



RIOT CABARET PRO WRESTLING
CONCUSSION GUIDELINES



SUMMARY POINTS

A CONCUSSION IS AN INJURY TO THE BRAIN



Whilst injury to the brain can be fatal, most concussions recover completely with correct management

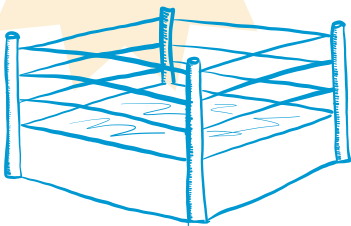


All concussions should be regarded as potentially serious and should be managed in accordance with the appropriate guidelines



INCORRECT MANAGEMENT OF CONCUSSION CAN LEAD TO FURTHER INJURY

ANYONE WITH ANY CONCUSSION SYMPTOMS FOLLOWING A HEAD INJURY MUST BE REMOVED FROM IN-RING ACTIVITY



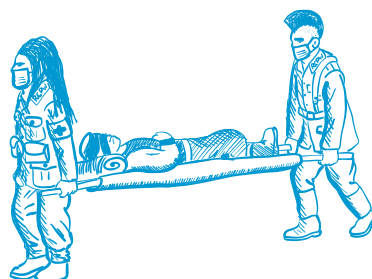
Loss of consciousness does not occur in the majority of concussions

THERE MUST BE NO RETURN TO RING ON THE DAY OF ANY SUSPECTED CONCUSSION

Return to other work must take priority over return to wrestling



A progressive program that introduces an individual back to wrestling in a step-wise fashion is recommended after a concussion



An injury to the cervical spine (neck) may occur at the same time as a concussion and normal principles of cervical spine care should also be followed

INTRODUCTION

These guidelines are intended to give guidance to those managing concussion in professional wrestling. Wrestlers sometimes have access to an enhanced level of medical care which means that their concussion and their return to the ring can be managed in a more closely monitored way. In this situation, the guidelines for return to the ring in an enhanced care setting may be followed.

These guidelines are based on current evidence and examples of best practice taken from other sports and organisations around the world, including the Rugby Football Union, World Rugby and the Cross-Sports Scottish Sports Concussion Guidance.

Advice has also been sought from The FA's Expert Panel on Concussion and Head Injury in Football and these guidelines share design elements with and are underpinned by the FA's concussion guidelines, last updated in August 2019.

The guidelines are in line with the Consensus Statement on Concussion in Sport issued by the Fifth International Conference on Concussion in Sport, Berlin 2016.

While these guidelines aim to reflect 'best practice', all accept that there is a current lack of evidence in respect to their effectiveness in preventing long-term harm. We will continue to monitor research and consensus in the area of concussion and update these guidelines accordingly.



The following guidance is intended to provide information on how to recognise concussion and on how concussion should be managed from the time of injury through to a safe return to wrestling.

AT ALL LEVELS OF PROFESSIONAL WRESTLING, IF AN ATHLETE IS SUSPECTED OF HAVING A CONCUSSION, THEY MUST BE REMOVED FROM THE MATCH AS SOON AS IT IS SAFE TO DO SO.

WHAT IS CONCUSSION page 5

- What is concussion?
- What causes concussion?
- Who is at risk?
- Onset of symptoms
- How to recognise concussion

HOW TO RECOGNISE A CONCUSSION page 7

- Visible clues of concussion - what you may see
- Symptoms of concussion - what you are told by the injured wrestler
- Questions to ask an injured wrestler
- Video footage

WHAT TO DO NEXT page 9

- Immediate management of a suspected concussion

RETURNING TO THE RING pages 11-16

- Ongoing management of a concussion or suspected concussion
- Returning to the ring after a concussion
- Returning to work after a concussion
- Graduated return to ring (GRTR) protocol
- Minimum return to ring intervals when following GRTR Protocol
- Six-stage GRTR Protocol table
- Table showing minimum return to ring intervals
- How are recurrent or multiple concussions managed?
- Return to ring pathway in an Enhanced Care Setting

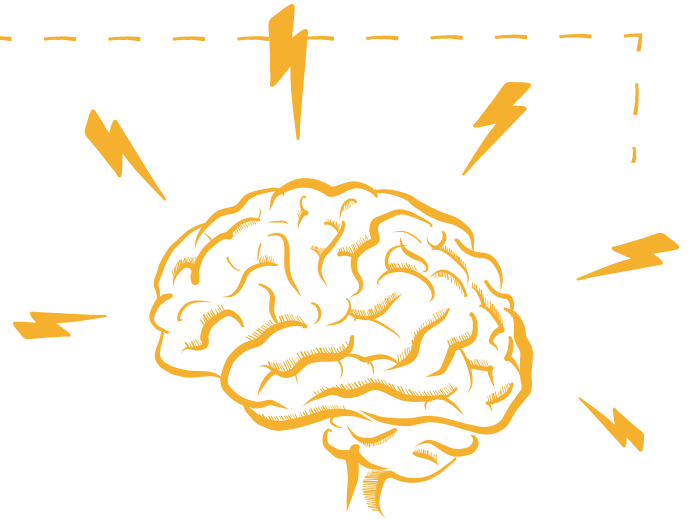
USEFUL LINKS page 17

- Useful adjuncts to concussion assessment

WHAT IS CONCUSSION?



CONCUSSION IS AN INJURY TO THE BRAIN RESULTING IN A DISTURBANCE OF BRAIN FUNCTION. THERE ARE MANY SYMPTOMS OF CONCUSSION, COMMON ONES BEING HEADACHE, DIZZINESS, MEMORY DISTURBANCE OR BALANCE PROBLEMS.



WHAT CAUSES CONCUSSION?

Concussion can be caused by a direct blow to the head, but can also occur when a blow to another part of the body results in rapid movement of the head e.g. whiplash type injuries.

WHO IS AT RISK?

Concussions can happen to wrestlers at any age.

However, children and adolescents (18 and under):

- are more susceptible to brain injury
- take longer to recover
- have more significant memory and mental processing issues
- are more susceptible to rare and dangerous neurological complications, including death caused by a single or second impact

Studies indicate that concussion rates in women are higher than in men.

A history of previous concussion increases the risk of further concussions, which may also take longer to recover.

ONSET OF SYMPTOMS

The symptoms of concussion typically appear immediately, but their onset may be delayed and can appear at any time after the initial injury



Loss of consciousness does not always occur in concussion (in fact it occurs in less than 10% of concussions). A concussed wrestler may still be standing up and may not have fallen to the ground after the injury.



HOW TO RECOGNISE A CONCUSSION



If any of the following signs or symptoms are present following an injury, the wrestler should be suspected of having a concussion and immediately removed from the match or in-ring activity and must not return that day. Referees should use hand squeezes, verbal communication and other pre-agreed techniques to determine whether or not a wrestler is 'selling' instead of injured. The Pocket Recognition tool may be used as an aid to the ringside assessment (see Useful Links section)

IF IN DOUBT, SIT THEM OUT.

VISUAL CLUES (SIGNS) OF CONCUSSION

Any one or more of the following visual clues can indicate a concussion:



- Dazed, blank or vacant look
- Lying motionless on ground / slow to get up
- Unsteady on feet / balance problems or falling over / poor coordination
- Loss of consciousness or responsiveness
- Confused / not aware of events
- Grabbing / clutching of head
- Seizure (fits)
- Emotional / irritable

SYMPTOMS

What you may be told by the injured wrestler:



- Headache
- Dizziness
- Mental clouding, confusion, or feeling slowed down
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness / feeling like "in a fog" / difficulty concentrating
- "Pressure in head"
- Sensitivity to light or noise

QUESTIONS TO ASK A WRESTLER

THESE SHOULD BE TAILORED TO THE PARTICULAR ACTIVITY AND EVENT, BUT FAILURE TO ANSWER ANY OF THE QUESTIONS CORRECTLY MAY SUGGEST A CONCUSSION. EXAMPLES WITH ALTERNATIVES INCLUDE:

What venue are we at today?

OR

Where are we now?

Which half of the show are we in?

OR

Approximately what time of day is it?

What is the finish to this match?

OR

How did you get here today?

Who did you face in your last match?

OR

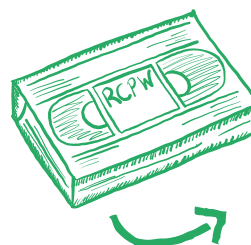
Where were you this time yesterday?

What match is next?

OR

What is your opponent's name?

AN INCORRECT ANSWER TO THESE QUESTIONS MAY SUGGEST A CONCUSSION, BUT A CONCUSSED WRESTLER MIGHT ANSWER THESE QUESTIONS CORRECTLY.



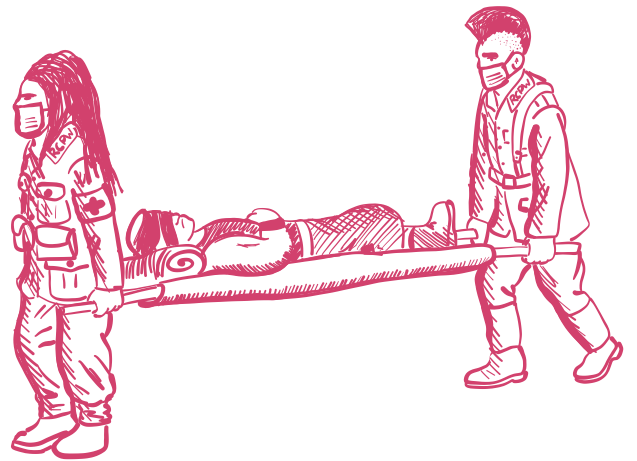
VIDEO FOOTAGE

If video footage of the incident is available, this may be of assistance in establishing the mechanism and potential severity of the injury and can be used to contribute to the overall assessment of the wrestler. This may be viewed later by the person(s) assessing the injured wrestler. However, video evidence must never be used to contradict a medical decision to remove the wrestler from a match.

WHAT TO DO NEXT



ANYONE WITH A SUSPECTED CONCUSSION MUST BE IMMEDIATELY REMOVED FROM THE MATCH.



ONCE SAFELY REMOVED FROM THE RING, THEY MUST NOT BE RETURNED TO ACTIVITY THAT DAY.

Fellow wrestlers, match officials, show managers or medics who suspect someone may have concussion MUST do their best to ensure that they are removed from the ring in a safe manner.



If a neck injury is suspected, suitable guidelines regarding the management of this type of injury at ringside should also be followed.

SEEK HELP AT THE NEAREST HOSPITAL FOR ANY OF THE FOLLOWING:

SEVERE NECK PAIN

DETERIORATING CONSCIOUSNESS (GETTING MORE DROWSY)

INCREASING CONFUSION OR IRRITABILITY

SEVERE OR INCREASING HEADACHE



REPEATED VOMITING

UNUSUAL BEHAVIOUR CHANGE

SEIZURE (FIT)



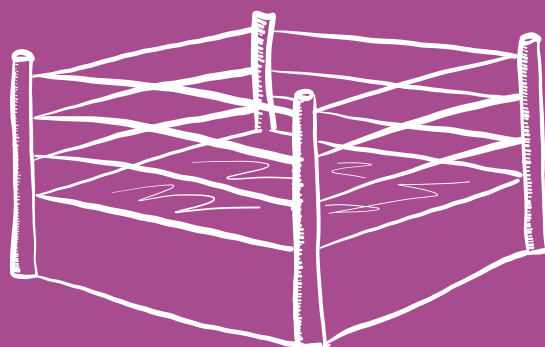
DOUBLE VISION

WEAKNESS OR TINGLING/ BURNING IN ARMS OR LEGS

In all cases of suspected concussion, it is recommended that the wrestler is referred to a medical or healthcare professional for diagnosis and advice, even if the symptoms resolve.



RETURNING TO THE RING



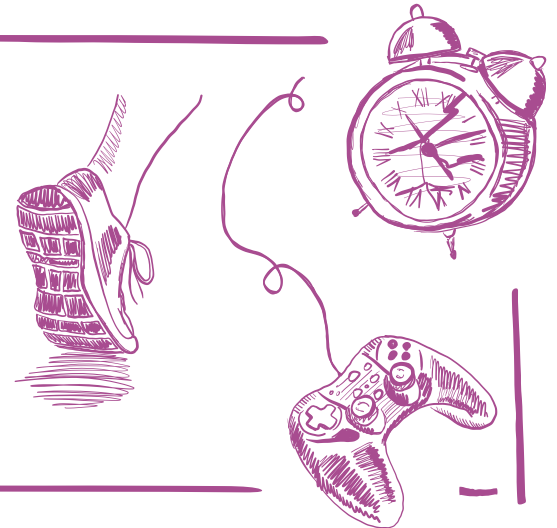
REST THE BODY, REST THE BRAIN.

Rest is the cornerstone of concussion treatment. This involves resting the body (physical rest) and resting the brain (cognitive rest). The period of rest allows symptoms to recover and in the non-full-time setting allows a return to other work prior to resuming in-ring activities.



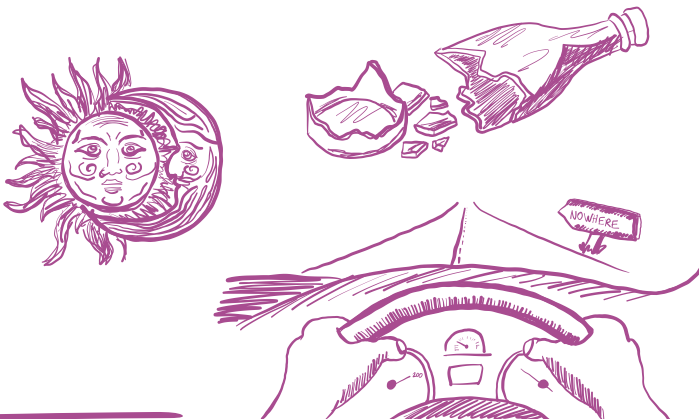
REST MEANS AVOIDING

- Physical activities such as running, cycling, swimming, physical work activities etc.
- Cognitive activities (thinking activities), such as some kinds of work, reading, television and video games.
- Wrestlers working other jobs with a diagnosis of concussion may need to have allowance made for impaired cognition during recovery, such as additional time for tasks and deadlines



ANYONE WITH A CONCUSSION OR SUSPECTED CONCUSSION SHOULD NOT:

- Be left alone in the first 24 hours
- Consume alcohol in the first 24 hours, and thereafter should avoid alcohol until free of all concussion symptoms
- Drive a motor vehicle and should not return to driving until provided with medical or healthcare professional clearance or, if no medical or healthcare professional advice is available, should not drive until free of all concussion symptoms



RETURN TO WORK OR STUDY AFTER A CONCUSSION

At the non-full-time level, adults must have returned to normal work before starting physical activity (stage 2) in a GRTR programme.



RETURNING TO WRESTLING AFTER A CONCUSSION

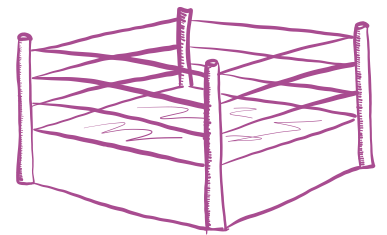
The graduated return to ring (GRTR) protocol should be followed in all cases. This staged programme commences at midnight on the day of injury and stage 1 (initial rest period) is 14 days in all wrestlers unless they are in an enhanced care setting. In all cases, progression to stage 2 of the GRTR can only occur if the wrestler has no symptoms.

GRTR PROTOCOL

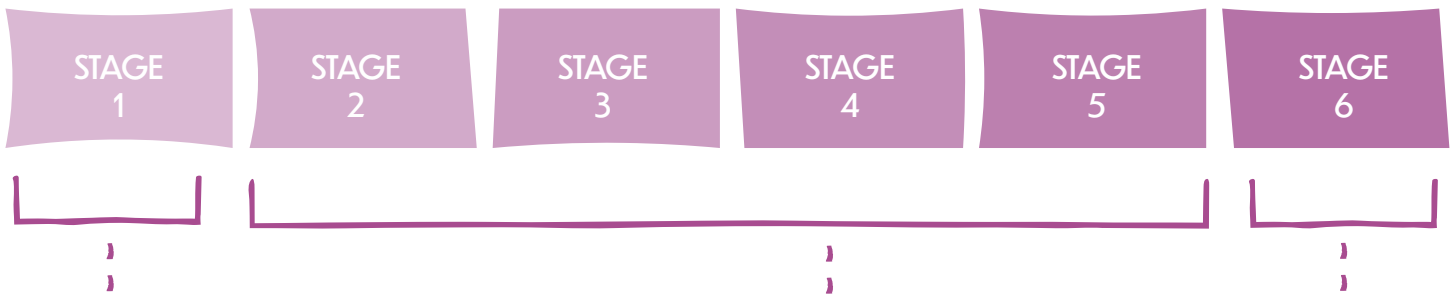
A GRADUATED RETURN TO RING (GRTR) PROTOCOL IS A PROGRESSIVE EXERCISE PROGRAMME THAT INTRODUCES AN INDIVIDUAL BACK TO WRESTLING IN A STEP-WISE FASHION.

STAGE 2 OF THE GRTR PROTOCOL SHOULD ONLY BE STARTED WHEN A WRESTLER:

- Is symptom-free at rest and has completed the initial rest period (14 days in a standard care setting and modified in an enhanced care setting)
- Has returned to normal education or work if not a full-time wrestler
- Is not receiving treatments and medications that may mask concussion symptoms, e.g. drugs for headaches or sleeping tablets.



THE GRTR CONTAINS 6 DISTINCT STAGES



Stage 1 is an initial rest period during which symptoms should resolve. This stage must be extended if symptoms persist

The next four stages are restricted, training based activity







Return to full training and in-ring activity

Under the GRTR Protocol, the individual can advance to the next stage only if there are no symptoms of concussion at rest and at the level of physical activity achieved in the current GRTR stage.

If any symptoms occur while going through the GRTR programme, the individual must return to the previous stage and attempt to progress again after a minimum 24- hour period of rest without symptoms (this is 48 hours in wrestlers under 19 years of age).

IT IS RECOMMENDED THAT A DOCTOR OR HEALTH CARE PRACTITIONER CONFIRMS RECOVERY BEFORE AN INDIVIDUAL ENTERS STAGE 5 (FULL-CONTACT PRACTICE).

THE 6 STAGE GRTR PROTOCOL SHOULD BE FOLLOWED IN ALL CASES.

OBJECTIVE	DURATION (MIN)	% MAX HEART RATE	EXERCISE ALLOWED
Recovery No symptoms at the end of 2 weeks			Complete body and brain rest. After the initial period of 24-48hrs rest, the wrestler should gradually reintroduce their normal activities of daily living, provided this does not lead to a worsening of their symptoms. If the symptoms do return, the wrestler should rest again until symptom free
Increase heart rate	<15 	 <70%	Walking, light running Swimming, stationary cycling No wrestling, resistance training, weight lifting, jumping or hard running
Add movement	<45 	 <80%	Simple movement activities e.g. running drills Limit body and head movement NO head impact activities including NO bumps/rolls NO set-gos or sprawls
Exercise, coordination and skills	<60 	 <90%	Progression to more complex training activities with increased intensity, coordination and attention e.g. running ropes May start resistance training NO head impact activities including NO bumps/rolls NO set-gos or sprawls
Restore confidence and assess functional skills			Normal training activities e.g. bumps, rolls, chain wrestling
Return to ring			Wrestler rehabilitated

STAGES 2-5 TAKE A MINIMUM OF 24 HOURS EACH IN ADULTS, 48 HOURS EACH IN THOSE AGED 19 AND UNDER

The minimum time in which a wrestler can return to the ring in the standard care setting. Each day comprises a 24-hour period. The pathway begins at midnight on the day of injury.

	STAGE 1 Initial rest period 14 days (modified in enhanced care setting)	STAGE 2 Light exercise	STAGE 3 Wrestling-specific exercise	STAGE 4 Non-contact training	STAGE 5 Full-contact training	STAGE 6 Returning to ring
ADULT	14 days beginning at midnight on the day of injury. The wrestler must be symptom-free at the end of this period before progressing	RETURN TO ACADEMIC STUDIES OR WORK		CLEARANCE BY DOCTOR RECOMMENDED		Wrestler rehabilitated
14 days beginning at midnight on the day of injury. The wrestler must be symptom-free at the end of this period before progressing	4 DAYS IF SYMPTOM FREE		4 DAYS IF SYMPTOM FREE		CLEARANCE BY DOCTOR/HEALTH PROFESSIONAL	
UNDER 19	14 days beginning at midnight on the day of injury. The wrestler must be symptom-free at the end of this period before progressing	4 DAYS IF SYMPTOM FREE		4 DAYS IF SYMPTOM FREE		Wrestler rehabilitated

† must be emphasised again, that these are minimum return to ring times and in wrestlers who do not recover fully within these timeframes, return to ring times will need to be longer

IT IS RECOGNISED THAT WRESTLERS WILL OFTEN WANT TO RETURN TO THE RING AS SOON AS POSSIBLE FOLLOWING A CONCUSSION

- Wrestlers, management and coaches must exercise caution to:
- Ensure that all symptoms have resolved before commencing GRRR
 - Ensure that the GRRR protocol is followed
 - Ensure that the advice of medical practitioners and other healthcare professionals is strictly adhered to

After returning to the ring, all those involved with the wrestler must remain vigilant for the return of symptoms even if the GRRR has been successfully completed.

MANAGING RECURRENT OR MULTIPLE CONCUSSIONS

Any wrestler with a second concussion within 12 months, a history of multiple concussions, wrestlers with unusual presentations or prolonged recovery should be assessed and managed by a healthcare provider with experience in sports-related concussions working within a multidisciplinary team.

If symptoms recur, the wrestler must consult a healthcare practitioner as soon as possible as they may need a referral to a specialist in concussion management.

OUTCOMES IN CONCUSSION ARE BETTER IF THE INJURED WRESTLER IS WELL INFORMED AND UNDERSTANDS WHAT HAS HAPPENED. MEASURES TO IMPROVE UNDERSTANDING AND DEAL WITH EMOTIONAL PROBLEMS AND ANXIETY SHOULD ALSO BE CONSIDERED IN THE MANAGEMENT OF CONCUSSED WRESTLERS.

ENHANCED CARE SETTING

In some circumstances (such as wrestlers who are contracted to companies with a full-time specialist medical department, or who otherwise have access to this level of care) there may be an enhanced level of medical care available which allows closer supervision of a wrestler's care and graduated return to ring (GRTR). In these instances, a shorter timeframe for return to ring (RTR) may be possible, but only under strict supervision by the appropriate medical personnel as part of a structured concussion management programme.

THE MINIMUM CRITERIA FOR AN ENHANCED CARE SETTING ARE AS FOLLOWS:

1 There is a doctor with training and experience in the management of concussion/traumatic brain injury in sport available to closely supervise the wrestler's care and GRTR, and clear the wrestler prior to RTR.

2 There is a structured concussion management programme in place for the wrestler as outlined below:



a Baseline SCAT5 and/or computerised neuro-psychometric/cognitive testing of the wrestler has been conducted prior to the injury

b Clinical serial multimodal assessment of the wrestler occurs post-concussion to guide the recovery protocol. Acknowledging that more than one area of brain function can be affected by concussion, this will involve formal documented assessment of areas such as cognitive function, emotional wellbeing, neurological function and any physical trauma sustained

d The wrestler has access to a multi-disciplinary team including neuropsychology / neurology / neurosurgery specialists and other clinicians as required to supervise the return to ring and instigate any treatment or investigation required should the RTR progression not be straightforward

c A formalised GRTR programme with regular SCAT5 or equivalent assessments is followed and recorded in the wrestler's medical records

e A formal and documented concussion education programme exists for wrestlers at the company to which they are contracted

IF ANY ELEMENT OF THE ABOVE CRITERIA IS ABSENT, THE WRESTLER SHOULD FOLLOW THE STANDARD RETURN TO RING PATHWAY.

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RETURN TO ACADEMIC STUDIES OR WORK

CLEARANCE BY DOCTOR RECOMMENDED

CLEARANCE BY DOCTOR BEFORE STAGE 5

The whole return to ring process must be supervised by a suitably qualified doctor within a structured concussion management programme. It must be emphasised again, that these are minimum return to ring times and in wrestlers who do not recover fully within these timeframes, return to ring times will need to be longer.

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USEFUL LINKS

BERLIN CONCUSSION GROUP CONSENSUS STATEMENT

<https://bjsm.bmj.com/content/51/11/838>

SCAT5

<https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf>

PAEDIATRIC SCAT5

<https://bjsm.bmj.com/content/bjsports/early/2017/04/28/bjsports-2017-097492child-scat5.full.pdf>

POCKET RECOGNITION TOOL

<http://bjsm.bmj.com/content/47/5/267.full.pdf>



USEFUL ADJUNCTS TO CONCUSSION ASSESSMENT AND MANAGEMENT:

COGSTATE

BASELINE COGNITIVE TESTING
www.axonsports.com

imPACT

BASELINE COGNITIVE TESTING
www.impacttest.com

ISEH

MULTIDISCIPLINARY CONCUSSION MANAGEMENT TEAM
www.iseh.co.uk

HEADWAY

GUIDE FOR GP'S
www.headway.org.uk

BRAIN AND SPINE FOUNDATION

CHARITY OFFERING SUPPORT AND ADVICE
www.brainandspine.org.uk

BIRMINGHAM SPORT CONCUSSION CLINIC

<http://www.uhb.nhs.uk/sport-and-exercise-medicine.htm>

SPIRE PERFORM - SOUTHAMPTON

<http://www.spireperform.com/southampton/services/concussion-service>

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