



WHAT IS CONCUSSION?

Concussion is a mild traumatic brain injury sustained when the brain is shaken or the head impacts something with force. It is usually not visible on a scan but diagnosed by symptom assessment. In Motorcycle Sport, concussion can occur while you are wearing a helmet or even in low speed crashes.



ASSESSMENT & TREATMENT

While there is no cure for concussion there are strategies that have been found to reduce severity and duration of symptoms.

It is important to avoid being in a situation to sustain another concussion within the 10 days post injury. Multiple concussions can lead to more serious brain injuries and potentially long-term damage.

- **Immediate review by a medical practitioner** and no food or drink until assessment.
- **SCAT-6** assessment by the medical team at the time of injury and repeated by your medical practitioner to assess severity of concussion.
- **Paracetamol** for headaches, try to avoid aspirin and anti-inflammatories like ibuprofen.
- **Anti-nausea** medications such as ondansetron
- **DO Rest.** Most importantly rest, sleep, avoid strenuous activity particularly in the first 48hrs post injury. Stay in the company of an adult for 24hrs.
- **DON'T Consume alcohol** or take sleeping tablets for at least 48hrs or until symptoms are resolved.
- **DON'T Drive** for at least 24hrs or until any symptoms resolve.
- **REVIEW** with a specialist in concussion if symptoms are persisting 10 days post injury. There are a list of these available on the MA website.



COMMON

SYMPTOMS

Concussion can lead to physical, cognitive and emotional disruption. Symptoms that are common are:

- Unsteadiness on the feet immediately post injury.
- Mild headaches
- Tiredness
- Reduced concentration
- Nausea.
- Memory difficulties
- Irritability or difficulty controlling emotions
- Dizziness or vertigo
- Balance problems
- Sensitivity to light or noise



However if symptoms become severe seek help immediately....

WHEN TO SEEK HELP

These symptoms can be signs of a more severe concussion and warrant an urgent medical review or call an ambulance on 000:

- More than 2 vomits
- Loss of consciousness
- Seizure or fit
- Difficult to wake up or stay awake
- Visual disturbances
- Slurred speech
- Loss of hearing
- Weakness or numbness in any part of the body
- Severe or worsening headaches
- Confusion
- Bladder or bowel loss of control



RECOVERY

While there is no cure for concussion there are strategies that have been found to reduce severity and duration of symptoms. Symptoms often come and go over the course of the day and often last up to 10 days.

- It is important to avoid being in a situation to sustain another concussion within the 10 days post concussion.
- Graduated return to physical activity and resting if symptoms worsen guided by your doctor and/or physiotherapist with experience in this field.
- Limit use of screens such as mobile phone, TV and computer
- Slower recovery is more likely if you had severe symptoms post concussion, have had repeated concussions, have a history of headaches, are older or are female.
- Children recover more slowly than adults from concussion. Return to learning strategies should also be considered and can be found at... https://www.rch.org.au/kidsinfo/fact_sheets/Head_injury-return_to_sport/
- **MEDICAL CLEARANCE REQUIRED BEFORE RETURN TO SPORT.** Note clearance can only be provided if it has been more than 10 days post concussion AND the athlete is symptom free.



EXAMPLE RETURN TO RIDING PROGRAM

Step	Exercise Strategy	Activity at each step	Goal
1	Symptom limited activity	Daily activities that do not exacerbate symptoms (e.g. walking)	Gradual return to typical activities
2	Aerobic Exercise 2A - Light <55% Max HR then 2B - Moderate up to 70% Max HR *see above for calculations	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.	Increased heart rate
3	Individual Sport Specific Exercise	Sport-specific training away from the team environment (e.g., running, change of direction, cycling/running including around circuits/tracks, and/or individual training drills). Gaming/Simulators. No activities at risk of head impact.	Add movement and change in directions
4	Non-Contact Training Drills	Exercise to high intensity including more challenging training drills. Gaming/Simulators after high aerobic exercise. Low speed motorcycling training (e.g. individual circuit laps, dirt tracks, low - moderate speed laps, low risk trial components). No Jumps.	Resume usual intensity of exercise, coordination, and increased thinking
5	Full Practice	Participate in normal training. High speed motorcycling, private practice, event practice sessions (with clinical review post session).	Restore confidence and assess functional skills by coaching staff.
6	Return To Sport (Mandatory exclusion from sport for 10 days for Adults)	Normal event inclusion. Practice, qualifying and racing/competition.	

EXCLUSION PERIOD AND RETURN TO RIDING – ADULT 18YRS & OVER

To compete again, athletes need to undergo a 10-day non-riding period AND be symptom free AND get medical clearance.

Any rider diagnosed with concussion will be removed from competition assessed physically and where possible, the onsite medical team should perform a SCAT-6 test and monitored for deterioration. Medical treatment and management at the time of injury will also be directed by the onsite medical team or local doctor/hospital. Recovery and ongoing assessment will be managed by the rider's own doctor and physiotherapist.

There is a mandatory exclusion period of 10 days for adults where the athlete is unable to ride under any circumstances.

EXCLUSION PERIOD AND RETURN TO RIDING – CHILD UNDER 18YRS

To compete again, athletes need to undergo a 14-day non-riding period *Starting from when they are SYMPTOMS FREE* AND get medical clearance.

Any rider diagnosed with concussion will be removed from competition assessed physically and where possible, the onsite medical team should perform a Child SCAT-6 test and monitored for deterioration. Medical treatment and management at the time of injury will also be directed by the onsite medical team or local doctor/hospital. Recovery and ongoing assessment will be managed by the rider's own doctor and physiotherapist.

Children recover more slowly than adults from concussion. There is a mandatory exclusion period of 14 days starting from when they are symptoms free and they are unable to ride under any circumstances.

RETURN TO RIDING – ROADMAP (ADULT)

The process of returning to MA competition from a concussion requires you to achieve the following steps:		
Phase 1	Complete rest for at least one full day	
Phase 2	You returned to work and/or school, without restrictions or the need for medication	
Phase 3	You completed a session of light/moderate aerobic exercise (e.g. walking, jogging, stationary cycling at slow to medium pace) without difficulty – i.e. no headache, dizziness or blurred vision	
	Rest day	
Phase 4	You completed a higher intensity exercise session (e.g. running at an increased heart rate, light resistance training) without difficulty – i.e. no headache, dizziness or blurred vision	
	Rest day	
Phase 5	You completed a session of sport-specific exercise with higher intensity and more challenging drills (e.g. low-moderate speed riding / no jumps / lower-risk trials components) without difficulty – i.e. no headache, dizziness or blurred vision	
	Rest day	
Phase 6	You completed a session of full training without difficulty – i.e. no headache, dizziness or blurred vision	
	For Adults - at least 10 days passed since the day the concussion was suffered and you feel confident to return to competition	
Phase 7	You make an appointment with your doctor and ask him to certify you as being fit to return to competition by signing the attached form.	
Phase 8	Email the completed form to your SCB or MA	