**Concussion Policy:**

**Strensall and Towthorpe LTC**

**2021**

**Concussion Safety Protocol**

**Introduction**

Strensall and Towthorpe LTC is committed to protecting the health of and providing a safe environment for each of its members. To this end, and in accordance with Sport England and Yorkshire Sport legislation, Strensall and Towthorpe LTC has adopted the following Concussion Safety Protocol for all its members. This protocol identifies expectations for club level concussion management practices as they relate to (1) the definition of sport-related concussion\*; (2) independent medical care\*; (3) education and awareness; (4) pre-participation assessment; (5) recognition and diagnosis; (6) initial suspected concussion evaluation; (7) post-concussion management; (8) return to tennis (9) return to other sports; (10) limiting exposure to head trauma.

**1. Definition of Sport-Related Concussion:**

The Consensus Statement on Concussion in Sport, which resulted from the 5th international conference on concussion in sport, defines sport-related concussion as follows:

Sport-related concussion (SRC) is a traumatic brain injury induced by biomechanical forces. Several common features that may be utilized to clinically define the nature of a concussion head injury include:

* 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.
* 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.
* 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.
* SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged.
* 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 (e.g., psychological factors or coexisting medical conditions).

**2. Independent Medical Care:**

It is a requirement of members of Strensall and Towthorpe LTC that anyone who experiences any form of head or neck trauma, either through a blow from their or another’s racquet, or by means of a fast-moving ball hitting them, should seek IMMEDIATE medical attention wherever possible and should be monitored closely for the subsequent 24 hours after the injury occurs. No matter how trivial it may seem at the time, head/neck injuries classify as a serious event which need immediate action, as some of the symptoms may present with delay, so please be vigilant and honest with how you are feeling to those near you and contact your GP if you feel any of your symptoms worsening. Symptoms may include, but are not limited to, slurred speech, partial loss of sight, vomiting, dizziness, feeling weak or generally ‘unwell’, confusion, migraine, or visible welts or contusions on the skin in the affected area.

**3. Education and Awareness:**

For further information about concussion, please visit <https://www.nhs.uk/conditions/concussion/>

**4. Pre-Participation Assessment:**

Please make the club aware of any previously suffered concussion via the membership form when joining the club in the medical conditions section so that we are aware of any potential susceptibilities to an adverse reaction, should a subsequent concussion take place.

**5. Recognition and Diagnosis of Concussion:**

Any member of Strensall and Towthorpe LTC that exhibits signs, symptoms or behaviours consistent with concussion:

* Must be removed from practice or competition immediately and be seen by a trained medical practitioner as soon as reasonably possible.
* Must be continually monitored for the first 24 hours after the event.
* May only return to play the same day if a medical practitioner, or GP determines that concussion is no longer suspected.

**6. Initial Suspected Concussion Evaluation:**

The initial concussion evaluation conducted by a GP usually takes the form of:

* Clinical assessment for cervical spine trauma, skull fracture, intracranial bleed or catastrophic injury.
* Symptom assessment.
* Physical and neurological exam.
* Balance exam.

**7. Post-concussion Management**

Activation of emergency action plan, including immediate assessment for any of the following scenarios:

* Prolonged loss of consciousness.
* Focal neurological deficit suggesting intracranial trauma.
* Repetitive emesis.
* Persistently diminished/worsening mental status or other neurological signs/symptoms.
* Apparent spinal injury.

+ Emergency action plan may require transportation for further medical care. Please call **999** if you require an ambulance and professional assistance and please also inform the Club Chair, Ross Welsh on **07972037132** immediately**.**

Because concussion may evolve or manifest over time, for all suspected or diagnosed concussions, the club will require written proof that they are fit to play, from the member who has experienced the concussions’ GP.

For all cases of diagnosed concussion, there must be documentation that post-concussion plan of care was communicated to the club, in oral and/or written form.

If said member has not provided this documentation to the club and is subsequently seen playing tennis at Strensall and Towthorpe LTC, the club will take this breach of trust very seriously and this could lead to membership suspension or termination. Please remember that this is to protect our members and our club from unforeseen setbacks to rehabilitation.

**8 Return to Tennis:**

Returning to tennis after a concussion is a parallel concept to returning to learning after concussion. Cognitive activities require brain energy utilisation, and after concussion, brain energy may not be available to perform normal cognitive exertion and function. The return-to-learn concept should follow an individualised and step-wise process overseen by a medical professional, who will navigate return-to-learn with the member who has suffered the concussion and, in more complex cases of prolonged return-to-learn, work in conjunction with a multidisciplinary team that may vary from person to person depending on the specifics of the case but may include, among others:

* Psychologist/counselor.
* Neuropsychologist consultant.
* Tennis club representative.
* Academic counselor.
* Course instructor(s).
* Coaches.

**Please note: It is your responsibility as a Strensall and Towthorpe LTC member to be re-evaluated by your GP (or other medical professional who has overseen your case) if at any stage, your concussion symptoms worsen with academic challenges or in the event of atypical presentation or persistent symptoms lasting longer than two weeks.**

**9. Return to Other Sports:**

Unrestricted return-to-sport should not occur prior to GP approval stating that cognitive function appears ‘normal’ and ‘uninhibited.’ An exemplary step-by-step reintegration program post-concussion is detailed below:

1. Symptom-limited activity.
2. Light aerobic exercise without resistance training.
3. Sport-specific exercise and activity without possibility of head impact.
4. Non-contact practice with progressive resistance training.
5. Unrestricted training.
6. Unrestricted return-to-sport.

The above stepwise progression will be supervised by a health care provider with expertise in concussion, with it being typical for each step in the progression to last at least 24 hours.

**NOTE:** If at any point you become ‘symptomatic’ (more symptomatic than baseline), the please notify your GP or medical practitioner immediately and adjustments will be made to the return-to-sport progression.

**10. Limiting Exposure to Head Trauma**

Strensall and Towthorpe LTC is committed to protecting the health of and providing a safe environment for each of its members. *To this end and in accordance with Sport England and Yorkshire Sport Concussion Protocol guidelines:*

* Strensall and Towthorpe members *will adhere to existing ethical standards in all practices and competitions.*
* *Using playing equipment as a weapon will be prohibited during all practices and competitions.*
* *Deliberately inflicting injury on another player will be prohibited in all practices and competitions.*
* *All playing and protective equipment will be fit for play.*
* *Tennis is and should remain a non-contact sport wherever possible unless by accidental means during safe and responsible game play.*