

CONCUSSION RECOGNITION AND MANAGEMENT GUIDE

To help identify concussion in children, adolescents and adults.

**IF UNSURE, DO NOT MOVE
IF IN DOUBT, SIT THEM OUT.**

STEP 1: RED FLAGS - CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported then **DO NOT MOVE** the person, **STOP THE ACTIVITY** and **immediately CALL AN AMBULANCE (111)** and request urgent medical attention.

- Loss of consciousness
- Extreme neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Seizure or convulsion
- Severe or increasing headache
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

IMPORTANT: Assess and perform first aid as necessary. If cardiopulmonary resuscitation is required **PROTECT the NECK** by cradling the head and log rolling.

STEP 2: OBSERVABLE SIGNS

Only if there are **NO Red Flags** may you proceed to moving them (See Step 1 above).

If **ANY** of the following signs are observed or complaints are reported then **immediately remove the person from activity**. Visual cues of a possible concussion include:

- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma
- Slow to get up after a collision
- Disoriented or confusion, or an inability to respond appropriately to questions
- Blank or vacant look

IF IN DOUBT, SIT THEM OUT.

STEP 3: SYMPTOMS

Symptoms of possible concussion include:

- Headache
- “Pressure in head”
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- “Don’t feel right”
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like “in a fog”

IF IN DOUBT, SIT THEM OUT.

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- “What team did you play last week/game?”
- “Did your team win the last game?”
- “What venue are we at today?”
- “Which half is it now?”
- “Who scored last in this game?”

IF IN DOUBT, SIT THEM OUT.

ANY PERSON WITH SUSPECTED CONCUSSION SHOULD:

- Not be left alone initially (at least for the first 12 hours)
- Not drink alcohol
- Not use recreational / prescription drugs
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a health Professional

Please also continue to monitor for ANY red flags from Step 1

- Loss of consciousness
- Extreme neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Seizure or convulsion
- Severe or increasing headache
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

If these occur, seek medical attention immediately (A+E, After Hours, or dial 111).

**IF UNSURE DO NOT MOVE
IF IN DOUBT, SIT THEM OUT.**

ANY PERSON WITH A SUSPECTED CONCUSSION MUST BE MANAGED IN LINE WITH THE STEPS ABOVE AND FOLLOW ACC GUIDELINES.

THEY **MUST NOT RETURN TO ACTIVITY** UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE.

IF IN DOUBT, SIT THEM OUT.

References:

1. *National Concussion Guidelines (2025)*
 2. *Concussion Recognition Tool 6 (2023)*
 3. *"If in doubt, sit them out". Scottish Sports Concussion Guidance: grassroots sport and general public (2018)*
-

For more information, or management of a concussion diagnosis, head to our concussion protocol:

<https://wellingtonsportsmed.co.nz/assets/Concussion-protocols-Website-v2.pdf>

ALL PATIENTS SUSPECTED OF A CONCUSSION NEEDS TO SEE A GENERAL OR NURSE PRACTITIONER OR A PHYSIOTHERAPIST COMPETENT IN CONCUSSION MANAGEMENT - please contact us

0800 842 749

hello@wsmggroup.co.nz