



PAEDIATRIC ACUTE CARE GUIDELINE

Sport After Head Injury

Scope (Staff):	All Emergency Department Clinicians
Scope (Area):	Emergency Department

This document should be read in conjunction with this DISCLAIMER
<http://kidshealthwa.com/about/disclaimer/>


Sport After Head Injury

- Current evidence supports a gradual return to sport following a head injury, with a step wise return to play.
- Children who return to sport too early are at risk of sustaining complications from their head injury.
- The child should have a period of physical and mental rest ("brain rest"). This includes avoiding sporting activities but also activities that require mental concentration including computer use, television, texting and play stations.
- Once the child has been symptom free for 48 hours and feels back to normal, they can commence a gradual return to sporting activities as below.

Stage	Activity	Aim of stage
Stage 1: No activity (For first 48 hours after injury)	Complete physical and mental rest	Recovery
Stage 2: Light aerobic exercise	Walking, swimming, stationary cycling	Gentle increase in heart rate
Stage 3: Sport-specific exercise	Running drills at football codes, cricket, basketball, netball, hockey	Adds movement
Stages 4: Non-contact training drills	Passing drills at football codes, cricket, basketball, netball, hockey	Adds co-ordination and exercise
Stage 5: Full contact practice	Participate in normal training activities	Restores confidence and allows coaching staff to assess progress
Stage 6: Return to play	Normal game play	

- Each stage should last 24-48 hours
- If the child remains symptom free, they can move on to the next stage
- If the child develops any symptoms (headache, dizziness, nausea, or tiredness), they should move back a stage and try to progress again after a further 24-48 hour rest period
- If the child has persistent headaches, dizziness, nausea or vomiting, they should be reassessed by their general practitioner or at the Emergency Department.

This document can be made available in alternative formats on request for a person with a disability.

File Path:			
Document Owner:	Dr Meredith Borland HoD, PMH Emergency Department		
Reviewer / Team:	Kids Health WA Guidelines Team		
Date First Issued:	12 November, 2015	Version:	
Last Reviewed:	12 November, 2015	Review Date:	12 November, 2017
Approved by:	Dr Meredith Borland	Date:	12 November, 2015
Endorsed by:	Medical Advisory Committee	Date:	12 November, 2015
Standards Applicable:	NSQHS Standards: 		
Printed or personally saved electronic copies of this document are considered uncontrolled			