



**ENGLAND  
FOOTBALL**



# ***IF IN DOUBT SIT THEM OUT***

***CONCUSSION AWARENESS GUIDELINES***

# Introduction

The following guidance is intended to provide information on how to recognise concussion and how concussion should be managed from the time of injury through to a safe return to football.

At all levels in football, if a player is suspected of having concussion, they must be immediately removed from the pitch, whether in training or match play.

## **IF IN DOUBT, SIT THEM OUT.**

These guidelines are intended to give guidance to those managing concussion in football at all levels. Professional and elite level players sometimes have access to an enhanced level of medical care which means that their concussion and their return to play can be managed in a more closely monitored way. In this situation only, the guidelines for return to play in an enhanced care setting may be followed.

These guidelines are based on current evidence and examples of best practice taken from other sports and organisations around the world, including the Rugby Football Union, World Rugby and the Cross-Sports Scottish Sports Concussion Guidance. Advice has also been sought from The FA's Expert Panel on Concussion and Head Injury in Football. The guidelines are in line with the Consensus Statement on Concussion in Sport issued by the Fifth International Conference on Concussion in Sport, Berlin 2016.

This version has been updated as of March 2022.

While these guidelines aim to reflect 'best practice', it is accepted there that is a current lack of evidence in respect to their effectiveness in preventing long term harm. The FA will continue to monitor research and consensus in the area of concussion and update these guidelines accordingly.

# Contents

## **What is concussion? 4**

---

What is concussion?  
What causes concussion?  
Who is at risk?  
Onset of symptoms

## **How to recognise concussion 6**

---

How to recognise concussion  
Visible clues of concussion - what you may see  
Symptoms of concussion - what you are told by the injured player  
Questions to ask a player  
Video footage

## **What to do next 9**

---

Immediate management of suspected concussion

## **Returning to play 11**

---

Ongoing management of concussion or suspected concussion  
Returning to play after concussion  
Returning to work and study after concussion  
Graduated return to play (GRTP) protocol:  
    Minimum return to play intervals when following GRTP protocol  
    Six-stage GRTP protocol table  
    Table showing minimum return to play intervals

How are recurrent or multiple concussions managed?  
Return to play pathway in an Enhanced Care Setting

## **Useful links 17**

---

Useful adjuncts to concussion assessment

# ***WHAT IS CONCUSSION?***

## What is concussion?

Concussion is an injury to the brain resulting in a disturbance of brain function. There are many symptoms of concussion, common ones being headache, dizziness, memory disturbance or balance problems.

## What causes concussion?

Concussion can be caused by a direct blow to the head, but can also occur when a blow to another part of the body results in rapid movement of the head e.g. whiplash type injuries.

## Onset of symptoms

The symptoms of concussion typically appear immediately, but their onset may be delayed and can appear at any time after the initial injury.

Loss of consciousness does not always occur in concussion (in fact it occurs in less than 10% of concussions).

A concussed player may still be standing up and may not have fallen to the ground after the injury.

## Who is at risk?

Concussion can happen to players at any age.

### **However, children and adolescents (18 and under):**

Are more susceptible to brain injury

---

Take longer to recover

---

Have more significant memory and mental processing issues

---

Are more susceptible to rare and dangerous neurological complications, including death caused by a single or second impact.

---

Studies indicate that concussion rates in women are higher than in men in football.

A history of previous concussion increases the risk of further concussions, which may also take longer to recover.

# ***HOW TO RECOGNISE CONCUSSION***

## How to recognise concussion

If any of the following signs or symptoms are present following an injury the player should be suspected of having concussion and immediately removed from play or training and must not return to play that day. The Pocket Recognition tool may be used as an aid to the pitch side assessment (see useful links section on page 17)

# *If in doubt sit them out.*

### Visible clues (signs) of concussion

What you may see

Any one or more of the following visual clues can indicate concussion:

Dazed, blank or vacant look

---

Lying motionless on ground / slow to get up

---

Unsteady on feet / balance problems or falling over / poor co-ordination

---

Loss of consciousness or responsiveness

---

Confused / not aware of play or events

---

Grabbing / clutching of head

---

Seizure(fits)

---

More emotional / irritable than normal for that person

---

### Symptoms of concussion

What you may be told by the injured player

Presence of any one or more of the following symptoms may suggest concussion:

Headache

---

Dizziness

---

Mental clouding, confusion, or feeling slowed down

---

Visual problems

---

Nausea or vomiting

---

Fatigue

---

Drowsiness / feeling like "in a fog" / difficulty concentrating

---

"Pressure in head"

---

Sensitivity to light or noise

---

# Questions to ask a player

These should be tailored to the particular activity and event, but failure to answer any of the questions correctly may suggest concussion. Examples with alternatives include:

**What venue are we at today?**  
or  
Where are we now?

**Which half is it now?**  
or  
Approximately what time of the day is it?

**Who scored last in this game?**  
or  
How did you get here today?

**What team did you play last game?**  
or  
Where were you on this day last week?

**Did your team win the last game?**  
or  
What were you doing this time last week?

**An incorrect answer to these questions may suggest concussion, but a concussed player might answer these questions correctly.**

Video footage: If video footage of the incident is available this may be of assistance in establishing the mechanism and potential severity of the injury and can be used to contribute to the overall assessment of the player. This may be viewed by the person assessing the injured player or can be commented on by a third party, such as the tunnel doctor in an elite professional setting.

A coach or parent may have video footage that could be helpful in a non-elite setting.

However video evidence must not be used to contradict a medical decision to remove the player.



# ***WHAT TO DO NEXT***

Immediate management of suspected concussion

**Anyone with a suspected concussion MUST be IMMEDIATELY REMOVED FROM PLAY.**

Once safely removed from play they must not return to activity that day.

Team-mates, coaches, match officials, team managers, administrators or parents who suspect someone may have concussion must do their best to ensure that they are removed from play in a safe manner.

If a neck injury is suspected, suitable guidelines regarding the management of this type of injury at pitch side should also be followed (see useful links for pitch side injury management training)

If ANY of the following are reported then the player should be transported for urgent medical assessment at the nearest hospital emergency department:

Severe neck pain

Unusual behaviour change

Deteriorating consciousness  
(more drowsy)

Seizure (fit)

Increasing confusion or irritability

Double vision

Severe or increasing headache

Weakness or tingling / burning in  
arms or legs

Repeated vomiting

In all cases of suspected concussion it is recommended that the player is referred to a medical or healthcare professional for diagnosis and advice, even if the symptoms resolve.

# ***RETURNING TO PLAY***

Ongoing management of concussion or suspected concussion

## Ongoing management of concussion or suspected concussion

Rest is the cornerstone of concussion treatment. This involves resting the body, 'physical rest' and resting the brain, known as 'cognitive rest'. The period of rest allows symptoms to recover and in the non-professional setting allows a return to work or study prior to resuming training and playing.

### Rest means avoiding:

**Physical activities** such as running, cycling, swimming, physical work activities etc.

---

**Cognitive activities (thinking activities)**, such as **school work, homework, reading, television, video games**. Students with a diagnosis of concussion may need to have allowances made for impaired cognition during recovery, such as additional time for classwork, homework and exams

---

### Anyone with concussion or suspected concussion should NOT:

Be left alone in the first 24 hours

---

**Consume alcohol** in the first 24 hours, and thereafter should avoid alcohol until free of all concussion symptoms

---

**Drive a motor vehicle** and should not return to driving until provided with medical or healthcare professional clearance or, if no medical or healthcare professional advice is available, should not drive until free of all concussion symptoms

---

## Returning to play after concussion

The graduated return to play (GRTP) protocol should be followed in all cases. This staged programme commences at midnight on the day of injury and stage 1 (initial rest period) is 14 days in all players unless they are in an enhanced care setting. In all cases, progression to stage 2 of the GRTP can only occur if the player has no symptoms.

## Return to work and study after concussion

At the non-professional level, adults must have returned to normal education or work and students must have returned to school or full studies before starting physical activity (stage 2) in a GRTP programme.

# Graduated return to play protocol

A graduated return to play (G RTP) protocol is a progressive exercise programme that introduces an individual back to sport in a step-wise fashion.

## Stage 2 of the G RTP protocol should only be started when a player:

Is symptom-free at rest and has completed the initial rest period (14 days in a standard care setting and modified in an enhanced care setting)

Has returned to normal education or work if not a professional footballer

Is not receiving treatments with medications that may mask concussion symptoms, e.g. drugs for headaches or sleeping tablets.

<b>Stage 1</b>	Stage 1 is an initial rest period during which symptoms should resolve. This stage must be extended if symptoms persist.
<b>Stage 2</b>	
<b>Stage 3</b>	The next four stages are restricted, training based activity.
<b>Stage 4</b>	
<b>Stage 5</b>	
<b>Stage 6</b>	Return to full training and match play.

Under G RTP protocol, the individual can advance to the next stage only if there are no symptoms of concussion at rest and at the level of physical activity achieved in the current G RTP stage.

If any symptoms occur while going through the G RTP programme, the individual must return to the previous stage and attempt to progress again after a minimum 24-hour period of rest without symptoms (this is 48 hours in players under 19 years of age).

It is recommended that a doctor or healthcare practitioner confirms recovery before an individual enters Stage 5 (full-contact practice).

The 6 stage G RTP protocol should be followed in all cases.

# Graduated return to play protocol

Stages 2-5 take a minimum of 24 hours in adults, 48 hours in those aged 19 and under.

	<b>Stage 1</b> Initial rest period <b>14 days</b> Modified in enhanced care setting	<b>Stage 2</b> Light exercise	<b>Stage 3</b> Football-specific exercise	<b>Stage 4</b> Non-contact training	<b>Stage 5</b> Full contact practice	<b>Stage 6</b> Return to play
Exercise allowed	Complete body and brain rest. After the initial period of 24-28 hours rest, the player should gradually reintroduce their normal activities of daily living provided this does not lead to a worsening of their symptoms. If the symptoms do return the player should rest again until symptom free.	Walking, light jogging, swimming, stationary cycling or equivalent  No football, resistance training, weight lifting, jumping or hard running.	Simple movement activities e.g. running drills  Limit body and head movement  NO head impact activities including NO heading	Progression to more complex training activities with increased intensity, co-ordination and attention e.g. passing, change of direction, shooting, small-sided game  May start resistance training  NO head impact activities including NO heading - goalkeeping activities should avoid diving and any risk of the head being hit by a ball	Normal training activities e.g. tackling, heading, diving saves	Player rehabilitated
% max heart rate	No training	<70%	<80%	<90%		
Duration (min)		<15	<45	<60		
Objective	Recovery No symptoms at the end of 2 weeks	Increase heart rate	Add movement	Exercise, co-ordination and skills/tactics	Restore confidence and assess functional skills by coaching staff	Return to play

# Standard return to play pathway

The minimum time in which a player can return to play in the standard care setting is summarised in the table below. Each day comprises a 24-hour period. The pathway begins at midnight on the day of injury.

	<b>Stage 1</b> Initial rest period	<b>Stage 2</b> Light exercise	<b>Stage 3</b> Football-specific exercise	<b>Stage 4</b> Non-contact training	<b>Stage 5</b> Full-contact practice	<b>Stage 6</b> Return to play		
Adult	14 days beginning at midnight on the day of injury. The player must be symptom-free at the end of this period before progressing	Return to academic studies or work	Clearance by doctor recommended	Minimum duration 24 hours	Minimum duration 24 hours	Clearance by doctor/healthcare professional	Minimum duration 24 hours	Day 19 Earliest return to play
				4 days if symptom free				
Under 19	14 days beginning at midnight on the day of injury. The player must be symptom-free at the end of this period before progressing	Return to academic studies or work	Clearance by doctor recommended	Minimum duration 48 hours	Minimum duration 48 hours	Clearance by doctor/healthcare professional	Minimum duration 48 hours	Day 23 Earliest return to play
				8 days if symptom free				
<p><b>It must be emphasised again, that these are minimum return to play times and in players who do not recover fully within these time frames, return to play times will need to be longer</b></p>								

# *Standard return to play pathway*

It is recognised that players will often want to return to play as soon as possible following concussion.

## **Players, coaches, management, parents and teachers must exercise caution to:**

Ensure that all symptoms have resolved before commencing GRTP

---

Ensure that the GRTP protocol is followed

---

Ensure that the advice of medical practitioners and other healthcare professionals is strictly adhered to

---

After returning to play, all those involved with the players, especially coaches and parents must remain vigilant for the return of symptoms even if the GRTP has been successfully completed.

If symptoms recur the player must consult a healthcare practitioner as soon as possible as they may need a referral to a specialist in concussion management.

## **How are recurrent or multiple concussions managed?**

Any player with a second concussion within 12 months, a history of multiple concussions, players with unusual presentations or prolonged recovery should be assessed and managed by a healthcare provider with experience in sports related concussions working within a multidisciplinary team.

Outcomes in concussion are better if the injured player is well informed and understands what has happened.

Measures to improve understanding and deal with emotional problems and anxiety should also be considered in the management of concussed players.



# *Useful links*

## **FA ITMMiF course**

Intermediate pitch-side trauma management for doctors, physiotherapists and allied health care professionals working in football

[www.TheFA.com](http://www.TheFA.com)

## **FA ATMMiF course**

Advanced pitch-side trauma management for doctors, physiotherapists and allied health care professionals working in football

[www.TheFA.com](http://www.TheFA.com)



**ENGLAND  
FOOTBALL**

