



Injury Management Guidelines

If an injury does occur in Rugby, it is important to be able to identify the injury, treat it appropriately and help the player recover and return to play the game.

There are three distinct phases to injury management:

1. Identification.
2. Rehabilitation.
3. Return to play the game.

Phase 1 – Identification

For simplicity, this identification phase has been divided into two categories: acute / catastrophic injuries; and all others (including severe injuries, e.g., fracture and soft tissue injuries).

Acute injuries

In the event of a suspected acute or catastrophic injury, it is important that everyone - players, coaches, referees and administrators - knows what to do. This should be documented in the emergency plan.

1. Call for help.
2. Call for an ambulance.
3. Speak to the player.
4. Check airway - remove mouth guard.
5. Check breathing.
6. Check circulation.
7. Do not move the player.
8. Stay with the player and continue communication.
9. Keep player warm until professional help arrives.

All other injuries

Assess the player on the field of play using the **TOTAPS** system.

T alk	What happened? Where does it hurt?
O bserve	Look at the injured area. Is it different from the other side (swollen, a different colour, etc)?
T ouch	Feel for swelling, tenderness and pain.
A ctive movement	Ask the player to move the injured part without assistance.
P assive movement	If the player moves the injured part actively, then carefully move it through a full range of movement.
S kill test	If the active and passive movements did not produce pain ask the player to stand and see if lower limb is fully weight-bearing and he/she can walk. If unable to do so, the player should be removed from the field (non weight-bearing for lower limb injuries).

Concussion

IRB Regulation 10 provides as follows: 10.1.1 A Player who has suffered concussion shall not participate in any Match or training session for a minimum period of three weeks from the time of injury, and may then only do so when symptom free and declared fit after proper medical examination. Such declaration must be recorded in a written report prepared by the person who carried out the medical examination of the player. 10.1.2 Subject to sub-clause 10.1.3 below, the three week period may be reduced only if the player is symptom free and declared fit to play after appropriate assessment by a properly qualified and recognised neurological specialist. Such declaration must be recorded in a written report prepared by the properly qualified and recognised neurological specialist who carried out the assessment of the Player. 10.1.3 In age grade Rugby, the three week minimum period shall be mandatory.

Without limiting the effects of the application of IRB Regulation 10 the following guidance may be of assistance in recognising concussion. It must be acknowledged however, that each incident must be assessed on its individual merits and characteristics. Symptoms of concussion may include the following:

- ❖ loss of consciousness
- ❖ loss of memory, confusion and disorientation
- ❖ double or blurred vision
- ❖ giddiness or unsteadiness
- ❖ vomiting and headache

Playing Consequences

If a player shows any signs of concussion he/she must not be allowed to continue playing or to return to the game. The player should be evaluated by a medical doctor.

Soft Tissue Injuries

Sprains, strains and bruising should be treated using the method known as **PRICED**

P rotect	Once an injury has occurred, it is of vital importance that the injured area and the player are protected from further injury. Failure to do so risks worsening the problem and delaying healing. <ul style="list-style-type: none">❖ Abrasions / lacerations should be covered.❖ The injured joint should be supported by taping or bracing.❖ Weight-bearing should be avoided.
R est	Adequate rest to enable tissue healing and repair is vital for any injury. Remember - if it hurts, it is probably not good for the injury.
I ce	Application of ice to an injury helps prevent bleeding and further swelling. Regular use of ice is helpful in shortening recovery time and decreasing pain in the interim. Apply ice to the injury for 15 minutes every hour. Whatever the regimen, protection of the skin with petroleum jelly or oil avoids unnecessary thermal injury.
C ompression	Compression of a haematoma prevents swelling and shortens recovery time. Compression of soft tissue injury limits swelling.
E levation	Elevation of the affected area decreases swelling and pain.
D iagnosis	Early diagnosis and correct management are the fastest route to recovery.

Once the injury has been diagnosed, avoid any element of **HARM** for 72 hours.

H eat	Can increase bleeding and swelling and worsen pain and stiffness.
A lcohol	Can increase bleeding and swelling as well as masking pain and the severity of the injury.
R unning	Rest is essential.
M assage	Best avoided as it can increase bleeding and swelling, thereby delaying recovery.

Bleeding

When treating any player, gloves should be worn to protect the player and the first-aider from possible transmission of blood borne diseases such as HIV and hepatitis. Blood must not be transferred from one player to another. Any items that have been contaminated by blood must be sealed in a plastic bag and safely discarded. Major bleeding must be treated as soon as possible to reduce the flow of blood, as this may be enough to preserve a life. Apply direct pressure to a wound first and only apply indirect pressure if this is not possible. Arrange urgent transport to a hospital or doctor's surgery.

Phase 2 – Rehabilitation

Rehabilitation requires supervision and management by appropriately trained medical staff, doctors, physiotherapists and fitness advisors. The aim of rehabilitation is to restore the player to full fitness, which includes:

- ❖ recovery of muscle strength
- ❖ restoration of a full range of movement in the joint
- ❖ recovery of co-ordination and balance
- ❖ fitness maintained by exercises such as cycling and swimming
- ❖ when ready - gradual introduction of Rugby specific skills
- ❖ contact drills followed by full contact

If all these are achieved - return to play.

Phase 3 - Return to play

Players should only return to play once the coach, doctor or physiotherapist has tested the players to see if they are ready to get back onto the field. These returning players must once again demonstrate that they are Rugby Ready. The tests should include the fitness tests as used at the beginning of the season and Rugby skills and movements that the players will perform in a game, e.g., tackling, sidestepping, jumping, etc. Player profiling information should be used to compare performances and see if players are once again Rugby Ready. If players can demonstrate the same performance level as pre-injury, then they are once again Rugby Ready.

The IRB's definition of injury

"Any physical complaint, which was caused by a transfer of energy that exceeded the body's ability to maintain its structural and/or functional integrity, that was sustained by a player during a Rugby match or Rugby training, irrespective of the need for medical attention or time loss from Rugby activities. An injury that results in a player receiving medical attention is referred to as a "medical attention" injury and injury that results in a player being unable to take a full part in future Rugby training or match play as a "time-loss"

Injury reporting

Injury reporting is important as it allows the tracking of why and how injuries happen - and the finding of ways to prevent similar injuries from happening again. Coaches should encourage players to tell them about injuries; otherwise, they risk worsening or never healing. This can have serious consequences, particularly with respect to concussion. Injury audit is essential to enhance player safety and performance. Each club, province and Union should have a nominated officer responsible for injury audit. All injury surveys should use the IRB injury definition and data collection procedures for studies of injuries.