



FOOTBALL  
**NORTHERN  
TERRITORY**

Football NT's

**HEADING AND  
CONCUSSION**

in Junior Football

**TRIAL PROGRAM**



## CONCUSSION TRIAL PROGRAM

### The Science

Medical specialists define concussion as a head injury with temporary loss of brain function, which may cause physical, cognitive and emotional symptoms. Concussion is also defined as an injury to the brain generally caused by a jolt or blow to the head – in the vast majority of cases the player does not lose consciousness.

The brain floats in cerebral fluid which protects it from shakes, jolts and bumps. A violent jolt or a severe blow to the head can cause the brain to bump hard against the skull. This can result in the tearing of fibre nerves as well as blood vessel ruptures under the skull, leading to an accumulation of blood.

There is growing international and Australian research which finds that concussion, especially repeated concussion, can lead to a cohort of problems: memory loss, persistent headaches, dizzy spells, ringing within the ears, clinical anxiety and depression, Alzheimer's disease, and more.

Whilst football is slowly focusing on this matter we have to do more and no longer can we see players (particularly junior footballers) suffer through the symptoms of concussion and permit them to play on. Competition administrators must target old school coaches and Clubs that see concussion protocols as "soft" and "unnecessary".

### Symptoms of Concussion (and note these may occur sometime after the incident)

- lying motionless on the ground, blank or vacant look
- Blurry vision
- Sensitivity to light or noise
- Dizziness
- Loss of balance
- Headaches
- Feeling ill/vomiting
- Loss of consciousness (momentary)
- Confusion and disorientation
- Memory loss/forgetfulness
- Seizures

### How does it occur?

Whilst we are not a collision sport, we do have occasional collisions in the game where a player's head contacts another player or the ground. However, the key focus of this trial is the heading of the football. Heading and junior football requires the initial focus.

## **Responsibilities and Roles**

### **Administrators**

To lead

Understand the science

Communicate the science/education

Apply the science

Mitigate the risk/ensure compliance

### **Clubs**

Communicate the science/education

Support the administrators

Contribute to the answers

Mitigate the risk

### **Coaches**

Accept the science

Promote and advocate for the protocols

Adhere to the protocols (especially the return to training and play)

### **Players**

Be honest about your symptoms

Immediately notify your coach or sports trainer of any symptoms

See the courage in acknowledging the symptoms

### **Match officials**

Be aware and alert to the matter

Player welfare is a primary responsibility

Apply the rules consistently

### **How is concussion assessed?**

Assessment is via symptoms, memory, balance, reaction time and orientation testing.

IF IN DOUBT, SIT IT OUT!

## **Match day guidelines (and training)**

Each playing and training venue must have concussion match day guidelines on display. FNT will produce these for Clubs.

The first key steps in these guidelines are recognising a suspected concussion, removing the player from the training or match and referring the player to a medical doctor for assessment. We should all be aware that the problem with relying on player presented symptoms to identify a suspected concussion is that they are not present in every case. Tools such as the Concussion Recognition Tool version 5 developed by FIFA should be used to help identify a suspected concussion. It is important to note, however, that brief sideline evaluation tools such as FIFA's CRT5, are designed to help identify a suspected concussion. They are not designed to replace a more professional medical assessment and must not be used as a stand-alone response for the management of concussion in training or play.

The guidelines will include contact details for the Hospital or medical services. Each Club should research what medical services are open and available on the days they train and play. Have a list of local doctors near the ground at which the game or training session is taking place. This resource can be determined at the start of each season (in discussion with the local medical providers). They could be a sponsor of your Club. Clearly, the fall-back position is Darwin, Palmerston, Alice Springs, Katherine or other Hospitals.

## **Risk Mitigation**

### **Miniroos (ages 5 to 11)**

Miniroos should not head the ball. Heading the ball must not be part of miniroos training. Clubs are to enforce this.

### **Junior Football (aged 12 to 17)**

This age group particularly the 12 and 13's should not head the ball at training and not more than 5 times in practise match sessions. Coaches/team managers should keep a count of players and heading in those scratch matches. This will be burdensome for our volunteer coaches/managers but compare little to the burden of litigation. Heading-the-ball training should be discouraged in the under 12 and 13's.

From 14 years of age the correct techniques for the heading the ball can be taught but not with more than 10 headings per training session a minimum two days apart.

Football NT can see where heading will not be part of junior football at all within 5 to 7 years with drop ball starts for instinctive incidents of heading.

From 14 years of age team managers/coaches and match officials should be keenly aware of the number of times a player heads the ball and where that heading takes place. For example, a header at the end of corner cross (higher impact header) or a loping header off a mistimed tackle or kick that propels the ball upwards (lesser impact header). The emerging research suggests each header has an impact but that each header can vary in that impact. Accumulated head impacts in junior football are clearly an issue and the science is clear on the accumulation effect over a season and seasons. Remember the head and brain require time to heal after impacts. (multiple or singular)

Suggested actions of this trial program

### **Communication and education**

FNT to prepare the guidelines and seek sign off by all Clubs and implement by season start. Concussion protocols will be included in the CPA's from 2022. Clubs to actively promote the educative links and articles to their members. FNT will supply these to the Clubs.

Guidelines and protocols on display in all training and playing venues and digitally on websites and social platforms.

### **Match day and training guidelines**

Concussion awareness and guidelines to be a key part of all FNT/FAA Coach training modules or meetings.

Club coaches and team managers to be given time to digest and understand the guidelines and protocols during this trial program/period.

Record keeping is required for junior football and junior footballers both with regard to player concussions and with frequency and type of headings at training and on match days. FNT to assist with the mechanics of this.

### **Compliance and enforcement**

FNT and Clubs to propose and confirm the sanctions for breaching match day and training guidelines.

FNT, Clubs and match officials to ensure compliance during this trial period but to not apply sanctions for the first three months of the 2021 trial.

### **Research**

FNT is actively seeking a scientific and medical partner to assist with the research and outcomes of this proposed trial.

### **Junior football heading trial schedule**

FNT to produce the schedule for the above actions.

Notes and Comments for enhancing the FNT Heading and Concussion in Junior Football Trial.