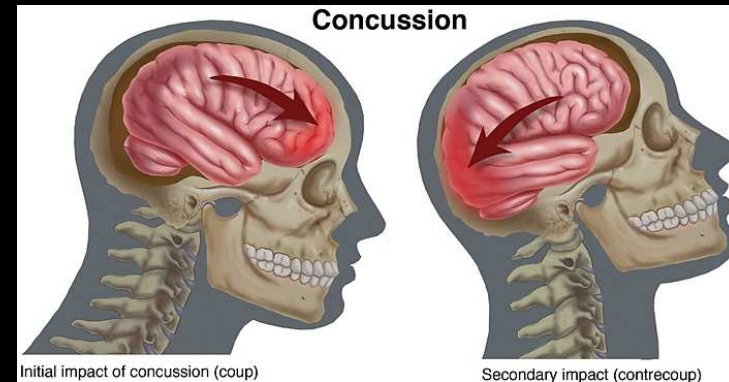

Potres mozga i druge ozljede glave u ragbiju

Gorazd Poje

potres mozga



- poremećaj u radu mozga uzrokovan djelovanjem izravne ili neizravne sile na glavu
- niz neuroloških simptoma različitog intenziteta koji obično brzo nastaju i spontano prolaze
- proces oporavka varira od osobe do osobe i od ozljede do ozljede

kontaktni sportovi - ragbi

CONCUSSION
Recognise & Remove

Convulsive
Headache
Knocked out
Nauseous

Unsteady
Confused
Dazed
Dizzy

Any of these - get them off NOW
worldrugby.org/concussion

CONCUSSION

Any player with a suspected concussion must be removed immediately from training/play and medically assessed. They should not be left alone or drive a vehicle.

- STOP**
training or playing immediately
- INFORM**
your team medic, coach, parent, teammates
- REST**
until your symptoms of concussion have resolved completely
- RETURN**
when you have been cleared to do so by a medical practitioner as per IRB guidelines

VISIBLE CLUES OF SUSPECTED CONCUSSION:

- Loss of consciousness or responsiveness
- Sluggishness on ground
- Slow to get up
- Unsteady on feet
- Balance problems or falling over
- Grasping/clutching head
- Clonal, blank or vacant look
- Confused/Not aware of play or events

SIGNS AND SYMPTOMS OF SUSPECTED CONCUSSION:

- Loss of consciousness
- Balance or coordination
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional or irritable
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"

DIFFICULTY REMEMBERING:

- Headache
- Dizziness
- Confusion
- Feeling dazed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Annoyance
- Feeling like "in fog"

Download the Pocket Concussion Recognition Tool and see further information on concussion and our SAFE Rugby Programme at www.irishrugby.ie/medical and www.irbplayerwelfare.com or contact saferrugby@irishrugby.ie

SAFE RUGBY | LEINSTER | CONAMHT | ULSTER

CONCUSSION

NOT ALWAYS A KNOCK-OUT!

ACTION PLAN

Recognise the signs and symptoms
Report if suspicious, don't hide it
Rehab with rest and medical guidance
Return after following Return To Play Protocol and getting medical clearance

SYMPTOMS

- Headache
- Confusion
- Nausea
- Dizziness
- Double/Blurry Vision
- Sensitivity to Light
- Feeling Hazy or Groggy
- Just not 'feeling right'
- Memory Problems
- Pressure in Head

IF IN DOUBT, SIT THEM OUT!!!

GAA | GPA | Supporting Players

RFU

DON'T BE A HEADCASE

STOP! CHECK FOR CONCUSSION

HEADACHE | MOTIONAL | APPEARANCE | DROWSINESS | CONFUSION | IRRITATED | SEIZURE | EARS AND EYES

Check out the RFU's guide to concussion: Information, advice and resources for everyone involved in rugby!

SPORTS MEDICINE AUSTRALIA

potres mozga



■ simptomi

- glavobolja, vrtoglavica, mučnina, povraćanje, zamagljen vid, osjetljivost na svjetlo i buku

■ fizički znakovi

- sporo ustajanje (nepomično ležanje na terenu), držanje za glavu, nestabilnost, ošamućen pogled, gubitak svijesti (u oko 10% slučajeva), gubitak ravnoteže i slaba koordinacija

■ ponašanje i emocionalne promjene

- razdražljivost, tuga, tjeskoba

■ kognitivna oštećenja

- usporeno vrijeme reakcije, otežana koncentracija, amnezija, "maglovito" sjećanje, zbunjenost

■ poremećaji spavanja

- spava se više ili manje nego inače, nesanica
-

prepoznavanje potresa mozga

- nije uvijek lako jer igrači ne moraju pokazivati znakove ili simptome odmah ili oni mogu biti vrlo blagi
- potres mozga važno uzeti u obzir u bilo kojeg igrača koji primi udarac (u glavu)
 - pratiti ga tijekom utakmice
- često bez gubitka svijesti



prepoznavanje potresa mozga



karakteristike igrača:

- ❑ ne zna vrijeme, datum, mjesto, vrijeme igre, protivničku momčad ili rezultat utakmice
- ❑ opća konfuzija, smetenost
- ❑ ne možete se sjetiti stvari koje su se dogodile prije i / ili nakon ozljede
- ❑ sporo odgovara na pitanja ili ne slijedi upute
- ❑ ne igra kao što bi bilo očekivano
- ❑ prazan pogled / staklaste oči
 - ("svjetla su uključena, ali nitko nije kod kuće,,)

prepoznavanje potresa mozga

Svaki igrač kod kojeg postoji sumnja na potres mozga mora se ukloniti iz igre!!!

- **NIKAKO** ne prepustiti odluku igraču



"If in doubt, sit them out!"

prepoznavanje potresa mozga

igrač odстранjen zbog sumnje na potres mozga:

- ne smije se vratiti u igru taj dan
- ne smije se ostaviti sam
- liječnički pregled što prije tog dana
- ne smije voziti bicikl/motocikl
- ne smije piti alkohol



ozbiljnije ozljede glave



odmah hitnu medicinsku pomoć!!!

- nesvijest nakon početne ozljede
- slabost, ukočenost ili smanjenje koordinacije i ravnoteže
- epi napadaj
- ponovljeno povraćanje ili produljena mučnina
- poteškoće govora
- poremećaj vida
- poteškoće razumijevanja onoga što ljudi kažu
- problemi s ravnotežom ili pri hodanju
- prozirna tekućina curi iz nosa ili ušiju
- krvarenje iz jednog ili oba uha
- iznenadna gluhoća na jednom ili oba uha
- glavobolja koja se pogoršava
- povećanje zbunjenosti, nemir ili uznemirenost

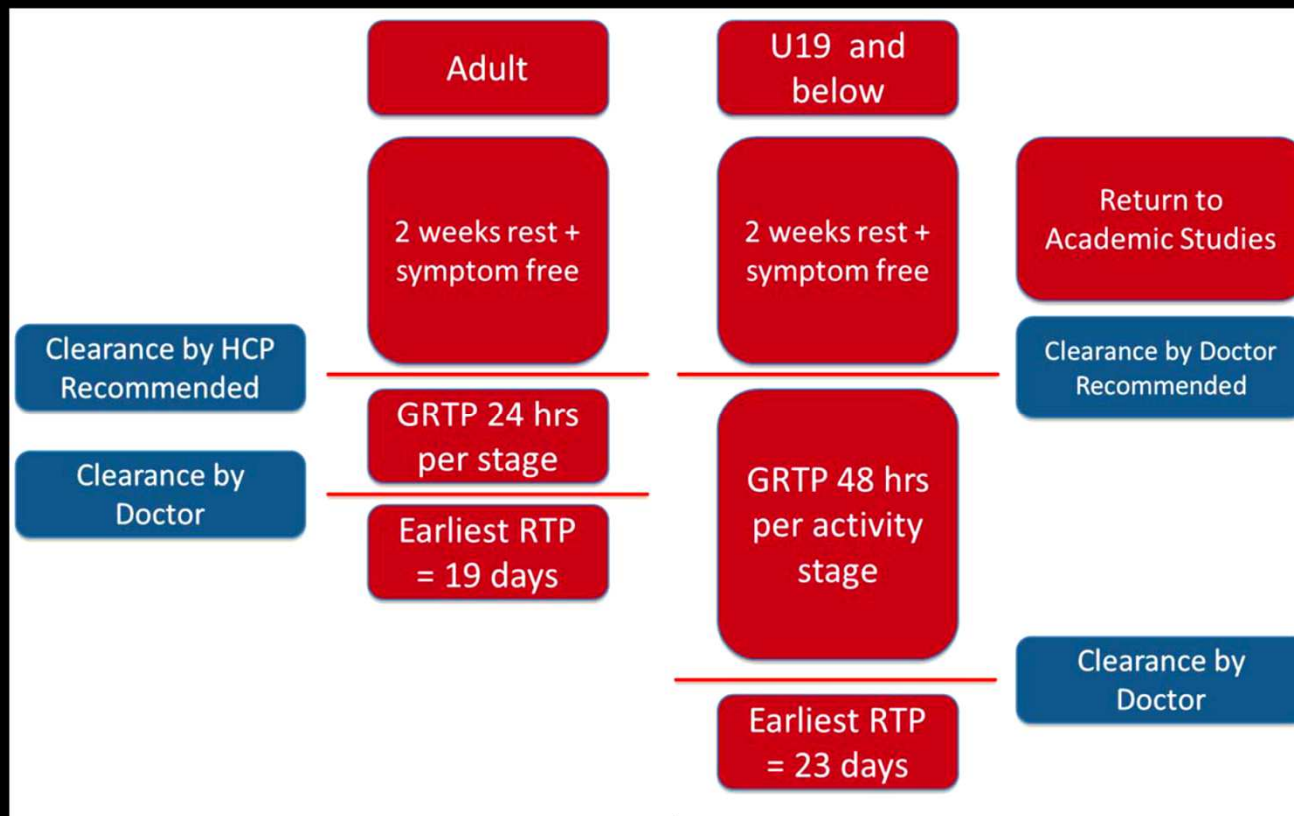
na potres mozga upućuju



- ispadi u treningu, na poslu ili u školi
- poteškoće u rješavanju problema
- pad pažnje i koncentracije na poslu ili u razredu
- pospanost ili spavanje tijekom dana
- neprikladne emocije
- neuobičajena razdražljivost
- nervoza ili anksioznost (koje inače nema)

povratak u sport

- pod kontrolom liječnika



IRB CONCUSSION GUIDELINES



INTERNATIONAL
RUGBY BOARD

■ Graduated Return to Play

1. bez aktivnosti
2. lagana aerobna tjelovježba
3. sport - specifične vježbe
4. beskontaktni trening
5. trening s punim kontaktom
6. povratak u natjecanje

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.

A GUIDE TO

CONCUSSION

IN RUGBY UNION



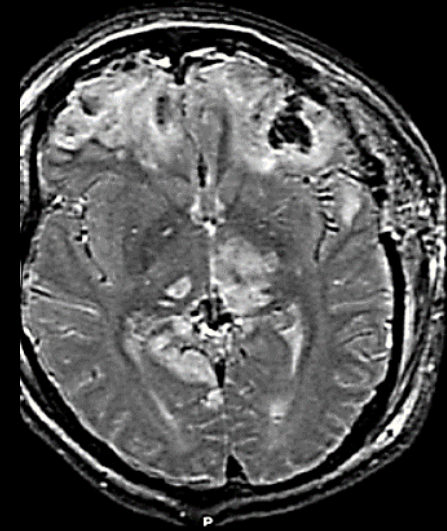
IRFU CONCUSSION GUIDELINES

AGE GROUP	MINIMUM REST PERIOD POST CONCUSSION	GRTP	MINIMUM TIME OUT
U6's - U20's*	14 Days	8 Days	23 Days (3 Weekends Missed)
ADULT	14 Days	6 Days	21 Days (2 Weekends Missed)

Player MUST NOT play until at least the 21st day after the incident!!!

posljedice

- preuranjeni povratak
 - Second Impact Syndrome
- dugoročne posljedice potresa mozga
 - dugoročne neurološke posljedice
 - kronična traumatska encefalopatija
 - kronično neurokognitivno oštećenje





Head Injury Assessment Tool

HIA 1

Head Injury Assessment Tool HIA 1

The assessing Doctor's clinical judgment that a player has sustained a concussive injury should overrule a 'negative' HIA Tool result and sideline neurological assessment.

Player's name: _____ Date: / /

Kick-off time: _____ Team: _____ Competition: _____
Time of suspected event: 0-20 mins 21-40 mins 41-60 mins 61-80 mins

HIA TOOL - Part of the sideline neurological assessment (answer ALL questions)

Any answer in column 1 = positive HIA - Player must NOT return to play	1	2	3
Maddocks Questions - Orientation	Incorrect	Correct	N/A
What venue are we at today?			
Which half is it now?			
Who scored last in this match?			
What team did you play last week/game?			
Did your team win the last game?			

Digits backwards (ABNORMAL = score < 2 or less than baseline) Each correct string in an option is one point	Abnormal	Normal	N/A
Trial 1 numbers: 4-3-9 / 3-8-1-4 / 6-2-9-7-1 / 7-1-8-4-6-2			
Trial 2 numbers (if needed): 6-2-9 / 3-2-7-9 / 1-5-2-8-6 / 5-3-9-1-4-8			
Balance evaluation (ABNORMAL = score > 14 seconds, Max. of 4 trials) One trial < 14 seconds is normal balance and no further trials required	Abnormal	Normal	N/A
Tandem gait			
Symptom checklist	Yes	No	N/A
Do you have a headache?			
Do you have any dizziness?			
Do you have any 'pressure in your head'?			
Do you feel nauseated or do you feel like vomiting?			
Do you have any blurred vision?			
Does the light or noise worry you?			
Do you feel as though you are slowing down?			
Do you feel like you are 'in a fog'?			
Do you feel unwell?			
Delayed recall (ABNORMAL = score < 2 or less than baseline)	Abnormal	Normal	N/A
Test recall of immediate memory words			
Clinical signs	Yes	No	N/A
Emotional - sad, anxious, nervous, irritable			
Drowsy/has difficulty concentrating			

Player removed from game? Player removed from game because of HIA result

Player removed from game because team medic performing HIA suspects concussion despite normal HIA

Player removed due to another injury, detail: _____

Video review? Yes No Video influenced decision? Yes No

Please send this form to the HIA Competition Co-ordinator

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



RECOGNIZE & REMOVE

Concussion should be suspected if **one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

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

Loss of consciousness or responsiveness

Lying motionless on ground / Slow to get up

Unsteady on feet / Balance problems or falling over / Incoordination

Grabbing / Clutching of head

Dazed, blank or vacant look

Confused / Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering

- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck pain
- Sensitivity to noise
- Difficulty concentrating

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3. Memory function

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

"What venue are we at today?"

"Which half is it now?"

"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 PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling / burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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potres mozga - zaključak

- (sumnja na) potres mozga
 - mehanizam ozljede
 - izvaditi iz igre/treninga
 - igrač ne odlučuje
 - liječnička procjena
 - uputiti u bolnicu
 - pod nadzorom
 - igrač ne smije igrati najmanje 3 tjedna nakon incidenta
 - vremensko razdoblje oporavka može biti duže za djecu
 - postupni povratak
-

ozljede vrata

- potencijalno smrtonosne; trajna paraliza
- ukočenost i bol u vratu
- parestezije, slabost mišića
- gubitak pokreta, paraliza udova
- poteškoće pri disanju
- vrtoglavica
- gubitak svijesti



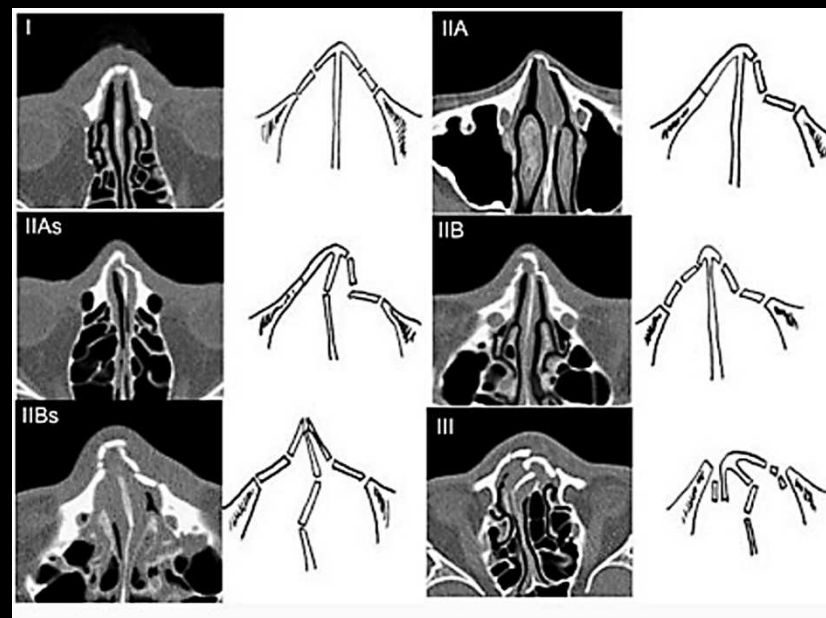
ozljede vrata



- treba tretirati kao hitan medicinski slučaj
- glavu i vrat treba što je brže moguće stabilizirati
- **NE MICATI!!!**



fraktura nosnih kostiju

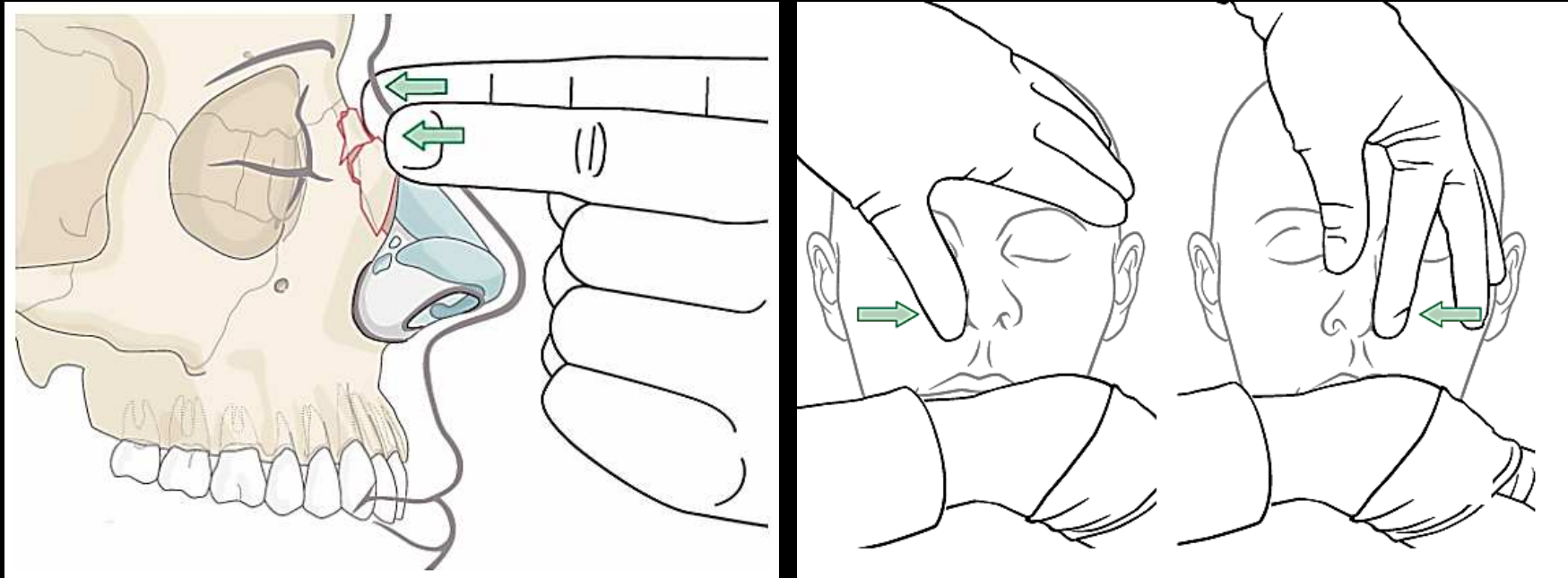


fraktura nosnih kostiju

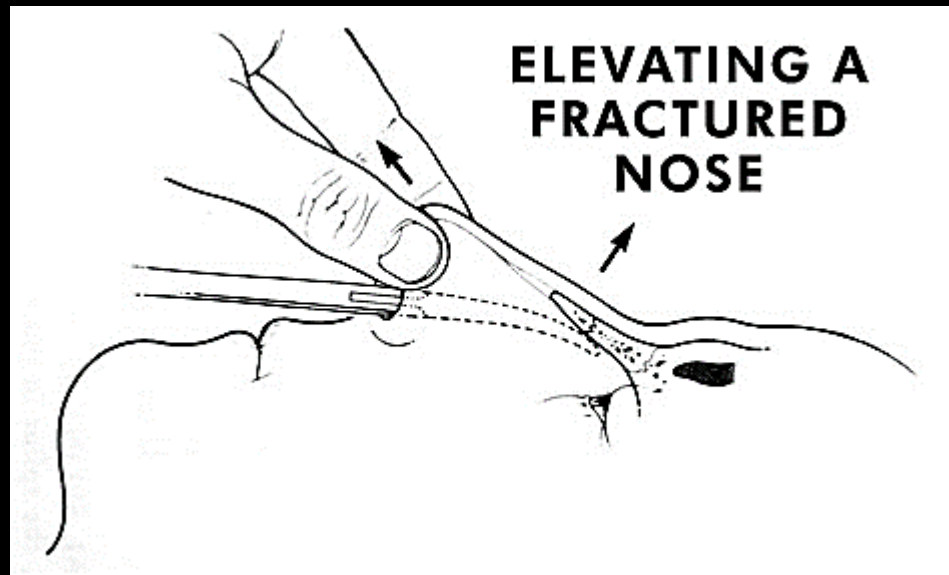
- deformitet
- epistaksa
- otekлина
- disanje!!!
- stara fraktura



fraktura nosnih kostiju

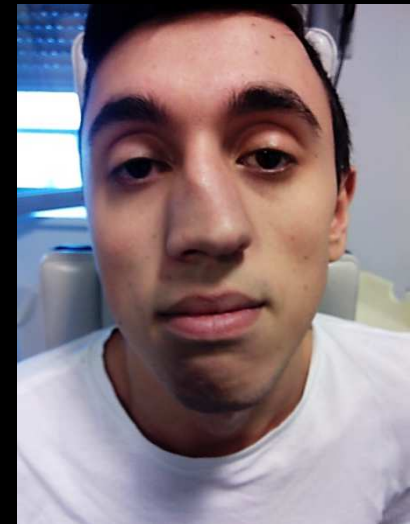


fraktura nosnih kostiju



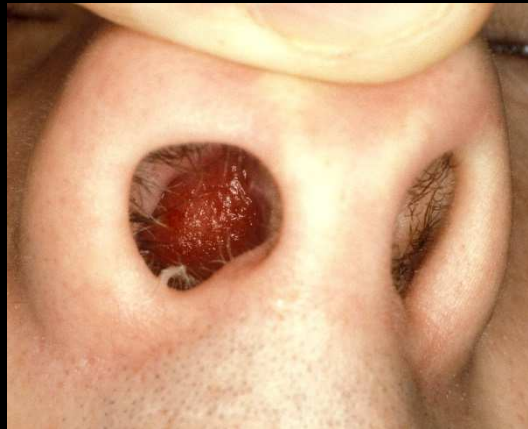
fraktura nosnih kostiju

- ORL pregled u roku od dva dana
- pitanje povratka



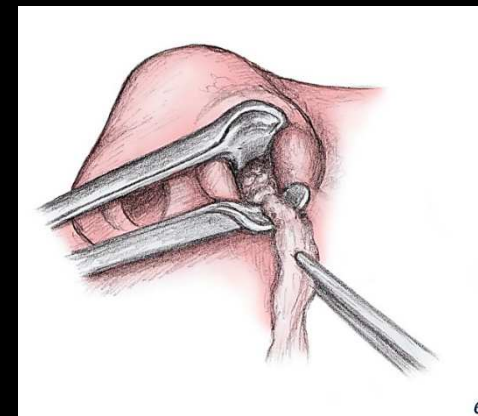
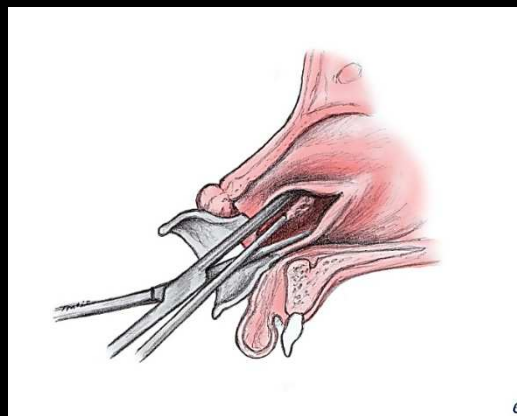
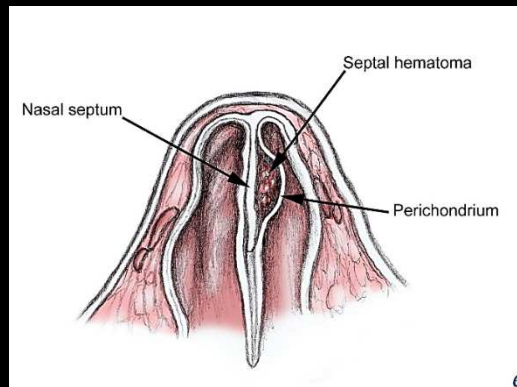
hematom nosne pregrade (septuma)

- hitno stanje
- naknadno otežano dihanje



hematom nosne pregrade (septuma)

- incizija
- drenaža
- tamponada
- antibiotik



hematom uške

- hitno stanje
- teško liječiti





hvala