

The image features a large, light gray watermark of the Kent Exiles American Football Club logo. The logo is circular and contains a stylized 'X' in the center. The text 'KENT EXILES' is written along the top inner edge of the circle, and 'AMERICAN FOOTBALL EST. 1990' is written along the bottom inner edge. A diagonal line with arrowheads at both ends crosses the circle from the bottom-left to the top-right.

KENT EXILES AMERICAN FOOTBALL CLUB
INJURY PREVENTION & CONCUSSION PROTOCOL



CLUB STATEMENT

American Football is an intensive contact sport where serious injuries are not uncommon. However, it is also one of the best protected, due to the amount of body armour and protective headgear the players wear as a mandatory standard. The Kent Exiles American Football Club is stringent on ensuring the correct equipment is worn and safety rules followed to decrease the likelihood of injuries.

Injury Prevention

Playing by the rules

Relevant rules include:

- A player must not use the crown of the helmet to make forcible contact against an opponent. As well as a concussion risk, this can also pose a high risk of spinal injury to the player inflicting the blow.
- A player must not make forcible contact against an opponent's head or neck in many situations where the opponent is "defenceless" and unable to avoid or reduce the impact of any blow.

Both of the above are fouls that result in immediate disqualification of the offending player.

- It is also a foul for a player to continue playing if his helmet comes off. It must not be replaced while the ball is live – the player must go to the side-line to replace it properly.
- Coaches have the utmost responsibility to ensure that players block and tackle opponents safely. The correct techniques need to be taught and practiced until they can be executed reliably.

Warm Up

Warming up is often overlooked but should be part of your injury prevention routine. A good warm-up will:

- Increase the temperature of muscles - they work better at a temperature of 40 degrees.
- Increase blood flow and oxygen to muscles.
- Increase the speed of nerve impulses - making you faster.
- Increase range of motion at joints reducing the risk of tearing muscles and ligaments.
- Warm up will not only help avoid injury but will also improve performance.

A warm-up should consist of:

- Gentle jog to circulate blood and oxygen supplying the muscles with more energy to work with.
- Stretching to increase the range of motion at joints (see below).
- Sports specific exercises and drills.
- The warm-up should last between 15 and 30 minutes. Do not warm up too early. The benefits are lost after about 30 minutes of inactivity.

Cool Down

This is also often overlooked but can help avoid injuries and boost performance. The aim of the cooldown is to:

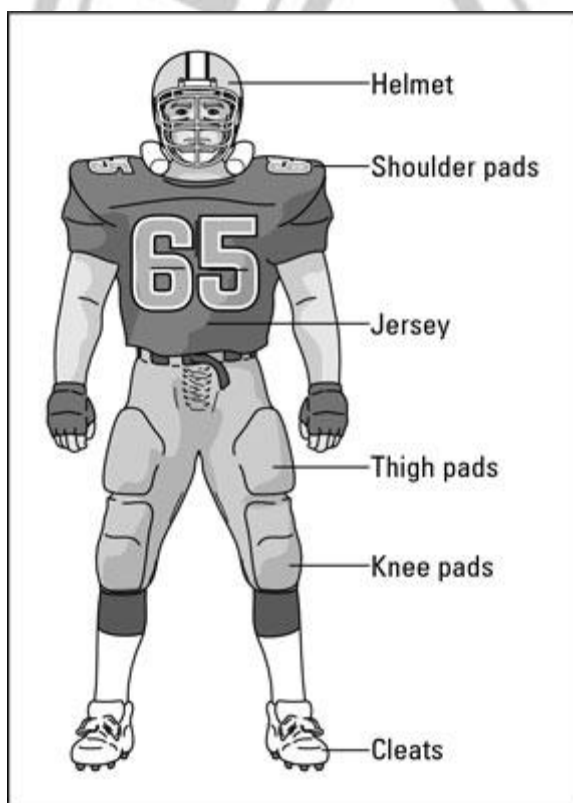
- Gradually lower heart rate.
- Circulate blood and oxygen to muscles, restoring them to the condition they were in before exercise.
- Remove waste products such as lactic acid.
- Reduce the risk of muscle soreness.
- The cooldown should consist of a gentle jog followed by light stretching.

Sports Massage

Getting a regular sports massage can flush the muscles of waste products and release tight knots, lumps, and bumps in muscles that if left may cause strains and tears. It is possible for a good sports massage therapist to identify potential trouble spots long before they become injuries.

Equipment

Not having the proper equipment for playing can cause injury



- Correct size and fit Helmet
- Chin strap
- BAFA regulation face cage.
- Gum shield (not a clear one)
- Correct fitting Shoulder pads
- Thigh, Hip, Knee & Tail pads
- Cleats
- Visor (must be clear) not essential
- Removal of jewellery is advisable
- Those with sight problems sports goggles are advisable but not essential

Nutrition and Hydration

Proper nutrition is important. A bad diet will prevent you from recovering from training sessions making you more prone to injury. A balanced diet is what you

should aim for:

- Carbohydrate is important for re-fuelling muscles.
- Protein rebuilds muscles. (If you become dehydrated then less blood will flow through muscles).

The muscles will be more prone to injury. Vitamins and minerals are required for a number of reasons related to recovery.

Fitness

This includes general conditioning, aerobic fitness, and muscular strength. If you are in good condition then you are less likely to get injuries. Strong muscles are less likely to tear. A player that can keep going for the full 90 minutes is less likely to be late in a tackle. Good all-around conditioning will balance the body and help avoid necessary injuries. Footballers can get stronger hip flexor muscles through repeated kicking on one side. This twists the pelvis and lower back causing other problems including recurrent hamstring injuries.

Recovery

Not allowing your body to recover properly from training will eventually result in injury. Your body needs time to rebuild itself stronger before the next training session. Remember - you are not training when you are training, you are training when you recover! Sleep is also an important part of your training. If you are not getting enough, get it sorted.

In the event that a sports injury does occur, the Kent Exiles American Football Club has First aid trained coaches and volunteers and on game days we have a physio as well as additional First aid trained persons.

Here is a list of some of the most common injuries suffered by American football players.

Concussion

Most people who sustain a concussion do not require any treatment, as they normally get better by themselves and recover quickly, without long-term effects

Clear indicators of concussion include when a player:

- appears dazed or stunned; has a blank or glassy-eyed stare
- appears confused or incoherent
- cannot remember things that happened
- seems slow to answer questions or follow directions, or is easily distracted
- shakes head; grabs or clutches head
- stumbles; has to be physically supported by teammates
- moves clumsily or awkwardly
- shows behaviour or personality changes

SEE PROTOCOL ON CONCUSSIONS AT THE END OF DOCUMENT

Hamstring strain

Symptoms of a hamstring strain include a sudden sharp pain at the back of the thigh usually whilst sprinting or a fast stretching movement or high kick. Hamstring strains are graded 1, 2 or 3 depending on how bad they are.

ACL Injury

Anterior cruciate ligament sprains are common in contact sports and those involving a sudden change of direction. Often an ACL injury will occur in combination with injury to other structures in the knee joint and require immediate first aid. Read more on treatment for ACL Injury

Knee Ligament Injuries

Knee ligament injuries are relatively common within American Football. There are two most common knee ligament injuries. An MCL sprain is a tear to the medial ligament on the inside of the knee. A lateral ligament sprain is a knee ligament injury involving a tear to the ligament on the outside of the knee and is most likely following a direct blow to the inside of the knee.

Rotator cuff strains

Rotator cuff strains are a common injury within American Football. A rotator cuff strain is a tear to any of the four rotator cuff muscles in the shoulder. These muscles are important for stabilizing the shoulder joint. Symptoms of a torn rotator cuff will usually consist of sudden pain in the shoulder sometimes accompanied by a tearing feeling. This can be severe and may transmit down into the arm. Read more on how to treat and rehabilitate a rotator cuff strain.

Ankle Sprains

One of the most common injuries in sport. Symptoms may vary from being very mild to very severe. With a mild sprain, the athlete will likely be able to continue with training or competition. A very severe injury could result in hospital treatment and take longer to heal than a broken ankle. Read more on ankle sprain diagnosis and treatment.

Achilles Tendonitis

Achilles tendonitis is an overuse injury causing pain, inflammation and potential degeneration of the Achilles tendon at the back of the ankle. Symptoms can be either acute or chronic. Acute tendonitis is usually more painful and of recent onset. Chronic injuries will have come on gradually and over weeks or may follow an acute injury. Chronic injuries do not necessarily prevent, however they can aggravate the sufferer, causing discomfort and affecting performance.

Jumpers knee

Jumper's knee or patellar tendonitis is an overuse injury that results in pain at the front of the knee, localised at a point towards the bottom of the kneecap. Repetitive strain from too much running or jumping causes inflammation or degeneration of the patella tendon. Patellar tendonitis can be a tricky condition to treat and requires a substantial period of rest and a thorough treatment and rehabilitation program.

Shin splints

Shin Splints is the common term used to refer to symptomatic pain in the front of the lower leg. Medically known as tibial stress syndrome, shin splints are aggravating to the sufferer and impede upon athletic ability. However, the correct treatment and rehabilitation ensure a full recovery.

Metatarsal stress fracture

A metatarsal stress fractures is a fine fracture in one of the long metatarsal bones in the foot. A stress fracture can occur through overuse or poor foot biomechanics. Symptoms include pain in the foot which occurs gradually. The pain will be located towards the middle or front of the foot and is made worse by weight-bearing activities such as walking, running or dancing.

Immediate first aid for acute injuries

The PRICE principles are the gold standard set for treating acute sports injuries. The acronym stands for Protection, Rest, Ice, Compression and Elevation and should be applied as early as possible and continued for at least the first 24-72 hours.

What is the PRICE principle?

The P.R.I.C.E. principle involves all the components that are required to prevent further injury and start the healing process of the damaged tissue. If applied early enough and correctly it can significantly reduce the recovery time of the athlete. Reminder: The letters P.R.I.C.E. are abbreviations for:

- P - Protection
- R - Rest
- I - Ice
- C - Compression
- E - Elevation

Professional treatment?

Injuries that include trauma to the head should always receive urgent medical care as these injuries are medical emergencies. Even if the injured player appears to have recovered, the internal trauma of a head injury is potentially fatal, so medical checks and monitoring are essential.

It is vital that those who have experienced any kind of significant impact or trauma to the head, neck, or back seek medical assistance.

If you have any of the following symptoms you should seek further medical assistance.

▮ Trauma or impact injury to the head, neck or spine

- Any symptoms of concussion
- Severe pain, especially on walking
- Severe swelling (oedema)
- Altered sensation in legs or feet ie pins and needles or loss of feeling.
- Unable to complete normal daily activities after the initial 72 hours.

Safe Return to Play

An injured player's symptoms must be completely gone before returning to play. For example:

In case of a joint problem,

- The player must have no pain, no swelling, full range of motion, and normal strength.

In case of concussion,

- The player must have no symptoms at rest or with exercise, and should be cleared by the appropriate medical provider.
- Players with concussions should be evaluated and cleared by a doctor trained in managing concussions before returning to sports and Players must have returned to work/study before starting physical activity.



CONCUSSION PROTOCOL

A player might have suffered a concussion if he/she complains of:

- Headache
- Dizziness
- Feeling dazed
- Loss or blurring of vision, double vision, or seeing stars or flashing lights
- Ringing in the ears or sudden deafness

- Sleepiness or fatigue
- Stomach ache or pain, nausea or vomiting
- Poor coordination
- Slurred speech
- Poor concentration

If concussion is suspected on the field, the attention of the officials should be drawn to the player in question. The game will be stopped while the player is removed from the field.

Anyone who recognises the signs should raise an alert with medical personnel (at a game) or a first aider (at training, for example). The player's coach and the team manager should also be informed.

The decision should not be left to the player, as they are usually not thinking correctly.

If you suspect concussion, **YOU must REMOVE** the player from play immediately.

Assessment

A concussion assessment must then be carried out by a professional healthcare practitioner. If one is available at the venue, their assessment must be sought. If one is not available, a first aider must look after the player until an assessment can be made. A first aider cannot clear a player to return to the game – only a professional healthcare practitioner can.

A player removed with suspected or confirmed concussion:

- must not return to play (or any other physical activity) that day
- should not be left alone
- should not drive or ride a bike/motorbike
- should not drink alcohol
- needs to rest their body (so avoid running, cycling, swimming, etc.)
- needs to rest their brain (so no reading, television, video games, homework,

More serious head injury

If any of the following are reported, then the player should be transported for urgent hospital attention:

- Severe neck pain
- Deteriorating consciousness
- Increasing confusion, agitation or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change

- Seizure (fit)
- Double vision
- Weakness or tingling/burning in arms or legs
- Difficulty walking

Dial 999 for an ambulance if in doubt about the seriousness of any of these and if under 18 inform emergency contacts.

When can players return to play?

After a concussion, the brain needs to rest, so this means a complete break from physical and brain activities

No more than 24 hours complete rest is needed in most cases. However they should not return to sport or physical activity, or any other activity that risks further head injury for at least two weeks

Graduated return to play (GRTP)

BAFA instructs the following return to play protocol.

REHABILITATION STAGE	EXERCISE RECOMMENDED	OBJECTIVE
1. Rest	Complete physical and cognitive rest without symptoms	recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling. Keep intensity <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3. Sport-specific exercise	Running drills. No contact drills	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 and 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	Full activities in game situations	Safe return to play once fully recovery

- Players must have returned to work/study before physical activity ie stage 2.

- The GP does not need to provide a letter, as verbal confirmation by the player or parent/guardian for U18s is acceptable.
- A record of this verbal or written confirmation will be kept for a period of no more than 8 weeks.
- If any symptoms recur while going through the stages, an adult player must rest for 24 hours (without symptoms) and then return to the previous stage and 48 hours for players under 19.

Adult return to play pathway

Stage	1	2	3	4	5	6
Duration	14 days symptom free	48 hours	48 hours	48 hours	48 hours	Fit to play
Minimum elapsed days since injury	14	15	16	17	18	Day 19 earliest return to play

Child return to play pathway

This applies to all players under the 18 or participating at under-19 level

Stage	1	2	3	4	5	6
Duration	14 days symptom free	24 hours	24 hours	24 hours	24 hours	Fit to play
Minimum elapsed days since injury	14	15	17	19	21	Day 23 earliest return to play

Responsibilities

The responsibility for managing a graduated return to play is shared by the player, their parent/carer, their coaches and the club's management. Depending on the circumstances, BAFA may take disciplinary action against anyone who is party to a breach of this protocol without specialist medical advice.

- Players must remember their duty to inform their coach of their condition and any recurrence of it.
- Teammates should be alerted to watch out for signs.

- It is a player's responsibility (or their parents if they are a child) to obtain medical review before returning to play.
- Coaches must be particularly aware of the stage of a player's recovery and not ask them to do too much. They must always be alert for returning signs of a concussion and cease the player's activity immediately if they are observed.

Where a player has received specific individual advice or restrictions from a medical practitioner, these should be reported to their club and coach, and must be adhered to at all times until lifted.

Even after a graduated return to play has been completed, the player and their parent/carer and coaches must remain vigilant for any return of symptoms.

Training

The Kent Exiles American Football Club ensure that they have adequate first aid training and available during practice sessions where contact will take place.

The Team manager for each of the different teams at Kent Exiles American Football Club will be responsible for:-

- Looking after them on the side line.
- If applicable inform emergency contacts
- If applicable contact emergency services.

In addition and with relevant coaches they will:-

- Check up on the player during the graduated return to play period, especially the two-week rest from physical activity
- Keep an eye on them when they return to practice and ultimately play.