

GRADUATED RETURN TO LEARN/WORK

STAGE	MENTAL ACTIVITY	ACTIVITY AT EACH STEP	GOAL OF EACH STAGE
1.	Things that do not give the athlete symptoms	Things they would normally do (e.g. reading, texting, screen time) as long as they do not increase their symptoms (e.g. headaches, dizziness, fatigue). Start with 5–15 mins at a time and gradually build up.	No symptoms with things that they would do at home.
2.	School/work activities at home	Reading, checking emails, homework or other thinking tasks.	No symptoms with school or works task completed at home.
3.	Return to school/work part-time	Gradually return to school/work. May need to start with a half day at school/work or take breaks during the day.	Return to school/work part-time or with breaks guided by symptoms.
4.	Return to school/work full-time	Gradually return to school/work until a full day can be tolerated, may need to take breaks during the day and rest their brain.	Return to school/work full time guided by symptoms.

If an activity makes symptoms worse, they should stop that activity and rest until symptoms get better. If they are still having symptoms at the end of the stand-down period, they should seek medical attention.

GRADUATED RETURN TO PLAY

If at any stage the symptoms come back, the player must remain in that stage until they are gone.

REHABILITATION STAGE	EXERCISE AT EACH STAGE OF REHABILITATION	UNDER 19 YEARS	19 YEARS OR OLDER
1. Rest/No activity	Mental and physical rest	Days 1–2	Days 1–2
2. Light to moderate aerobic exercise	Symptom-guided low to moderate intensity activity such as walking, jogging or stationary cycling.	Days 3–16	Days 3–16
3. High intensity exercise	Running drills, no impact activities	Days 17–18	Day 17
4. Non-contact training drills	Progression to more complex training drills: passing, catching, may start doing weight training	Days 19–20	Days 18
5. Following medical clearance full contact practice	May participate in normal training activities (contact training)	Days 21–22	Days 19–20
6. After 24 hrs return to play	Player rehabilitated	Day 23	Day 21

These time frames are a minimum. Sometimes players may need to spend longer in each stage depending on their symptoms.

MORE INFORMATION

Visit RugbySmart.co.nz/concussion to find out more about recognising and managing concussion.

RECOGNISING AND MANAGING CONCUSSION

New Zealand Rugby want to ensure that anyone involved in rugby knows what to look out for and what to do when they suspect a player has sustained a concussion.

WHAT IS A CONCUSSION?

- A concussion is a mild traumatic brain injury (TBI) that can result from a direct hit to the head or from a blow to the body.
- You don't have to be knocked out, or even be hit directly on the head, to be concussed.
- A concussion affects the brain's ability to think and process information.

WHAT YOU SHOULD DO

Players who are concussed are often unaware of their symptoms and may want to keep playing.

To help you identify and manage concussion follow the 4 Rs – Recognise, Remove, Recover, and Return.

If a player is unconscious, you need to:

1. Check their ABCs are clear (Airway, Breathing, Circulation)
2. Ensure they are not moved until a medical professional arrives.



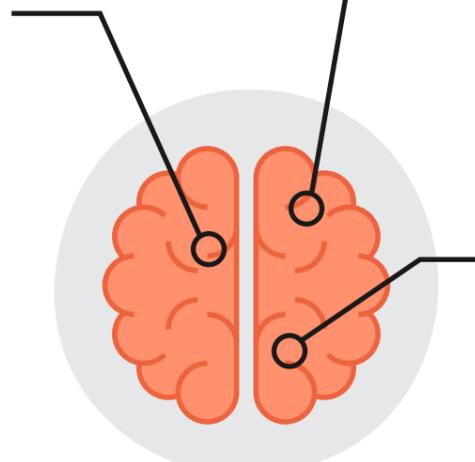


1. RECOGNISE

Concussion symptoms may occur straightaway, or up to 48 hours after the event. If you suspect a concussion look out for the signs and symptoms below.

WHAT THEY FEEL:

- Blurry vision
- Dizziness
- Confusion
- Headache
- Difficulty with bright light/loud noise
- Tiredness
- Problems with memory
- Difficulty thinking or concentrating
- More emotional.



WHAT THEY SAY:

Being unable to answer any of these questions may suggest a concussion:

- Where are we playing or training?
- Which half/what time is it now?
- Who scored last in this game?
- What team did you play in last week's game?
- Did your team win its last game?

WHAT YOU SEE:

- Loss of consciousness
- Lying on the ground not moving or slow to get up
- They are muddled or confused
- Loss of balance/coordination
- Visible injury to face or head (especially combined with other physical signs)
- Grabbing/clutching of head
- Dazed, blank or vacant look.

CONCUSSION RED FLAGS

If a player has or shows any of these red-flag symptoms they must seek urgent medical attention:

- Neck pain
- Increasing confusion
- Repeated vomiting
- Seizures or convulsions
- Double vision
- Weakness or tingling/burning in arms or legs
- Decreasing levels of consciousness
- Bad or worsening headaches
- Unusual behaviour changes.



2. REMOVE

If a player displays any concussion symptoms, make sure they:

- See a doctor within 24–48 hours
- Are with someone responsible for 1–2 hours
- Do not drink alcohol or go home by themselves
- Do not drive until being cleared by a doctor.



3. RECOVER

Stand-down period:

- Players under 19 years of age: 23 days
 - Players 19 years and older: 21 days
- During this stand-down period players must complete the Graduated Return To Learn/Work and the Graduated Return To Play (GRTP) programme.



4. RETURN

A player can return to contact training when:

- They are symptom free
- Have completed the GRTP
- Obtain medical clearance from a doctor.

GRADUATED RETURN TO LEARN/WORK

A concussion affects the brain's ability to think and process information. As a result, the player may need to miss a few days of school or work. When going back to school or work, some athletes may need to:

- Go back gradually
- Make changes to their schedule so that symptoms do not get worse.

