



Government of **Western Australia**
Combat Sports Commission



Concussion Management Guidelines

For the health and safety of Contestants and
issued under the *Combat Sports Act 1987*



PREPARE WELL
PERFORM BETTER



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Contents

Introduction.....	1
Concussion Management Plan	1
Protect.....	1
Educate	2
Recognise.....	3
<i>Mechanism of injury</i>	4
<i>Observable cues</i>	5
<i>Reported symptoms</i>	5
<i>Red flag symptoms</i>	6
Refer	7
<i>Hard Bout Card</i>	8
<i>Healthcare Practitioners (HCP)</i>	9
Return.....	9
<i>Returning from a contest (no concussion) – 7 DAYS MINIMUM</i>	10
<i>Returning to sparring and contact training (following suspected concussion) – 14 DAYS SYMPTOM FREE</i>	10
<i>Returning from concussion or suspected concussion – 21 DAYS MINIMUM</i>	10
<i>Returning from a knockout – 30 DAYS MINIMUM</i>	11
<i>Counting of Days – Example computation of time</i>	11
<i>Post- contest medical examination suspensions and KO timeframes</i>	12
<i>Reasonable opportunity to be heard</i>	12
APPENDIX 1	13
APPENDIX 2	15
APPENDIX 3	18



Introduction

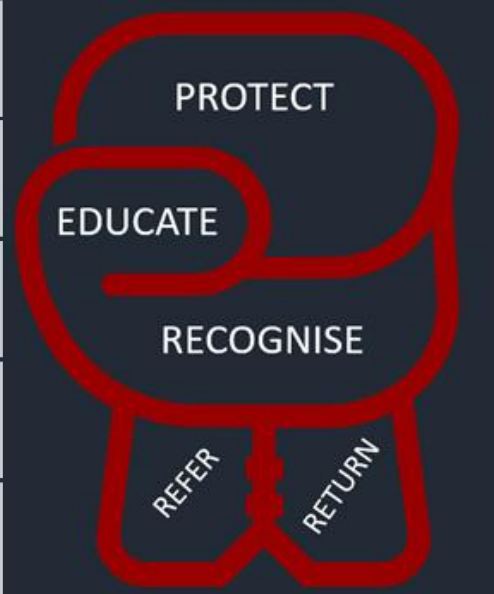
The Combat Sports Commission (Commission) supports the position on concussion taken by the Australian Sports Commission (ASC) [Concussion and Brain Health Position Statement 2024](#). Consequently, the Commission has adopted the recommended return to sport protocols as the [Australian Concussion Guidelines for Youth and Community Sport](#). In conjunction with the [6th International Conference on Concussion in Sport – Consensus Statement on Concussion in Sport](#) these protocols have been adopted in the hope of improving safer participation in combat sports.

These guidelines are issued under s 10(1)(d) of the *Combat Sports Act 1987* to guide the management of concussion and should not be interpreted as medical or legal advice and do not replace the need to seek medical assistance.

Concussion Management Plan

There are five key components to the Commission's concussion management plan.

Protect	Protocols/rules to prevent concussion, minimise the risk of concussion or reduce the risk of complications arising from concussion.
Educate	Knowing how to recognise and respond to a suspected concussion and understanding the short-term and long-term brain health effects from engaging in combat sports.
Recognise	The mechanism for concussion and the red flags, signs, symptoms and cues for suspecting a concussion.
Refer	Mandated requirements to seek medical assessment and obtain medical clearances for a concussion or suspected concussion.
Return	Obligations to rest and recover from a concussion or suspected concussion prior to returning to sparring/training and combat sports contests.



Protect

The risk reduction of concussion and brain trauma in combat sports requires a multifaceted approach. The short and long-term health and safety of a contestant should be the industry priority. The Commission has implemented various conditions, rules, contest protocols, enforcement, policy and education to drive this priority.

This *Concussion Management Guideline* primarily provides guidance on the protocols (recognise, refer and return) to be followed from a concussion or suspected concussion resulting from a contest bout.



An expanded concept to the ringside medical suspension provisions is being applied and contestants suspected of concussion will be required to undergo mandated periods of rest, recovery and modified training practices to protect contestants from concussion related complications.

“If in doubt, sit them out”

This slogan has been adopted consistently across Australian sports to emphasise that **suspected concussion** should trigger a removal from further sporting activity. This messaging is on the evidential basis that the risk of complications from concussion is increased if recovery has not occurred prior to an individual returning to sport training or competition. In support of the standard and consistent concussion management approach being applied to Australian sports, the Commission is binding contestants to uphold the same principles. Any contestant who has suffered a concussion OR SUSPECTED concussion must be assessed as soon as possible after the incident and will not be allowed to return to sparring, full contact training or competition until medically cleared.



Step 1: RECOGNISE

Continue monitoring for any signs or symptoms using the CRT6 tool
Do not ignore any red flags and seek medical attention if required.
Rest easy for 24 – 48 hours.



Step 2: REFER

Using the *Concussion Referral Form* see a Healthcare Practitioner (HCP) for a concussion assessment, preferably within the first 72 hours following the bout (but no later than 7 days).



Step 3: RETURN

Complete a graded loading program and obtain clearance from your HCP. You **MUST** submit a *Concussion Clearance Form* to the Combat Sports Commission to be eligible to compete again.

Educate

The Commission strategically focuses on education as a pillar to its operations. To ensure that all contestants and industry participants understand the risk of concussion and repeated head trauma in combat sports, further information is provided in the [Contestant Preparation Standards and Guidelines](#) and the Commission's [health and safety website](#) page. Contestants, industry participants, parents and ringside medical practitioners are also encouraged to visit the [ASC Concussion in Sport Australia](#) website for relevant information.



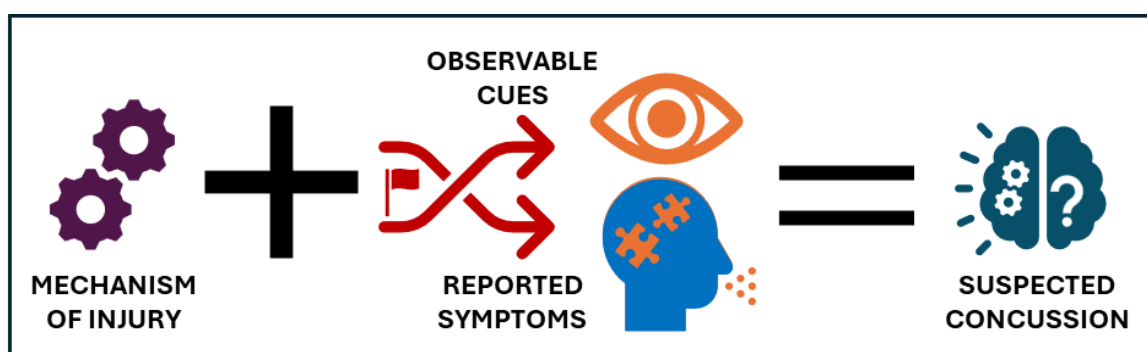
There are several misconceptions about concussions which should be rectified to improve contestant safety. The following facts about concussion address many of these misconceptions.

- Sport- related concussion is a traumatic brain injury caused by a direct blow to the head, neck or body resulting in a disturbance of brain function.
- Concussion can occur whilst sparring or engaging in full contact training or at a contest.
- A contestant does not have to lose consciousness or be knocked out to have a concussion.
- Concussion is not related to the contest outcome, either or both the winner and loser of a bout can suffer a concussion.
- Concussion is not only a concern for bouts ending in a knockout (KO), any contest result (i.e. TKO, submission, unanimous, split or majority decisions or draws) may have resulted in a concussion to either contestant.
- Scans such as a CT or MRI cannot diagnose a concussion.
- The effects of a concussion vary on an individual basis and may evolve or change over hours or days following the injury.
- Recovery times following concussion also vary from person to person and may differ according to age, gender and pre-existing medical conditions.
- Whilst in most cases individuals will recover from a concussion, the accumulation of sub-concussive hits over the lifetime of a combat sports athlete is also a concern for long term brain health.
- Protective equipment may play a role in preventing certain injuries but there is NO current evidence that headgear reduces the risk of concussion or other brain injuries associated with combat sports.

Recognise

Trainers, seconds, parents, managers, promoters, matchmakers and referees all have a role to play in identifying and managing contestant concussion and preventing further injury. You don't have to be a medical practitioner or medically trained to suspect a contestant has been concussed.

The following formulae can assist anyone, including those not medically trained. Concussion should be suspected when there is a **mechanism of injury** that was observed or reported AND the contestant exhibits **red flag signs** OR **observable cues** OR **reports symptoms** associated with concussion.





Mechanism of injury

Concussion is an injury to the brain resulting from an impact, direct blow or forces (mechanisms) transmitted to the head. Mechanisms of injury that may be attributed to concussion in combat sports include the following.



MECHANISM OF INJURY (CONCUSSION) IN COMBAT SPORTS

- Direct strike to the head (i.e. fist punch, elbow/knee strike or foot kick to the head)
- Unintentional head clashing between opponents
- Forceful impact to the body that transmits to rapid head movement
- Takedowns, sweeps, slips, trips or falls involving head impact with the floor of the ring/enclosure

There are additional key indicators that are unique to combat sports and when combined with observable cues/ reported symptoms should trigger a suspected concussion. For example, both the force of any one single (significant) strike to the head and/or the number of repeat (accumulated) sub-concussive blows received during a bout should be contemplated. A significant strike or glancing blows may be received but not result in a knockdown or KO, this does not mean that a concussion should not be suspected. Answering yes to ANY of the following questions should raise concern.

KO or TKO Did the contest end in a KO or TKO attributed to head shots?	Knockdowns or standing 8 counts Did any knockdowns occur or were any standing 8 counts given following a head strike?
Number of blows to the head Were multiple or repetitive sub-concussive blows received to the head?	Force of blows to the head Was a single significant blow received to the head during the bout?



Observable cues

The classic features of concussion are loss of consciousness, confusion and memory loss BUT these features are not present in every case and different signs and symptoms could present.

A [Concussion Recognition Tool \(CRT6\)](#) has been developed through the International Consensus Conference Concussion in Sport Group as a tool to help non-medically trained individuals identify suspected concussion in sport. The Commission recommends all contestants and industry participants become familiar with and make use of the CRT6 tool (Appendix 1).

Whilst some visual cues for concussion may be obvious others can be less subtle and include the following.



OBSERVABLE CUES

- Loss of consciousness or responsiveness
- Falling unprotected to the canvas
- Lying motionless, slow to get up
- Seizure and tonic posturing
- Facial or head injury
- Appearing confused, disorientated or loss of memory
- Unsteady on feet, wobbly, balance disturbance or motor incoordination
- Nausea or vomiting
- Headache or clutching at head in pain
- Visual or hearing disturbance
- Dazed, blank or vacant stare
- Unexplained behaviour or emotional changes, contestant not themselves

Reported symptoms

Contestants may not be aware they are concussed or may be in denial that they have been concussed. Underreporting of concussion is also a risk with contestants not wanting to take time off and/or not understanding the risks associated. Trainers, seconds, managers, parents/family and teammates should encourage contestants to report concussion symptoms whether they occur during a contest or at a sparring/training session. A culture of honesty of reporting is required and the long-term health of an individual over the short-term gains of returning to training sooner than necessary should be the focus for all trainers and contestants.

Concussion symptoms can vary and those who know an individual best need to be alert to behaviour that is unusual or out of character for that individual. Reported symptoms from a contestant that should raise concussion concerns include the following.



REPORTED SYMPTOMS

- Headache, pressure or pain in the head or neck
- Nausea or vomiting
- Blurred vision
- Balance problems, dizziness or motor incoordination
- Feeling dazed, “don’t feel right”, “out of it” or ‘in a fog’
- Sensitivity to light or noise
- Unexpected emotional outburst, sadness or irritability
- Unexplained nervousness, anxiousness or combativeness
- Drowsy, sluggish, low energy or fatigue
- Confused or difficulty concentrating or remembering
- Trouble falling asleep

Red flag symptoms

Effects can worsen following the post-contest medical evaluation, even if a ringside medical practitioner has not raised a concussion concern or has not issued a medical suspension for a contestant. Regardless of the outcome of the post-contest medical; trainers, seconds, managers, parents/family and teammates of a contestant should continue monitoring the individual for any red flags following a bout. Red flags require the immediate referral to an emergency department and an ambulance should be called. The following list contains the internationally standard red flag concussion symptoms.



RED FLAG SYMPTOMS [Call an ambulance]

- Loss of consciousness
- Seizure, ‘fits’ or convulsion
- Increased confusion or deteriorating conscious state
- Becoming less responsive, drowsy
- Repeated vomiting
- Severe or increasing headache
- Loss of vision or double vision
- Visible deformity of the skull
- Weakness or numbness/tingling in the arms or legs
- Neck pain or tenderness
- Increasingly restless, agitated or combative



If a contestant presents with red flag symptoms after their post-contest medical examination but whilst still at the contest venue please call an ambulance and seek the urgent assistance of the ringside medical practitioner. Immediately advise a Commission Member if an ambulance is called.

Following any bout and regardless of symptoms or not, contestants with a suspected concussion should not:

- Be left alone, initially at least for the first 3 hours (worsening of symptoms should lead to immediate medical attention).
- Be sent home by themselves, they need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their medical practitioner.
- Drive a motor vehicle until cleared to do so by a healthcare practitioner.

Trainers are advised to discuss and pre-arrange with their contestants a safe travel plan for returning home from any combat sport contest. If at any time after a contest a contestant is hospitalised because of injuries sustained from a contest, trainers/contestants are to notify the Commission.

Refer

A contestant rendered unconscious during a bout will be attended to by the ringside medical practitioner. In addition, all contestants must undergo a post-contest medical examination immediately following a contest bout. In this first instance the ringside medical practitioner can medically suspend contestants for concussion and there is an expectation for ringside medical practitioners to suspend any contestant with a *suspected* concussion. However, as the signs and symptoms of concussion may be delayed or evolve over several hours the Commission will NOT accept a post-contest medical examination as a clearance for concussion.

It is important to note that there is currently no commercially available test or method for definitively diagnosing a concussion ringside. The [Sport Concussion Assessment Tool \(SCAT6\)](#) is an internationally recognised and standardised tool designed for use by healthcare practitioners (HCP) for evaluating concussions. For a SCAT6 assessment to occur the individual must be in a rested state and assessed in a quiet distraction-free environment. A thorough clinical concussion assessment including the use of the SCAT6 requires at least a 10 – 15 minute assessment.

As the environment and circumstances under which the post-contest medical examination occurs is not conducive to a thorough concussion assessment or use of the SCAT6 the Commission is implementing an additional HCP referral process. Any of the following situations will trigger the referral protocol.

- Contestant loses bout due to a KO.
- Ringside medical practitioner suspends contestant for concussion or suspected concussion.
- Referee or Commission Member issues a contestant with a *Hard Bout Card* for suspected concussion.



In accord with the recommendations of the SCAT6 the concussion assessment should ideally occur within 72 hours after the incident but may occur up to 7 days following. This will require contestants to arrange an appointment with a suitable HCP who is experienced in concussion management.

Hard Bout Card

Contestants incurring a KO OR suspected of concussion (regardless of contest result) through bout observation by either a referee or attending Commission Member may be issued a *Hard Bout Card*. Referees and Commission Members will be guided by the concussion recognition guidelines and CRT6 for making a suspected concussion determination.

Government of Western Australia Combat Sports Commission		HARD BOUT CARD	CSC	PREPARE WELL PERFORM BETTER
Name of Contestant: _____				
Date of Combat Sport Contest: _____				
You have been issued this notice from a Referee or Combat Sports Commission Appointee, due to observations made during your bout.				
Unless you were medically suspended for a longer duration by the Ringside Medical Practitioner (post-contest medical) you are now temporarily restricted from competing in your next contest until the following conditions have been met.				
☐ Knocked Out	30 days minimum AND concussion referral & clearance forms submitted (see next page)			
☐ Suspected Concussion	21 days minimum AND concussion referral & clearance forms submitted (see next page)			
☐ Hard Fought	14 days minimum (see next page)			
Notes: 				
				
For your health and safety, the issuing of this card means you must take a longer mandatory recovery period than the standard 7-days required by ALL contestants. If you object to this restriction or need to discuss the matter further please call (08) 6552 1604 or email combatsport@cifs.wa.gov.au				

Any contestant issued with a *Hard Bout Card* for a suspected concussion or KO will be required to undergo a concussion assessment conducted by a HCP. Contestants will not be eligible to compete in another contest until cleared to return to sport by a HCP and upon submission of a Concussion Clearance Form to the Commission.

Concussion referral, clearance and declaration forms (Appendix 2) will be issued with a *Hard Bout Card* and can be downloaded from the Commission's website.

Contestants may also be issued with a *Hard Bout Card* for non-concussion related concerns, designated as a hard fought bout (HFB). Concussion referrals and clearances are not required following a HFB but contestants should continue to monitor for any signs or symptoms. To allow



for an appropriate time to recuperate following a HFB, Contestant's will not be eligible to compete in another contest for 14 days.

Healthcare Practitioners (HCP)

For obtaining a concussion referral and clearance, contestants are advised to seek an independent HCP of their choosing or refer to their General Practitioner (doctor) for further medical advice. HCPs must be registered with the Australian Health Practitioner Regulation Agency (AHPRA) and ideally should be appropriately trained and experienced in concussion assessment and management.

Return

Risk of complications are increased by allowing a contestant to prematurely return to training or sports before they have fully recovered from a concussion. Healthcare oversight is important in the management of concussion and a graded return to sparring or full contact training is being adopted. There are 4 critical stages to the graded framework commencing with an initial 24-48 hours of rest.



A standard graded return to sport framework (GRTSF) has been created as a collaboration between the Australian Institute of Sport, Australasian College of Sport and Exercise Physicians, Sports Medicine Australia and Australian Physiotherapy Association (Appendix 3). The GRTSF timeframes required for each stage varies from person to person but minimum thresholds are implemented for returning to full contact training and competition.

Most contestants with a concussion will recover over days to weeks and the contestant can follow a return to work, (or school) and sport program. However, the graded stages require individual based progress and programming as rates and patterns of recovery are unique for each person. Contestants with persisting symptoms (greater than 4 weeks) or those unable to progress through the graded program are urged to seek specialist care. Timeframes may also be dependent on the circumstances surrounding the concussion (e.g. number of previous concussions, whether the ringside medical practitioner issues a longer medical suspension or age of contestant). Contestants aged 18 years and younger are likely to require longer recovery timeframes and should be expected to take a more cautious and conservative approach.

If a contestant incurs a knockout OR if a ringside medical practitioner medically suspends a contestant for concussion OR if issued a *Hard Bout Card* for suspected concussion and the subsequent SCAT6 diagnosis of concussion is confirmed, the contestant must not return to compete at a contest until the GRTSF has been completed. A concussed contestant will not be permitted to return to a contest until they have completed all stages of the return to sport protocol AND obtained a HCP concussion clearance.



Where a contestant is not medically suspended by a ringside medical practitioner but is issued a *Hard Bout Card* for suspected concussion, if a referring HCP has conducted a concussion assessment (SCAT6) and is satisfied that the contestant does not have a concussion, then the HCP can clear the contestant to return to sport.

Concussion clearance and declaration forms (Appendix 2) can be downloaded from the Commission's website and must be submitted to the Commission to be eligible to compete again.

Returning from a contest (no concussion) – 7 DAYS MINIMUM

Under normal circumstances ALL contestants are prevented under the *Combat Sports Regulations 2004* (reg 16 (1)) from competing in another contest for a period of at least 7-days. The requisite 7-day period operates as a mandated rest period between events and trainers/contestants should understand that athlete training plans should incorporate both physical and mental periods of rest and recovery regardless of injury status or not. This standard 7-day rest period is being extended for any contestant issued with a *Hard Card Bout*, to a 14-day period for those designated a hard fought bout (HFB), 21-days for suspected concussion (SC) and 30-days for a KO.

Returning to sparring and contact training (following suspected concussion) – 14 DAYS SYMPTOM FREE

The introduction of light exercise is recommended after an initial 24 - 48 hours (relative rest) with a gradual re-introduction of non-contact training, if activities do not worsen symptoms, over a two-week period. However, sparring and contact training can only commence where a contestant has remained at least 14-days symptom free. Despite the given timeframes contestants still experiencing symptoms should **not** be cleared to return to sparring or full contact training until symptoms resolve. Contestants should also not progress straight from non-contact training to competing in a contest, a gradual loading and demonstration that symptoms have resolved is required.

Contestants who have sustained a concussion, should also be restricted from participating in other contact or collision sports (i.e. football, rugby, soccer, basketball) until recovered and cleared to return to sport. There is also an expectation that if a contestant suffers a concussion whilst playing another sport that they do not return to full combat sports training or sparring until 14-days symptom free.

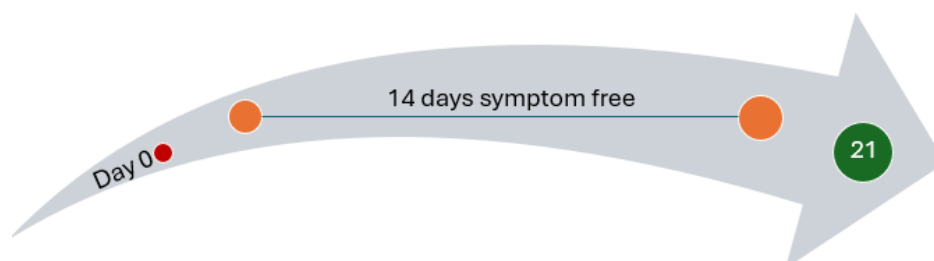
Any contestant with two or more consecutive concussions, or three concussions within a 12 - month period should seek a more conservative and slower return to combat sport. Ideally guidance from a HCP with expertise in the management of concussion should be sought in this circumstance.

Returning from concussion or suspected concussion – 21 DAYS MINIMUM

The earliest that a contestant may return from a concussion to competing again at a combat sport contest (after completing the GRTSF and obtaining HCP clearance) is on the 21st day following the day of concussion.



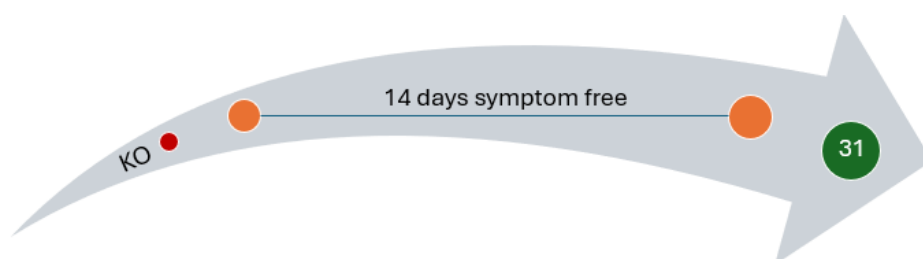
The minimum return time of 21-days is provided that there is a **symptom free period of 14-days** (as pictured below) and that the contestant has returned to sparring/contact training without symptoms resuming.



Returning from a knockout – 30 DAYS MINIMUM

Restrictions on competing following a KO are a legislative requirement which mandate longer recovery timeframes in accordance with the *Combat Sports Regulations 2004*, regulation 15(1). The earliest a KO contestant can return to a contest is 30-days following the day of the contest. If a contestant is knocked out a second consecutive time, then the minimum period increases to 60-days and a third consecutive KO requires a minimum 90-day period.

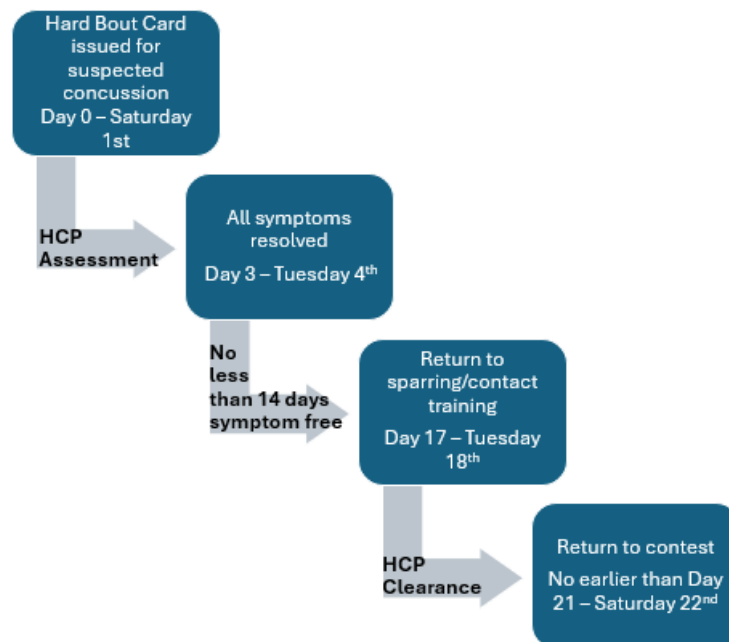
These minimum KO time periods are contest record/outcome based and regardless of whether a ringside medical practitioner medically suspends a contestant or not during post-contest medical examination. The minimum return time is provided that there is a **symptom free period of 14-days** (as pictured below) and that the contestant has returned to sparring/contact training without symptoms resuming.



Counting of Days – Example computation of time

The day of concussion is designated as day “0” for the counting of time. This means that a contestant who is concussed at a contest on a Saturday night will not be able to compete for at least the next TWO weekends and will only be able to return to competition on the THIRD Saturday (i.e. the 21st day after the concussion was sustained) ONLY if HCP cleared to return.

Recovery may be slower than 21 days and contestants should not be rushed or pressured to meet such timeframes. An example concussion timetable, not involving a KO is pictured overleaf.



A contestant whose bout ends in a KO (due to head shots) on a Saturday night, will not be able to return to compete for at least the next FOUR weekends. KO timeframes are legislatively prescribed which means the computation of time is interpreted by the *Interpretation Act 1984*. The wording “at least 30 days” excludes both days on which events happen, meaning both the day of the KO and the day of return CANNOT be included in the counting of days. Only IF HCP cleared to return AFTER the fourth weekend can a KO contestant compete on the following Tuesday night (i.e. 31 days after the KO was sustained).

Post- contest medical examination suspensions and KO timeframes

At a post-contest medical examination, a ringside medical practitioner may stipulate longer periods of time (medical suspension) at their discretion and any medical suspension timeframe issued must still be served despite obtaining an earlier HCP clearance. In the event of a KO or consecutive KOs a medical suspension cannot be less than the 30/60/90-day requirements and any earlier HCP clearance cannot be activated. This is because medical suspensions and KO periods are legal requirements with statutory penalties applicable if contestants participate in a contest any earlier than stipulated (regulations 15 and 16 of the *Combat Sports Regulations 2004*).

Reasonable opportunity to be heard

In accordance with section 21 of the *Combat Sports Act 1987*, if the Commission is of the opinion that it is in the interests of the health and safety of a contestant the Commission may impose any conditions or restrictions on the contestant it thinks fit. The requirements as outlined in these guidelines impose conditions and restrictions on a contestant who is concussed or suspected of concussion. Should a contestant wish to object to the conditions or restrictions being placed on them please call the Commission to discuss the matter further (08) 6552 1604 or email combatsport@cits.wa.gov.au.



APPENDIX 1



What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- Neck pain or tenderness
- Seizure, 'fits', or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg
- Repeated Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

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If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.





Concussion Recognition Tool 6 - CRT6™



CRT6

Concussion Recognition Tool
To Help Identify Concussion in Children, Adolescents and Adults



1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms	Changes in Emotions
Headache	More emotional
"Pressure in head"	More irritable
Balance problems	Sadness
Nausea or vomiting	Nervous or anxious
Drowsiness	
Dizziness	Changes in Thinking
Blurred vision	Difficulty concentrating
More sensitive to light	Difficulty remembering
More sensitive to noise	Feeling slowed down
Fatigue or low energy	Feeling like "in a fog"
"Don't feel right"	
Neck Pain	Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

- "Where are we today?"
- "What event were you doing?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

British Journal of
Sports Medicine



APPENDIX 2

 Government of Western Australia Combat Sports Commission		CONCUSSION REFERRAL FORM		 PREPARE WELL PERFORM BETTER
SECTION 1: RINGSIDE REPORT To be completed by CSC Appointee or Referee. Please photo and email to combatsport@cits.wa.gov.au then give hardcopy to the Contestant/Guardian.				
Name of Contestant: _____		Date of Contest: _____		
Combat Sport: Boxing ☐ Muay Thai ☐ MMA ☐ Other: _____				
During the contest the following occurred:				
☐ Direct head blow or knock ☐ Fell or thrown to the floor Short description of incident: _____		☐ Indirect injury to the head e.g. whiplash injury ☐ No specific mechanism observed		
The following signs or symptoms were observed (Select one or more):				
☐ Loss of consciousness ☐ Confusion/disorientation ☐ Unusual behaviour ☐ Grabbing/clutching head ☐ Loss or blurred vision ☐ Difficulty concentrating		☐ Seizure or convulsion ☐ Loss of balance ☐ Dazed or vacant stare ☐ Vomiting ☐ Sensitivity to light ☐ Fatigue or drowsy		
☐ Lying motionless ☐ Facial or skull injury ☐ Incoherent speech ☐ Dizziness ☐ Ringing in the ears ☐ Memory loss				
Observers Name: _____		Role: Referee ☐ CSC Appointee ☐		
SECTION 2: CONTESTANT'S DETAILS To be completed by Contestant or Guardian (for persons under 18 years of age) and see Healthcare Practitioner (ideally) within 72 hours.				
➤ Date of Birth: _____				
➤ Did the Ringside Medical Practitioner (post-contest medical) also issue you a medical suspension? ☐ No ☐ Yes --> for how long? _____ (days/date in Contestant Record Book)				
➤ Is this your first concussion in the past 12 months? ☐ Yes ☐ No --> how many? _____				
➤ Did you incur a KO? ☐ No ☐ Yes --> is it a consecutive KO? ☐ No ☐ Yes --> ☐ 2 nd ☐ 3 rd				
I had or still have the following signs or symptoms:				
☐ Headache ☐ Loss or blurred vision ☐ Difficulty concentrating ☐ Confusion/disorientation		☐ Vomiting ☐ Ringing in the ears ☐ Loss of balance ☐ Dizziness ☐ Sensitivity to light ☐ Fatigue or drowsy ☐ Memory loss Other: _____		
I (insert name) _____ consent to the Healthcare Practitioner providing information (if required) to the Combat Sports Commission regarding my/child's head injury/concussion and confirm that the information I have provided to the Healthcare Practitioner, has been complete and accurate.				
Contestant/Guardian Signature: _____		Date: _____		



CONCUSSION CLEARANCE FORM



SECTION 3: HEALTHCARE PRACTITIONER – INITIAL CONSULTATION

Dear Healthcare Practitioner (HCP),

This person has presented to you today because they competed in a combat sport contest and suffered a “knockout” (KO) contest result OR suspected concussion during a bout. The Combat Sports Commission recommends that all contestants who have suffered a concussion or a suspected concussion must be treated as having suffered a concussion.

Please examine and assess the individual, review the **Concussion Referral Form** (previous page) and guide their progress over the **Graded Return to Sport Framework**, as provided on the final page.

Detailed HCP guidance on how to manage concussion and return to sport timeframes can be found at the Concussion in Australian Sport website
www.ausport.gov.au/concussion/medical_practitioners

The Contestant **MUST** be symptom free for **[14 days]** before returning to any sparring or contact training and the minimum time for returning to a combat sport contest is then **[21 days]** unless:

- A. Already medically suspended for a longer duration by a Ringside Medical Practitioner.
- B. Contestant incurred a KO, requiring **[30 days]** mandatory suspension or **[60 days]** for a second consecutive KO or **[90 days]** for a third consecutive KO.
- C. Contestant’s concussion symptoms have returned or have not resolved (no HCP clearance).

SECTION 4: HEALTHCARE PRACTITIONER – CONCUSSION CLEARANCE

I am an AHPRA registered Healthcare Practitioner and have reviewed (*insert Contestant’s name*) _____ today and based upon the physical examination, referral details, mechanism of injury and evidence presented to me I can confirm:

- ✓ I have read and understood the information provided above at Section 3.
- ✓ **The Contestant has been symptom-free for at least 14 days.**
- ✓ The Contestant has progressed through the **Graded Return to Sport Framework** without evoking any recurrence of symptoms and has returned to school, study or work symptom free.
- ✓ The Contestant will not return to a combat sport contest in less time than the applicable minimum timeframe or medical suspension dates, as advised above in Section 3.

I therefore approve that this Contestant may return to full contact training and sparring and if they successfully complete contact training without recurrence of symptoms, the Contestant may return to compete in a combat sport contest.

HCP Name:	HCP Provider #:
Signature:	Date:



Government of Western Australia
Combat Sports Commission

CONTESTANT & TRAINER DECLARATION FORM



PREPARE WELL
PERFORM BETTER

SECTION 5: CONTESTANT OR GUARDIAN SIGN OFF

I (*Contestants name*) _____ have fully recovered from the symptoms of concussion and I am healthy and fit to resume sparring and full contact training.

I have presented to an appropriate Healthcare Practitioner and provided them with complete and accurate information and have been cleared to return to contact training.

I understand I cannot compete in a combat sport contest prior to 21 days post my concussion OR 30 days if KO'd (60/90 days if 2nd/3rd consecutive KO's) OR if medically suspended, until the date set by the Ringside Medical Practitioner AND until the Concussion Clearance and Declaration forms have been submitted to the Combat Sports Commission.

Signature:

Date:

SECTION 6: TRAINER SIGN OFF

I (*Trainer's name*) _____ am aware that (*name of Contestant*) _____ has undertaken a **Graded Return to Sport** process (as provided on the final page), following a recent concussion.

I have sighted the Healthcare Practitioner concussion clearance and I acknowledge that the Contestant cannot compete in a combat sport contest prior to the requisite timeframes and until the Concussion Clearance and Declaration forms have been submitted to the Combat Sports Commission.

Signature:

Date:

It is an offence under section 53 of the Combat Sports Act 1987 to provide false or misleading information.

To complete your clearance please email a copy or photo of all signed forms (Sections 1 – 6) to the Combat Sports Commission

✉ combatsport@cits.wa.gov.au

For further information call (08) 6552 1604





APPENDIX 3

Australian Sports Commission – Graded Return To Sport Framework (GRTSF)

Each stage, highlighted in orange or green below, should be at least 24 hours and symptoms should return to baseline prior to commencing the next activity or stage.

