



**Jersey Cricket Limited**

**Concussion in Cricket Policy**

**CONCUSSION IS A SERIOUS AND COMPLEX CONDITION THAT REQUIRES RESPECT**

The management of the condition (Berlin 2016)

Remember:

- 1 Recognise
- 2 Remove
- 3 Re-evaluate
- 4 Rest
- 5 Rehabilitation
- 6 Refer
- 7 Recover
- 8 Return to sport

A concussion can be one of the most complex and challenging injuries to diagnose and manage. The immediate care appears increasingly important in light of developing awareness of the relationship between concussive episodes and early onset degenerative brain disease.

Concussion cannot be diagnosed through any one question, sign, symptom or test. It requires multiple modes of assessment that may well need repeating, and then a necessary careful reintroduction to play. Because of this complex process, concussion is not only easily missed and under-diagnosed, but often results in inappropriate early return to play, it is now considered more than a simple functional disturbance.

The management in cricket is no different to any other sport and should still follow the basic premise of the Berlin Consensus 2016.

**DEFINITION OF A SPORT RELATED CONCUSSION (SRC)**

Sport related concussion is a traumatic brain injury induced by biomechanical forces.

Several common features that may be utilised in clinically defining the nature of a concussive head injury include:

1. 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.

2. 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.
3. 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.
4. 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.

## **CONCUSSION/HEAD INJURY IN CRICKET**

The risk of concussion in cricket appears relatively low compared to some sports but carries significant risk in that the cricket ball can be projected at a high velocity directly at someone's head within the laws of the game. Although protective headgear is usually worn it is not failsafe, not worn in all situations, and uncommonly by fielders and umpires. Furthermore the design of helmets does not routinely cover the occipital region well, despite the use of additional protection. The development of additional protection in this area has been introduced but has no set standards at this time.

Head injuries are most common while in the process of batting but can occur when in the field, especially in close fielding positions or if collisions occur in the act of fielding.

## **ONFIELD ASSESSMENT**

In the event of a head or neck injury a concussion the appropriate medical personal or most responsible individual should attend to the potentially injured player.

They should consider running out in the following circumstances:

1. If summoned by an umpire.
2. If the player is down and/or calling for assistance.
3. If the player sustains any significant blow and/or any worrying signs ie dazed, confused, falls to the ground, change in behaviour.

When out in the middle most responsible individual will need to undertake an on-field assessment. They should consider the Pocket CRT (using the modified Maddock's test as per below).

## **RECOGNITION OF CONCUSSION (REMOVAL FROM FIELD)**

If called to the field, a pocket CRT with amended Maddocks questions should be used if the concussion is not obvious.

Recognising the concussion is perhaps the most important step in immediate management.

Clues to concussion can include:

- Severity of helmet strike
- Any loss of consciousness / responsiveness
- Slow to get up / lying motionless for any period
- Blank or vacant expression
- Balance / coordination problems: unsteady on feet
- Disorientation / confusion, difficulty answering questions / unaware of situation
- Loss of memory
- Visible facial or head injury

If the player has any features of the above they **must be removed** from the field for further assessment and or resuscitated and stabilised as appropriate.

### **Modified Maddocks Questions to use:**

“What venue are we at today?”

“Which session of the game are we in?”

“Who is bowling / batting at the moment in this game?”

“What team did you play last week / game?”

“What was the score / your score in the last game?”

## **SUSPECTED / DETERMINED CONCUSSION**

The player will need removal from the field of play and a full head injury assessment should be undertaken. Most recreational cricket games will not have a healthcare professional present. If a player has a head injury and the player reports any symptoms of a concussion or the umpires' are not happy with the players behaviour then we recommend the player is removed from the field of play immediately. The player should then be medically assessed usually within an Emergency department.

## **SIDELINE EVALUATION**

It is critical in determining disposition decisions for the athlete. The sideline evaluation is based on recognition of injury, assessment of symptoms, cognitive and cranial nerve function, and balance. Serial assessments are often necessary. Because SRC is often an evolving injury, and signs and symptoms may be delayed, erring on the side of caution (ie, keeping an athlete out of participation when there is any suspicion of injury) is important.

The suspected diagnosis of SRC can include one or more of the following clinical domains:

- a. Symptoms: somatic (eg, headache), cognitive (eg, feeling like in a fog) and/or emotional symptoms (eg, lability)
- b. Physical signs (eg, loss of consciousness, amnesia, neurological deficit)
- c. Balance impairment (eg, gait unsteadiness)
- d. Behavioural changes (eg, irritability)
- e. Cognitive impairment (eg, slowed reaction times)
- f. Sleep/wake disturbance (eg, somnolence, drowsiness) If after 10 mins assessment no concussion is diagnosed, player can return