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# FIFA Concussion Protocol for Grassroots Football

**SUSPECT AND PROTECT**

AUGUST 2024





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## WHAT IS A CONCUSSION?

A concussion is an injury to the brain resulting in a disturbance of brain function. It affects the way a person thinks, feels and remembers things. There are many symptoms of a concussion: the most common ones include a headache, dizziness, memory loss and balance problems.

Concussions 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 first symptoms of a concussion typically appear immediately or within minutes of an injury. However, this is not always the case: the emergence of symptoms may be delayed and occur up to three days following a head injury. Diagnosing a concussion can be challenging, as the symptoms are non-specific and very common in other medical conditions. Throughout the course of a concussion, additional symptoms may become apparent.

The loss of consciousness (being “knocked out”) does not always occur (in fact, it takes place in fewer than 10% of concussions) and is not required to diagnose a concussion.

A concussed player may still be standing up, i.e. does not have to have fallen to the ground after the injury.

### Key points

A concussion is a brain injury, and ALL concussions are serious.

Anyone with a suspected concussion should be immediately removed from play and assessed by an appropriate healthcare professional. They should return to play only once they have been medically cleared to do so.

### How to recognise a concussion

In a fast-moving sport like football, spotting head impacts or potential injury mechanisms that can lead to a concussion can be difficult. It is the responsibility of everyone involved in the game, including players, coaches, parents and match officials, to be attentive to potential concussions and ensure that players are immediately removed from play if there is any suspicion of a concussion.

## SUSPECT AND PROTECT

A concussion should be suspected after an impact to the head or body when the player seems different to their normal self. Such changes include the presence of any of the following:

- Visible clues of a concussion
- Symptoms of a concussion (physical symptoms, changes in emotion or thinking)
- Unusual behaviour

### Visible clues

- Loss of consciousness or responsiveness
- Lying motionless on the ground/slowness in getting up
- Unsteadiness/balance problems or falling over/incoordination
- Dazed, blank or vacant look
- Slowness in responding to questions
- Confusion/unawareness of events
- Grabbing/clutching at the head
- Impact seizure/convulsions
- Tonic posturing – lying rigid/motionless due to a muscle spasm

## Symptoms of a concussion

- Headache
- Pressure in the head
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Increased sensitivity to light or noise
- Fatigue or low energy
- Not feeling "right"
- Neck pain
- Changes in emotion
- More emotional behaviour
- Irritability
- Sadness
- Nervousness or anxiousness
- Changes in thinking
- Difficulty concentrating
- Difficulty remembering things
- Feeling slowed down
- Feeling "in a fog"

## RED FLAGS – WHEN TO SEEK URGENT/EMERGENCY MEDICAL CARE

If ANY of the following signs are observed or complaints are reported after an impact to the head or body, the player should be immediately removed from play, evaluated by an appropriate healthcare professional and transported to an appropriate healthcare facility or emergency department:

- Neck pain or tenderness
- Seizure or convulsions
- Altered vision (blurred/double vision)
- Loss of consciousness
- Confusion or deteriorating consciousness (reduced responsiveness, drowsiness)
- Weakness or numbness/tingling in the arms or legs
- Severe or increasing headache
- Vomiting
- Memory loss
- Change in mood or behaviour
- Confusion or irritability

## MANAGEMENT OF A CONCUSSION

Other players, coaches, parents or referees who suspect that a player may have a concussion must do their best to ensure that the player is immediately removed from play in a safe manner. The player must be assessed by an appropriate healthcare professional.

In the first 24 hours following the incident, a player with a suspected concussion should not:

- be left alone;
- consume alcohol; or
- drive a motor vehicle.

## WHAT ARE THE EFFECTS OF A CONCUSSION?

Concussion can affect people in four main areas:

- Physical  
E.g. headaches, dizziness, vision changes
- Mental processing  
E.g. not thinking clearly, feeling slowed down
- Mood  
E.g. a short temper, sadness, emotional behaviour
- Sleep  
E.g. not being able to sleep or sleeping too much

There may be times when the person has no visible signs of a concussion (e.g. they may not have a blank expression or balance issues). It can be very difficult to differentiate a concussion from other, even more serious injuries, such as bleeding in the brain. Other significant injuries, such as to the neck or face, can occur along with a concussion.

Playing on with symptoms of a concussion can make them worse, significantly delay recovery and, should another head injury occur, result in a more severe injury and in rare cases, death (this is known as “second-impact syndrome”). That is why it is so important to remove anyone with a suspected concussion from any risky activity immediately.

## RECOVERY FROM A CONCUSSION

There are no defined time frames for a brain injury to heal. Each injury should be treated on a case-by-case basis, and all signs and symptoms must be respected.

Most symptoms of a concussion resolve within four weeks, but some can take longer. Everyone is unique in their recovery (including the duration), which is why a graduated return to football is important to reduce the risks of a slow recovery, further brain injury and longer-term problems. Children and adolescents may take longer to recover than adults.

If symptoms persist for more than four weeks, players need to be assessed further by an appropriate healthcare professional.



## GRADUATED RETURN-TO-FOOTBALL PROGRAMME

A stepwise approach to returning to football is the best way to ensure an optimal recovery.

<b>Stage 1</b>	<b>Relative rest period</b> The player should take it easy for the first 24-48 hours after a suspected concussion. They may walk, read and do some easy daily activities, provided that their concussion symptoms are no more than mildly increased. However, it is best to minimise activity, limiting it to 10- to 15-minute slots. Phone or computer screen time should be kept to the absolute minimum to help recovery.	<b>Activities of daily living, but minimal screen time</b>
<b>Stage 2</b>	<b>Light physical exercise</b> The player can increase mental activities through easy reading, games, and limited television and phone and computer use. School/work activities can gradually be introduced at home. More intense mental activities can be undertaken as long as they do not increase symptoms more than mildly.	<b>Gentle jogging/cycling on an exercise bike</b>
<b>Stage 3</b>	<b>Football-specific exercises</b> If symptoms increase more than mildly, or new symptoms appear, the player should stop and briefly rest. They should then resume at a reduced level of intensity until able to tolerate the exercise without more than mild symptom exacerbation.	<b>Dribbling with a ball</b>
<b>Stage 4</b>	<b>Non-contact training</b> It is important to avoid any training activities involving head impacts or where there may be a risk of a head injury. The player can then increase the intensity of exercise and resistance training.	<b>Game play without contact or heading</b>
<b>Stage 5</b>	<b>Contact training</b> When free of concussion-related symptoms at rest and Stage 4 has been completed, the player can consider commencing training activities involving head impacts or where there may be a risk of a head injury.	<b>Game play with contact and light heading</b>

## Stage 6

### Return to play

### Full play

The disappearance of symptoms is only one factor influencing the time before a safe return to any competition in which there is a predictable risk of a head injury. Approximately two thirds of individuals will be able to return to full sport within 28 days, but children, adolescents and young adults, in particular, may take longer.

Disabled people will need specific, tailored advice, which is outside the remit of this guidance.

Under the Graduated Return-to-Play Programme, the individual should advance to the next stage only if their symptoms are not more than mildly and briefly exacerbated (an increase of no more than two points on a ten-point scale for less than an hour when compared with before the activity).

If the symptoms get (more than mildly and briefly) worse at any stage of the programme, the individual must take a break for at least 24 hours and then return to the previous stage and attempt to progress again.

Progressing too quickly through the stages, especially whilst symptoms are significantly worsened by exercise, may delay recovery. The failure to consult a healthcare professional to deal with ongoing symptoms may also slow recovery.

It is recommended that a player undergo a review by the healthcare professional responsible for their day-to-day care prior to entering Stage 5 (contact training).

This six-stage programme should be followed in all cases.

## WHAT ARE THE POSSIBLE CONSEQUENCES OF A CONCUSSION?

All concussions are serious.

Any previous history of concussions increases the risk of sustaining a further concussion, which may then take longer to recover from.

Having recently had a concussion also increases the risk of other sport-related injuries (e.g. musculoskeletal injuries).

Concussions can happen at any age. However, children and adolescents:

- may be more susceptible to concussions;
- take longer to recover (returning to education too early may exacerbate their symptoms and prolong the recovery process); and
- are more susceptible to rare and dangerous neurological complications, including death caused by a second impact before recovering from a previous concussion.

## MAIN TAKEAWAYS

- Most people who have a concussion recover fully with time.
- A concussion is a brain injury.
- Concussions can be fatal.
- Most concussions occur without the loss of consciousness (being “knocked out”).
- Anyone with one or more visible clues or symptoms of a concussion must be immediately removed from play or training and must not take part in any further physical activity or work activity, even if the symptoms subside, until they have been assessed by an appropriate healthcare professional.
- The return to education/work takes priority over returning to football.
- Individuals with a concussion should only resume playing football after having followed a graduated programme for the return to other activities (education/work) and play.
- All concussions should be managed individually; there is no set time frame for recovery.
- Anyone with symptoms for more than 28 days should seek further medical advice.

## EDUCATION

FIFA is committed to raising awareness of and improving education on concussion management among all stakeholders within football.

The [FIFA Medical Network](#) is a freely accessible resource with dedicated modules on concussion and head and neck injuries and their management.

The [FIFA Emergency Care Manual](#) is also freely available.

## CONCLUSION

Concussions can result in different outcomes, and signs and symptoms can develop or change rapidly within the minutes, hours and days after a head injury. A concussion can be life-threatening. Concussion symptoms may develop up to 72 hours after the initial injury. Therefore, it is important to **suspect** and **protect**, and to seek medical advice if you have any concerns.

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