

CONCUSSION IN CRICKET



Concussion is a traumatic brain injury that may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head causing temporary loss of brain function.

Cricketers are prone to concussions most commonly when a fast ball hits the helmet.

In July 2019, ICC approved a substitute for any case of concussion or suspected concussion. ICC Concussion guidelines look at ways to assess if the player has suffered a concussion and to grade the injury quickly and offer immediate remedies. They also include the need for a graded return to play assessment.

RED FLAGS:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

CLEAR & IMMEDIATE DIAGNOSIS OF CONCUSSION

Signs and symptoms visible



Stop play / training



Signs of structural head injury – **URGENT hospital transfer**



Concussion diagnosed



Remove from play / training

SUSPECTED CONCUSSION

Complains of symptoms consistent with concussion



Off-field assessment



SCAT5 & video review if available



Concussion diagnosed



Remove from play / training



Concussion excluded



Resume play / training

CONCUSSION NOT SUSPECTED

No signs or symptoms



Continue play / training



Checked every 4 or 5 hours for developing symptoms



Concussion excluded



Resume play / training

How to protect the batsman?

Helmets must have the **BS7928:2013** certified label.
Helmet grill space should be less than the ball size (22.4cm)
Neck protectors have become mandatory after the tragic incident of Philip Hughes.



Statistics:

Head Impact occurs once every 2000 balls
Concussion occurs once every 9000 balls

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