Cycling Australia

Concussion Policy

July 2019
1. Introduction

Cycling Australia (CA) takes rider safety and well-being seriously and has developed a policy for coaches, parents, riders and officials on concussion management. The sport of cycling has inherent risk and falls from bikes during a race or training can and do occur.

The Concussion Policy (‘policy’) provides guidelines on dealing with concussions at organised events or when training. This policy should not replace the advice of a registered medical practitioner. Any rider who feels they may have a head or neck injury should seek immediate expert medical advice.

2. What is concussion?

Concussion is a traumatic brain injury, induced by biomechanical forces to the head, or anywhere on the body which transmits an impulsive force to the head. It causes short-lived neurological impairment and the symptoms may evolve over the hours or days following the injury. Evidence from animal and functional imaging studies point towards a series of interrelated biochemical and physiological changes that impair neuronal function. Rest, followed by gradual return to activity, is the main treatment.

3. Training or Competition Management

Recognising a concussion is critical to correct management and prevention of further injury. The following section provides the protocols to be followed if there is an incident where there is a potential for a concussion.

3.1 Medical Practitioner Present

The medical practitioner at the venue should assess the injured rider. If they decide the rider is concussed, this individual must not resume participating on the same day under any circumstances. The rider must adhere to the return to play protocols outlined in diagram 1 and 2.

If the medical practitioner decides the rider is not concussed they can resume participating as soon as they feel ready. This individual should be monitored in case any signs or symptoms of concussion develop.

If the medical practitioner is present but does not witness the incident or is not involved in the immediate assessment the medical practitioner will carefully consider the reports of the immediate first aid responders including any CRT5 score / red flag concerns. Medical practitioners at all times are encouraged to approach head injury assessment from a conservative point of view, not only for the safety of the affected rider but also possible risk to fellow competitors if a rider resumes when is unsafe to do so.

3.2 No Medical Practitioner Present

If there is not a medical practitioner at the venue the Concussion Recognition Tool is designed to help those without medical training detect concussion. Any rider with a suspected concussion or with a damaged helmet (cracked or compressed) be IMMEDIATELY REMOVED FROM TRAINING/RACING, and not return until assessed by a medical doctor.

A copy of the medical assessment must be made available to the authority conducting the training/racing activity.
4. Managing Concussions

Managing a concussion is a shared responsibility between the rider, coach, parents and medical practitioner. A rider who has who has suffered a concussion should return to sport gradually. They should increase their exercise progressively as long as they remain symptom free following the stages outlined in diagram 1 and 2.

4.1 Medical assessment of concussion

The diagnosis of concussion should be made by a medical practitioner familiar with concussion as a phenomenon in sport. In diagnosing concussion, medical practitioners should conduct a clinical history and examination that includes a range of domains such as mechanism of injury, symptoms and signs, cognitive functioning and neurological assessment, including balance testing.

4.2 Adults over 18 years of age

Head-injury advice should be given to all riders with concussion and to their carer(s). Any rider with suspected or confirmed concussion should remain in the company of a responsible adult and not be allowed to drive. They should be advised to avoid alcohol and check medications with their doctor. Specifically, they should avoid aspirin, non-steroidal anti-inflammatory drugs, sleeping tablets and sedating pain medications.

Once the diagnosis of concussion has been made, immediate management is physical and cognitive rest. This may include time off school or work and relative rest from cognitive activity. Having rested for 24–48 hours after sustaining a concussion, the patient can commence a return to light intensity physical activity under medical guidance, as long as such activity does not cause a significant and sustained deterioration in symptoms. The majority of concussive symptoms should resolve in 7–10 days.

A copy of the medical clearance must be provided to CA to allow a return to competition.
4.3 Children 18 years of age and under

Children and adolescents take longer to recover from concussion. The approach to management should be more conservative than for adults, with the graduated return to sport protocol extended so that the child does not receive full clearance to return to sport until at least 14 days from resolution of symptoms. Return to learn should take priority over return to sport.

A copy of the medical clearance must be provided to CA to allow a return to competition.
Diagram 2: Return to Sport Protocol for children 11 years of age and under

Diagnosis of concussion:

- No return to sport

Deliberate physical and cognitive rest (24–48 hours):

- Graduated return to learning activities
- Light aerobic activity (until symptom-free)
- Basic sport-specific drills which are non-contact – no head impact (24 hours)
- More complex sport-specific drills which are non-contact – no head impact – may add resistance training (24 hours)

- If there is any significant and sustained deterioration in concussion symptoms, further rest from specific trigger activity
- Recurrence of concussion symptoms
- Recurrence of concussion symptoms

Children should not return to contact/collision activities before 14 days from complete resolution of all concussion symptoms.

Medical review before return to full contact training:

- If not medically cleared, any further activity to be determined by medical practitioner
- Recurrence of concussion symptoms

Return to full contact training (24 hours):

- Recurrence of concussion symptoms

Return to sport:

- Complete formal medical review
- Recurrence of concussion symptoms

Complete formal medical review