

Returning to play after concussion or suspected concussion

Any child, adolescent or adult player with a second concussion within 12 months, a history of multiple concussions, players with unusual presentations or prolonged recovery must be assessed and managed by health care professionals (multi-disciplinary) with experience in sports-related concussions and no further participation in Rugby must take place until the player is cleared by a medical practitioner with experience in concussion management. In rare and exceptional circumstances where there is no access to such health care professionals in the country where the player is playing rugby, they must contact their Union for further advice before returning to play.

ADULTS

- A player with concussion or suspected concussion should be assessed medically immediately after their injury and prior to returning to contact training and playing.
- **A minimum physical rest period of one week** (including an initial 24 hours of complete rest) is required for adults before commencing a Graduated Return To Play programme.
- A Graduated Return To Play programme must be completed by ALL players (once symptom free) who have been concussed or had suspected concussion.
- If any symptoms are present or reappear the Graduated Return To Play programme should not be started, or if started it should be stopped until symptoms resolve.
- A Graduated Return To Play programme should only be commenced after the completion of the one week physical rest period and only if the player is symptom free at rest and off medication that modifies or masks the symptoms of concussion.

Exceptions for adults:

- The one week rest period is obligatory regardless of whether the adult Player has become symptom free, unless the adult Player has successfully accessed an 'Advanced level of concussion care' (as defined below) and has received medical advice that the one week rest period is not required. (In any event, there is no exception to the initial 24 hour period of complete physical and cognitive rest);
- The completion of a GRTP programme is obligatory except in cases of suspected concussion where the adult Player has accessed an 'Advanced level of concussion care' (as defined at below) and has been medically cleared to return to training or to play on the grounds that the Player had not in fact been concussed.

CHILDREN AND ADOLESCENTS

- Children and adolescents with concussion or suspected concussion should be assessed medically immediately after their injury and prior to returning to contact training and playing
- A **minimum physical rest period of two weeks** (including an initial 24 hours of complete rest) is required for children and adolescents before commencing a Graduated Return To Play programme.
- A Graduated Return To Play programme must be completed by **all players** (once symptom free) who have been concussed or had suspected concussion.
- If any symptoms are present or reappear the Graduated Return To Play programme should not be started, or if started it should be stopped until symptoms resolve.
- A Graduated Return To Play programme should only be commenced after the completion of the two week physical rest period and only if the player is symptom free and off medication that modifies or masks the symptoms of concussion.

Graduated Return To Play (GRTP) programme

The Graduated Return To Play (GRTP) programme incorporates a progressive exercise programme that introduces a player back to sport in a step-wise fashion. This should only be started once the player has completed the requisite physical rest period and is symptom free and off treatments and/or medication that may modify or mask concussion symptoms, for example drugs for headaches or sleeping tablets.

If a player already had symptoms prior to the head injury incident which resulted in the player's concussion or suspected concussion, the player's symptoms must have returned to the pre-concussion level prior to commencing a GRTP. However, in these circumstances, extra caution must be exercised and it is recommended that a player specifically seeks medical advice in respect of those pre-existing symptoms.

As a minimum, a GRTP programme must be consistent with World Rugby's GRTP Protocol below. World Rugby's GRTP Protocol reflects the Zurich Concussion Consensus Statement GRTP protocol which contains six distinct stages.

- The first stage is the recommended rest period
- The next four stages are training based restricted activity
- Stage 6 is a return to play

World Rugby requires that each stage of the GRTP be a minimum of 24 hours. GRTP stage length may be increased by member Unions at their discretion.

Concussion guidance

It is critical that all concussion or suspected concussion symptoms have cleared prior to commencing a GRTP programme. The player must only start a GRTP programme or proceed to the next stage **if there are no symptoms of concussion** during rest and at the level of exercise achieved in the previous GRTP stage.

World Rugby strongly recommends that a medical practitioner or approved healthcare professional confirm that the player can take part in full contact training before entering Stage 5.

GRTP programme table

Rehabilitation stage	Exercise allowed	Objective
1. Minimum rest period	Complete body and brain rest without symptoms	Recovery
2. Light aerobic exercise	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training. Symptom free during full 24-hour period	Increase heart rate
3. Sport-specific exercise	Running drills. No head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training	Exercise, coordination, and cognitive load
5. Full contact practice	Normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play	Player rehabilitated	Recover

It is strongly recommended that, in all cases of concussion or suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.