



***GUIDELINES FOR PARTICIPATION REGARDING  
CONCUSSION AND BASKETBALL***

**Date adopted by the Board**

**29<sup>th</sup> April 2014**

**Date Effective**

**29<sup>th</sup> May 2014**

## Concussion and Basketball Participation Guidelines

Advances in sport and medical science have highlighted the need for a change in the way concussion is treated. Basketball Australia acknowledges that many of the instances of concussion will take place in places where a medical practitioner is not immediately available to make an assessment of an athlete who sustains a head injury.

These guidelines have been developed to outline the issues for athletes, coaches, team managers and others responding to athletes who have received a head injury. The purpose of these guidelines is to protect the welfare of athletes and they are not intended to replace medical assessment and treatment.

### 1. What is Concussion?

- A disturbance in brain function caused by trauma
- A minor (non-structural) brain injury
- Concussion may be caused by a blow to the head, face or neck or by impact that transmits force to the head

### 2. Signs and symptoms of suspected concussion

- Loss of consciousness
- Lying motionless on the ground/slow to get up
- Dizziness
- Nausea or vomiting
- "Pressure in the head"
- Irritability
- Sensitivity to noise
- Nervous or anxious
- Dazed, blank or vacant look
- Headache
- Balance problems/ uncoordinated
- Clutching head
- Feeling slowed down
- More emotional
- Sensitivity to light
- Fatigue or low energy
- Neck pain
- Difficulty remembering
- Seizure or convulsion
- Confusion/ not aware of events
- Amnesia
- Drowsiness
- Blurred/ double vision
- Sadness
- Feeling like "in a fog"
- "Don't feel right"
- Difficulty concentrating

Concussion should be suspected whenever any of these signs or symptoms are present.

### 3. Memory function

If an athlete cannot answer the following questions correctly this may suggest concussion:

*"Which venue are we at today?"*

---

*“What quarter is it now?”*

*“Who scored last in this game?”*

*“Which team did you play last game?”*

*“Did your team win their last game?”*

If a medical professional or trained person is available then a Standardised Concussion Assessment Tool (SCAT) Card should be used to evaluate players for concussion.

#### **4. Removal from play**

The signs and symptoms of concussion tend to resolve by themselves over time with rest and management; however, they are the same as for more serious structural brain injury, so athletes are advised to seek medical assessment.

Athletes with suspected concussion should:

- Be treated in accordance with normal first aid principles (danger, response, airway, breathing, circulation);
- Not be moved by others (except where required for airway support);
- Be removed from play immediately;
- Not be returned to play till they are medically assessed, even if symptoms resolve;
- Not be left alone; and
- Not drive.

If a doctor has diagnosed concussion and declared a player unfit to play the rest of the game, no one may override this decision, including the player.

#### **5. Treatment where structural brain injury, or other serious injury should be suspected**

If any of the following signs or symptoms are present, it is urgent the athlete be medically assessed and if necessary call for an ambulance:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness/tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

#### **6. Return to play**

---

Any athlete who sustains a suspected concussion or more serious brain injury must provide a medical certificate clearing them to return to play in subsequent games or to travel.