion – NNC/ANC

7.2. Community Netball

- 7.2.1. Community Netball competitions are encouraged to follow the community advice provided below to educate participants in their netball programs about concussion and its safe management:

https://www.concussioninsport.gov.au/coaches_and_support_staff#how_to_recognise_concussion

https://www.concussioninsport.gov.au/parents_and_teachers

<https://www.concussioninsport.gov.au/athlete>

8. USEFUL LINKS/RESOURCES

Concussion in Sport Australia Website resource

<https://www.concussioninsport.gov.au/>

AIS/ACSEPSMA/ Combine Position statement on concussion in sport

https://www.concussioninsport.gov.au/_data/assets/pdf_file/0005/683501/February_2019_-_Concussion_Position_Statement_AC.pdf

NICE: Head injury assessment & management in children

<https://www.nice.org.uk/guidance/cg176/chapter/1-recommendations>

Pocket Recognition Tool

<http://bjsm.bmj.com/content/47/5/267.full.pdf>

SCAT5 Adult – Sport Concussion Assessment Tool

<http://bjsm.bmj.com/content/47/5/259.full.pdf>

SCAT5 Child – Sport Concussion Assessment Tool

<http://bjsm.bmj.com/content/47/5/263.full.pdf>

9. POLICY & POSITION STATEMENT REVIEW

This Policy & Position Statement is subject to ongoing monitoring and review by NA at its sole discretion and depending on the needs of the business.

10. REFERENCES

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9. Makdissi M, Davis G, Jordan B, Patricios J, Purcell L, Putukian M. Revisiting the modifiers: how should the evaluation and management of acute concussions differ in specific groups? Br J Sports Med 2013;47:314-20.
10. Davis GA, Purcell LK. The evaluation and management of acute concussion differs in young children. Br J Sports Med 2014;48:98-101.
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END

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