

Gradual return to play (GRTP) following a concussion

Advice for carers of children and young people
under 19 years old

Paediatric Emergency Department



Patient information leaflet

You or your child has sustained a concussion and have been found safe for discharge. Following a concussion, it is important not return to sports too quickly. Returning before the brain has fully recovered can lead to further injuries and long term health issues.

What is the purpose and benefit of undertaking GRTP?

The purpose of GRTP is to allow adequate time for the brain to recover following trauma.

Concussion must be taken seriously to protect the short and long term health of you/your child. One important part of recovery, is to have a realistic expectation of recovery time and for there to be an open and honest approach to how you/your child is feeling.

The minimum period before you/your child can return to play is 23 days symptom free (as per RFU guidance).

There are no alternatives to undertaking GRTP.

What are the risks/side effects and potential complications of not completing GRTP?

- Prolonged concussion symptoms
- Increased risk of developing Post-Concussion Syndrome
- Increased risk of long term health consequences such as Chronic Traumatic Encephalopathy (CTE)
- Risk of further head trauma, such as second impact syndrome and increased risk of other injury's

Symptoms

If you/your child develop symptoms at any stage of GRTP then you/your child must return to the beginning of that stage after a 48 hour rest period.

- Headaches
- Feelings of dizziness
- Nausea/vomiting
- Memory problems
- Sleep disturbance
- Irritability
- Restlessness
- Fatigue
- Difficulties with concentration
- Impulsivity and self-control problems
- Sensitivity to light or noise
- Feeling depressed, tearful or anxious
- Difficulties thinking and problem-solving

How does GRTP work?

GRTP is a planned period of rehabilitation as detailed in the table below. You/your child's 14 days rest period does not begin until you/they are symptom free.

Rehabilitation Stage	Exercise allowed	Objective
1. Rest period of 14 days	Complete body and brain rest without symptoms (Normal daily activities allowed)	Recovery
2. Light aerobic exercise – over 48 hours	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training	Increase heart rate
3. Sport-specific Exercise – over 48 hours	Running drills. No head impact activities	Add movement
4. Non-contact training Drills – over 48 hours	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training	Exercise, coordination, and cognitive load
5. Full contact practice – over 48 hours	Normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play	Player rehabilitated	Recovery complete

When can I/my child return to academic studies?

The brain needs time to rest and recover following a concussion. Complete rest and avoidance of physical and brain activities e.g. exercise, reading, television, computer, video games and smart phones should be encouraged. However the introduction of normal activities of living should begin when symptoms improve. A period of more than 24 hours work avoidance is not normally required.

It is acceptable for you/your child to need to miss a day or two of academic studies following a concussion if they are feeling unwell or if on return, their symptoms return or worsen. Extended absence is rarely needed.

It is important to have good communications with the school. You/your child may need to have a phased return to academic studies if it is exacerbating symptoms. If you/your child is due to be undertaking tests or exams, consideration should be given to delaying these where possible until fully recovered. In some cases, symptoms may be prolonged and this may impact on you/your child's studies. If this is the case, early assessment by the GP and educational support is advised.

What follow up should I/my child have?

No specific follow up is required. Seek further advice if there are on-going concerns.

Support organisations

- **Headway**
<https://www.headway.org.uk/>
Phone: 0808 800 2244
- **Child Brain Injury Trust**
<https://childbraininjurytrust.org.uk/>
Phone: 0303 303 2248
- **Concussion Legacy Foundation**
<https://concussionfoundation.org/about>

Reference sources

- www.irbplayerwelfare.com/concussion
- www.englandrugby.com/mm/Document/General/General/01/32/13/39/4RecoverandReturntoPlay-2016_English.pdf

Contact details

If you have questions or queries please contact us.

Paediatric Emergency Department

Telephone: 01483 571 122

Alternatively contact your General Practitioner or call 111.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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