Concussion Management

Medical Doctor and Appropriately Trained Healthcare Practitioner (ATHP) information

2025

Version 1

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Preamble

This document is designed to guide Medical Doctors, Appropriately Trained Healthcare Practitioners (ATHP) and other medical staff on how to manage concussion or suspected concussion in the Western Australian lacrosse community. It is written for medical professionals and therefore uses medical terms and language.

The focus in concussion management in community lacrosse is having a **COLLECTIVE RESPONSIBILITY** i.e. all parties have a role to play in identifying athletes with concussion (or suspected concussion) and ensuring proper management.

IN CASE OF DOUBT AROUND THE DIAGNOSIS OF CONCUSSION, LACROSSE WA'S DEFAULT POSITION IS THAT A CONSERVATIVE APPROACH SHOULD BE TAKEN I.E. IN CASE OF DOUBT THE PLAYER SHOULD BE TREATED AS HAVING CONCUSSION.

This document is for medical staff and should be read in conjunction with:

1. Lacrosse WA Concussion Management Procedure
2. Lacrosse WA Referral and Return Form
3. World Lacrosse's Concussion Policy: Identification, Treatment and Management (August 2020).
4. Australian Concussion Guidelines for Youth and Community Sport
5. Australian Sports Commission Information for Medical Practitioners Webpage
6. Sport Concussion Assessment Tool (as relevant)
   a. Sport Concussion Assessment Tool 6 (SCAT6)
   b. Child Sport Concussion Assessment Tool 6 (Child-SCAT6)
   c. Sport Concussion Office Assessment Tool 6 (SCOAT6)
7. Lacrosse WA Code of Conduct

Introduction

Concussion is recognised as a difficult medical condition to diagnose and manage. It is a clinical diagnosis whose assessment and management needs to be individualised within the framework provided within this document.

Concussion is complex pathophysiological process following trauma that results in a transient alteration in neurological function. It results in a disturbance of brain function (e.g., memory difficulty, balance problems or symptoms) rather than damage to structures such as blood vessels, brain tissue, or fractured skull.

For the avoidance of doubt, the processes described in this document are the processes to be followed by all involved in lacrosse in Western Australia and supersede previous documents and versions of this document.

The advice in this document is based on:

- World Lacrosse's Concussion Policy: Identification, Treatment and Management (August 2020).
- Australian Sports Commission Concussion Guidelines for Youth and Community Sport (2024)
- Lacrosse WA Concussion Management Procedure (2025), which is underpinned by procedures developed by Rugby Australia.

This document is divided into three key sections as follows:

Section 1 – the process of concussion management as defined by the Lacrosse WA Concussion Management Procedure.
Section 2 – the practical setting of when a lacrosse player will present to an ATHP.
Section 3 – presentation of some scenarios that address some of the frequently asked questions.

Key Definitions

AHPRA: Australian Health Practitioner Regulation Agency

AIS: Australian Institute of Sport

ASC: Australian Sports Commission

ATHP: Appropriately Trained Healthcare Practitioner

An **Appropriately Trained Healthcare Practitioner** must be:

- Currently registered with AHPRA (without restriction)
- If the ATHP is **NOT** a medical doctor (i.e. a physiotherapist, a nurse, a nurse practitioner etc) the ATHP should have completed at least one of the following online courses within the last 12 months:
  - ASC Concussion in Sport for Healthcare Practitioners;
  - AIS Concussion Course

GRTP: Graduated Return To Play

LWA: Lacrosse WA

SECTION 1 - The Process of Concussion Management

How do medical professionals assess and diagnose concussion?

The diagnosis of concussion is a 3-step process extending over the 2 days following a potential concussive injury.

Concussion is a clinical diagnosis, but this diagnosis can be assisted by the use of tools such as SCAT6 or computerised testing. However, such tools **NEVER** replace the clinical suspicion of an ATHP's assessment. There is **NO** sideline or other tool that can either diagnose or clear concussion adequately – they can only assist the ATHP's clinical suspicion.

A player who has suffered an injury that potentially can cause concussion should be assessed on three occasions following this injury:

1. At the time of the injury (i.e. immediately following a trauma)
2. Three (3) hours following the injury (on the day of the injury)
3. At 36 to 48 hours after the injury, after 2 sleeps.

The diagnosis of concussion can be made at any point during this time-frame, but a minimum of two sleeps (following the incident) **must** be observed before any player can be assessed to exclude concussion, hence **NO** player can be cleared in a time frame less than this.

FIRST ASSESSMENT – at the time of the injury

This assessment will often occur on the field or just after a player has been removed from the field. It may be performed by a doctor, physiotherapist, other medical professional or trainer who is trained in the assessment of concussion for Lacrosse in Australia. The decision to be made at this time is whether there are serious concerns about the player or if **warning signs ("red flags")** of **significant** head injury appear. If this is the case the player must be taken to the closest Emergency Department immediately or a responsible adult must call an ambulance (000).

ONCE A PLAYER HAS BEEN REMOVED FROM THE TRAINING OR PLAYING FIELD WITH SIGNS OR SYMPTOMS OF A POTENTIAL HEAD INJURY OR CONCUSSION, NO PERSON (E.G., PHYSIOTHERAPIST, COACH, TRAINER, OR DOCTOR) CAN OVER-RIDE THE REQUIREMENT OF A PLAYER TO REMAIN OFF THE FIELD.

The following tools may assist with the diagnosis of concussion:

- Concussion Recognition Tool 6 (CRT6)

ALL PARTICIPANTS HAVE A 'COLLECTIVE RESPONSIBILITY' TO IDENTIFY SIGNS AND SYMPTOMS OF CONCUSSION.

Most lacrosse players in Australia are to be treated under "Recognise and Remove". That is, recognise that a concussion has occurred (or has potentially occurred) and remove the player from the game or training, and do not let them return on the same day.

"Recognise and Remove" is the Lacrosse WA approach to concussion management when the Head Injury Assessment process is not available.

To be clear, the vast majority of lacrosse competitions in Australia **DO NOT** have the Head Injury Assessment (HIA) process available where players can be temporarily removed from the field, assessed by suitably trained medical staff, and then return to the field of play if cleared to do so.

The ONLY competitions that have the HIA in Australia are;

- International matches (men and women)
- Australian U20 teams when playing internationally
- Specific tournaments that receive specific permission from World Lacrosse and Lacrosse Australia.

The Head Injury Assessment process is **NOT available** for lacrosse at any level, apart from those listed above.

SECOND ASSESSMENT – 2 to 3 hours after injury (same day as injury)

The second assessment in the hours following a game should use the SCAT6 to assist the ATHP's clinical assessment. Ideally (but not imperatively) any findings are compared to a baseline performed previously when the patient did not have concussion symptoms.

Any abnormality on SCAT6 testing is considered to be due to concussion unless a medical doctor can identify another cause of the patient's symptoms, and be willing to sign off on this diagnosis

ANY ABNORMALITY (ESPECIALLY FROM BASELINE) IN SECOND ASSESSMENT = CONCUSSION

THIRD ASSESSMENT – 36 to 48 hours after injury (2 night's sleep)

This assessment must be performed by an ATHP in most circumstances, unless the player has a complex concussion situation, such as:

- Ongoing symptoms preventing them from activities of normal daily living (e.g. headache, sensitivity to light etc); or
- Second (or more) concussion within a 12 month period.

If either of these situations are true, the ATHP **must** be a medical doctor.

Tools to be used at the third assessment include:

- Lacrosse WA Referral and Return form (as provided to the ATHP by the player).
- Neurological assessment assisted by SCAT6 as a minimum. The symptom review section of the SCAT6 should include a review of symptoms over the time since the injury, not just on the day of assessment.
- Some ATHP's may use computerised testing.

As per previous assessments, this is a clinical assessment by the ATHP using the above tools to assist them. Any abnormality at this third assessment is considered to be due to concussion unless a medical doctor can identify another cause of the patients' symptom and is willing to sign off on this alternative diagnosis.

Ideally (but not imperatively) all results are compared to baseline assessments.

ANY ABNORMALITY IN THIRD ASSESSMENT = CONCUSSION

How should concussion be managed?

The process of concussion management in Western Australian Community lacrosse uses the 8 R's.

ON THE DAY OF THE INJURY	IN THE DAYS FOLLOWING THE INJURY
1. **Recognise** signs and symptoms	5. **Rest** and return to normal life
2. **Remove** from playing or training	6. **Recover** gradually increase exercise
3. **Record** observed signs/symptoms	7. **Record** sign off by medical doctor
4. **Refer** to an ATHP	8. **Return** to play

This detail of each step in the process is in the Lacrosse WA Concussion Management Procedure document.

SECTION 2 - When will an ATHP see a Lacrosse Player

An ATHP may see a lacrosse player in several situations following a concussion injury for the purpose of assessment. These include:

1. During a game
2. Following a game
    a. At the ground
    b. In hospital
3. In the ATHP's clinical rooms

Expectations of medical staff and doctors in the assessment and management process

Lacrosse WA emphasises collective responsibility in the management of concussion.

The Lacrosse WA Risk Management Policy and Plan emphasises that the primary consideration of all involved in the assessment and management of any injury (including concussion) is the player's safety. This implies that if there is any doubt about the assessment or progression of an injured player, the ATHP should err on the side of caution and act conservatively.

It also implies that ATHPs will provide honest and thorough assessments of players with concussion (as would be expected with any other medical assessment). ATHPs should feel empowered to provide the best medical advice possible and not pressured by the player, parents, coaches, or others to act outside the Lacrosse WA procedure.

If an ATHP feels that a player's, coaches', parent's or administrator's response to their medical advice is inappropriate, they are encouraged to contact Lacrosse WA for advice or may refer the case to the Lacrosse WA Concussion Consultant for further consideration. All participants in Lacrosse WA competitions (including players, parents, coaches and administrators) are bound by the Lacrosse WA Code of Conduct.

As per the previous section, if an ATHP sees a player during a game or training or in the hours following a suspected injury, then the following should be the process:

Assessing a player during a game

i.e., seeing a player on the field or on the side of a field

a. Use Criteria 1 or 2 (see Appendix) to assist in the Recognise and Remove process
b. This can be assisted by CRT6

Assessing a player on the same day following a game

a. The player should have a full neurological examination assisted by the SCAT6

However, most ATHPs will see a player in their clinical office for assessment. This will take the form of one of several scenarios:

- An initial assessment following a concussion injury
- A player or parent seeking advice on the best process to recover from concussion and Lacrosse WA's required mandatory rest periods or on the graduated return to play process
- A player or parent seeking clearance to return to full contact training and then match play

In the office assessment

a. Initial assessment

The initial assessment following a concussion requires a full neurological assessment assisted by the following tools:

i. Lacrosse WA Referral and Return form (provided by the player)
ii. SCAT6 – the symptom review section of the SCAT 6 should include an assessment of symptoms from the time of injury, not just the day of assessment.

The SCAT6 form is a standardised form that can help monitor a player over days or weeks as they recover. It provides a multi-modal assessment of the player, assessing their symptoms, their cognition, and their balance. It also provides an insight into their past concussion history and their past medical and family history as it relates to head injury and mental health. This is all very relevant to the appropriate assessment of a player.

The SCAT6 can take some time to perform (up to 30 minutes, although this time can reduce as the ATHP becomes more used to performing it) so the player will require an appropriate appointment to undertake this.

Some ATHPs like to perform computerised testing although this is not mandatory. If a player is presenting for their second concussion in a 12-month period, Lacrosse WA recommends referring the player to a doctor who has experience in dealing with concussion e.g., Sports and Exercise Physician, neuropsychologist, neurologist.

The outcome of the standard initial consultation is the confirmation of the diagnosis of concussion and whether any further investigations are required.

Advice can then be given to the athlete as to the appropriate amount of time to rest from school, study or work, and exercise (see below).

b. The graduated return to play process and the minimum rest period for adults and children

As noted previously, the process of concussion management in Australian Community Rugby uses the 8 R's.

ON THE DAY OF THE INJURY	IN THE DAYS FOLLOWING THE INJURY
1. **Recognise** signs and symptoms	5. **Rest** and return to normal life
2. **Remove** from playing or training	6. **Recover** gradually increase exercise
3. **Record** observed signs/symptoms	7. **Record** sign off by medical doctor
4. **Refer** to an ATHP	8. **Return** to play

The time frame for Rest, Recover, and Return is dependent on several factors including age.

- **Children and adolescents** (players aged 18 years and under)
  1. minimum time to return to contact is 18 days
  2. minimum time to return to play is 21 days

  This aligns with the Australian Sports Commission Guidelines for Youth and Community Sport.

- **Adults** (players aged 19 years and over)
  1. minimum time to return to contact is 11 days
  2. minimum time to return to play is 12 days

ALL PATHWAYS ARE GUIDED BY THE RESOLUTION OF SYMPTOMS (RATHER THAN STRICT TIME FRAMES) AND CAN BE FOLLOWED AS LONG AS PLAYER'S SYMPTOMS DO NOT RETURN AS THEY INCREASE THEIR LEVEL OF ACTIVITY.

The Graduated Return to Play (GRTP) pathway guides the return of a player to full training following a concussion injury. This is detailed in the Lacrosse WA Concussion Management Procedure document, but the following page contains the outline of the GRTP pathway.

LWA Concussion Procedure Step	GRTP Stage	Exercise Mode	Example of Exercise Activity	Progression
5 - Rest	**1**	Rest and return to usual life	Relative rest of the brain and body until symptoms subside. Return to work, school or study.	Relative rest period mandatory, in most cases at least 24 hours. ATHP decides on any additional amount of rest time needed.
6 - Recover	**2**	Light cardiovascular exercise	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No weights training	If no increased symptoms, start Stage 3 after minimum of 24 hours. If symptoms occur, rest 24 hours & repeat Stage 2.
6 - Recover	**3**	Lacrosse specific exercise	Individual running drills and skills without contact. No weights training	If no increased symptoms, start Stage 4 after minimum of 24 hours. If symptoms reoccur or worsen, rest 24 hours & repeat Stage 2, then progress
6 - Recover	**4**	Lacrosse specific non-contact training	More complex training drills e.g. passing drills. May start progressive (low level) weights training	If no increased symptoms, review by a ATHP and presentation of a completed Lacrosse WA Concussion Referral and Return Form required before Stage 5. If symptoms reoccur or worsen, rest 24 hours & repeat Stage 3, then progress.
7 - Record	**5**	Lacrosse practice	Full contact practice following completed Lacrosse WA Concussion Referral and Return Form being provided to the Competition Manager and the club or school.	Player, coach, parent to report any symptoms to ATHP. If symptoms reoccur or worsen, then medical doctor to review.
8 - Return	**6**	Lacrosse game	Full contact game	Monitor for recurring symptoms or signs.

c. <u>Clearing a player to return to contact training</u>
A player requires further assessment by a **ATHP** prior to return to contact training (Stage 5 of the GRTP).

This assessment should ensure that:
- the player has recovered from their concussion symptoms
- the player has successfully returned to normal school, study or work without a return of symptoms for the minimum period required in the RA Concussion Management Procedure (minimum 14 days for 18 years and young; minimum 7 days for 19 years and older)
- The player has successfully returned through stages 1-4 of the GRTP without signs or symptoms of concussion returning; following the mandatory rest periods above, players may progress through the GRTP with at least 24 hours between each level.

If the ATHP is satisfied that a player has successfully passed through all the above stages they should sign the player's Lacrosse WA Referral and Return Form to allow the player to return to full contact training. If the player successfully completes full contact training without any return of symptoms of concussion (either at the time of this training, after training, or the following day) they may then proceed to match play. Ideally the ATHP should be notified of the successful completion of this contact training, but it is not necessary for the ATHP to review the player after this contact training, unless there are concerns that symptoms or signs have returned. In this case the player should not play, should remain rested, and should be reviewed by their ATHP as soon as possible.

d. <u>Lacrosse WA Referral and Return Form</u>
The Lacrosse WA Referral and Return form was developed to assist in the management of concussion.

All players referred to a ATHP for assessment of concussion should present this form to the ATHP.

The form has 3 sections:

Section 1: an outline of the signs and symptoms seen on the day of the game or training that has resulted in the player being referred for medical assessment. Lacrosse WA's default position is that any neurological signs or symptoms following a possible concussion injury are considered to be due to concussion, unless the ATHP can provide an alternative diagnosis (see below).

Section 2: confirmation by the treating ATHP after the initial assessment that the player has indeed suffered a concussion. The ATHP is required to sign this section.

Section 3: a final clearance by a ATHP that the player has successfully completed:
- The appropriate mandatory rest period for their age
- They have successfully completed the Graduated Return to Play program sections 1-4
- They are fit to return to full contact training.

The ATHP should sign the clearance for the player to return to full contact training and return it to the player who will then forward it to his/her team official, concussion officer or club to then be sent to the Competition Manager. The ATHP is not responsible for sending this form to anyone apart from the player (and/or their parent).

e. <u>Alternative Diagnosis</u>

There may be occasions where a player is referred to a doctor for assessment of concussion, where the doctor identifies an ALTERNATIVE DIAGNOSIS to explain the players' signs and symptoms. It is rare that an Alternative Diagnosis is offered, and even more rare that the Alternative Diagnosis is accepted to overturn the concussion process.

Lacrosse WA's default position is that any neurological signs and symptoms following an injury that could cause concussion are due to concussion unless and Alternative Diagnosis is deemed to be responsible. The treating medical doctor must be willing to sign off on that alternative diagnosis, and then manage that alternative diagnosis appropriately.

To make an alternative diagnosis, the treating doctor should be aware of the signs and symptoms the player had at the time of injury (via the Referral and Return Form) and the outcome of further assessment on the day of injury (via a SCAT6 for example), as well as their own assessment.

The doctor making the ALTERNATIVE DIAGNOSIS must complete a Concussion Management Alternative Diagnosis Referral form. This form is completed online and available via this link https://forms.office.com/r/AEB1JCg4tk.

The doctor will also need to cite any evidence (e.g. SCAT6, statements from trainers who first attended the player on the day of injury etc.) that contributes to their conclusion.

The doctor may receive further enquiries regarding their alternative diagnosis from the Competition Manager appointed concussion consultant, and/or the Lacrosse WA Concussion Consultant, or another person nominated by the Lacrosse WA Concussion Consultant.

This process is designed to overcome situations where concussion or suspected concussion was incorrectly diagnosed and reported.

It is not a process to circumvent the appropriate management of a concussion injury.

SECTION 3 – Scenarios and Frequently Asked Questions

Example Scenarios

The following scenarios illustrate the processes around concussion management for Appropriately Trained Healthcare Practitioners.

SCENARIO 1

A player receives a head knock in the game. They get to their feet following the knock, but then staggers and falls onto their hands and knees.

Assessment at the time of injury.

Question: What should the management of this player be?

Answer: This player has signs and symptoms suspicious of concussion following a head trauma. They have a criteria 1 sign – "ataxia or balance disturbance."

Action: This player should be removed from the field of play and must not return to play. They must be referred to an ATHP.

Take-away: Any immediate criteria 1 signs or symptoms following a head trauma is considered to be due to concussion. This player is considered to have concussion, even if their symptoms and signs settle quickly.

SCENARIO 2

A player suffers a head clash during a game of lacrosse. At the time they do not report any symptoms and do not show any signs of concussion. They continue to play and complete the game. However, after the game they complain of nausea, feeling dizzy, and a headache.

Assessment on the same day.

Question: What should the management of this player be?

Answer: This player should be considered to have a signs and symptoms of concussion. They have developed signs and symptoms of concussion following a head clash.

Action: This player must not return to further play that day and should be referred to an ATHP.

Take-away: the development of neurological signs or symptoms in the hours following a game where there has been a head trauma are considered to be due to concussion.

SCENARIO 3

A player suffered a head clash during a game and split their head. This was sutured at the time. They reported no other signs or symptoms of concussion at the time, later that day or the next day. However, after two nights sleep they report that they feel lethargic and "slowed down", like they are in a fog. They have a headache and both loud sounds and lights are bothering them.

Assessment in the office 2 days after an injury.

Question: What should the management of this player be?

Answer: This player has possible signs and symptoms of a delayed concussion. This can come on anytime following a head trauma but usually in the first 48 hours.

Action: This player should be assessed to determine if the signs and symptoms are due to concussion.

Take-away: The development of any neurological signs and symptoms following a trauma to the head is considered by Lacrosse WA to be due to concussion unless a medical doctor can provide an alternative diagnosis.

SCENARIO 4

A player presents to their doctor's office or ATHP on a Monday following a Saturday lacrosse game. They report that they were given a Head Check App assessment whilst playing lacrosse on Saturday.

Assessment in the office 2 days after an injury.

Question: What is the doctor or ATHP expected to do?

Answer: The doctor or ATHP is expected to examine the patient and assess whether the patient has signs and symptoms of concussion. A SCAT6 assessment or a computerised assessment may assist this.

The player should present a 'Lacrosse WA Referral and Return Form' to the doctor or ATHP. This document outlines the reasons why a Head Check App was used player. This information should allow the doctor to confirm the diagnosis of concussion.

Action: The doctor or ATHP should sign the form to confirm the management of the player.

The player should bring the same form back to the doctor or ATHP when they have progressed to the point of returning to contact training, so that the doctor or ATHP can confirm the player is fit to return to full contact training and (if successful), then return to match play. The player will then return the form to their team manager, club concussion officer or club who will forward it to the Competition Manager.

Take-away: Failure of a player to present a Referral and Return Gorm to their treating doctor or ATHP means that they will not be able to be signed off to return to contact training.

Frequently Asked Questions

Question: As I doctor, what do I do if I do not believe that a concussion has occurred?

Answer: If you believe that upon assessment of the player that the reported signs and symptoms were not due to concussion then you **MUST** complete a Concussion Management Alternative Diagnosis Referral Form. This is for a legitimate alternative medical diagnosis that is consistent with the patient's symptoms and signs and there is evidence presented to that effect. Lacrosse WA reserves the right to not accept an alternative diagnosis if the evidence presented does not support this alternative diagnosis.
Remember – only a medical doctor can assess and submit an Concussion Management Alternative Diagnosis Referral Form.

Question: What happens when a patient, coach, or parent react in an aggressive manner about a diagnosis of concussion?

Answer: All participants in lacrosse are bound by the Lacrosse WA's Code of conduct. This includes supporting ATHP's decisions who are acting in the interests of player safety and welfare.
If you have significant concerns regarding behaviour you can report this and submit details to Lacrosse WA via email.

Question: What is required if the Referral and Return Form indicates that player has had more than one concussion in the last 12 months?

Answer: It is a requirement that all players suffering two or more concussions in a season be assessed by a medical doctor experienced in sports concussion management and confirmed that they have fully recovered from concussion prior to returning to contact sport participation. The appropriate Competition Manager should be contacted for advice on the appropriate person to consult in such cases.

Question: What if a player who was concussed in Lacrosse plays another sport?

Answer: This is difficult. Lacrosse WA's Concussion Management Procedure is very closely aligned to the Australian Sports Commission's Guidelines for Youth and Community Sport.

Lacrosse WA strongly recommends that players injured playing lacrosse adhere to the Lacrosse WA Concussion Management Procedure for all sports, not just lacrosse.

Similarly, if a player injured in another sport wishes to play lacrosse following a concussion, they should follow the Lacrosse WA Concussion Management Procedure before returning to play.

Question: Is there a Head Injury Assessment (HIA) process in club or school lacrosse in Australia?

Answer: No. The vast majority of lacrosse competitions in Australia DO NOT have the Head Injury Assessment (HIA) process available where players can be temporarily removed from the field, assessed by suitably trained medical staff, and then return to the field of play if cleared to do so.

The ONLY competitions that have HIA in Australia are:

- International test matches (men and women)
- Australian U20 team when playing internationally (men only)
- Specific tournaments that receive individual permission from World Lacrosse and Lacrosse Australia.

There is NO HIA in any club lacrosse, schools' lacrosse, or non-professional representative lacrosse at any level anywhere in Australia.

Question: Can I contact Lacrosse WA if I need to?

Answer: Yes, you can email Lacrosse WA at executive@lacrossewa.com.au

APPENDIX

Lacrosse WA promotes the use of the Head Check App to make assessment, and to provide the appropriate course of action to be followed by the Concussion Officer.

Lacrosse WA uses the following signs and symptoms of concussion.

CRITERIA 1

Note – Any of the following Criteria 1 Signs or Symptoms is consistent with a diagnosis of concussion. This requires immediate and permanent removal of the player from the game.

1. Confirmed loss of consciousness
2. Suspected loss of consciousness*
3. Convulsion
4. Tonic posturing
5. Balance disturbance / ataxia**
6. Clearly dazed
7. Player not orientated in time, place, person
8. Definite confusion
9. Definite behavioural changes
10. Oculomotor signs
11. On-field identification of signs and symptoms of concussion

*SUSPECTED LOSS OF CONSCIOUSNESS can be identified by one of the following:

- Cervical hypotonia observed immediately following impact
- The player stays on the ground without movement until first support arrives on scene
- Reported loss of consciousness by witnessing own team players or match officials.

**BALANCE DISTURBANCE / ATAXIA is identified when an athlete is unable to stand steadily unaided or walk normally and steadily without support in the context of a possible concussive mechanism of injury.

CRITERIA 2

Note – If no medical staff are present at the game, any player with a Criteria 2 Sign or Symptom should be immediately and permanently removed from the game and treated as suffering suspected concussion.

1. Suspicious mechanism of injury
2. Possible behaviour changes including being possibly dazed
3. Possibly confused
4. Head injury with the potential to cause a concussive injury

Any player exhibiting Criteria 2 must be reviewed by medical staff; these symptoms are highly suspicious of concussion and if in doubt, the player should be removed from play and undergo further assessment, especially if a doctor is not present at the game.