

Community Game

**Managing Head Injuries in
Rugby League**

Clive Brewer
Head of Human Performance
Dr Chris Brookes
Chief Medical Officer
9 July 2010

RFL
Red Hall
Red Hall Lane
Leeds
LS17 8NB
For Internal use only

1.0 Executive Summary

1.1. Rugby league is a collision based sport. Sometimes the nature of the game inevitably results in a player sustaining a head injury, or trauma to the head. Head injuries are different to many other injuries that we come across in the game, in that the signs and symptoms are often less obvious, and players often under-report the symptoms or severity of the injury. Unlike other injuries, head injuries are potentially fatal if ignored or under-estimated in their importance. This is because there may be associated damage to the brain as a result of the trauma.

1.2. Traumatic head injuries in sport fall into three main groups:

- Intra cranial haemorrhage: This is where a blood clot forms associated with the brain.
- Cerebral (ie. Brain) contusions: This is basically bruising of the brain tissue.
- Concussion: which is disorientation without a demonstrable radiological abnormality (injury to the brain tissue)?

1.3. Head Injury Guidance:

Two straightforward questions need to be answered following every head injury in rugby league.

1. Did the player lose consciousness (even momentarily)?
2. Can they remember the events prior to the collision?

If the answer is yes to 1) and/or No to 2):

Under no circumstances must the player be allowed to return to the field of play.

1.4. Coaches and other players have responsibility for ensuring that this recommendation is adhered to. Where a referee becomes aware of a player showing these or other symptoms possibly relating to head injuries, such as disorientated or abnormally uncoordinated movements, then the game should be stopped and the player sent from the field of play for further assessment.

1.5. Furthermore, if while being observed in the dressing room or on the touchline the player –

- Describes a worsening headache
- Vomits more than once
- Starts to become drowsy
- Exhibits any sign of disorientation

An emergency ambulance via 999 must be summoned to the scene and transport to hospital is mandatory. Prompt action of this nature saves players lives!

- 1.6. Please remember that some of these symptoms may not be immediately obvious. For example some forms of intra cranial haemorrhage may see a player being initially lucid (fully orientated) but then rapidly deteriorate about 30 minutes later. These are often referred to as `talk and die` patients by trauma specialists. These players will invariably be in the `lost consciousness/cannot remember events` category.