
Chatswood Junior Rugby Club



Sports Injury Information
Second Edition, February 2017

Sports Injury Information

The purpose of this document is to outline some of current information about sports injuries and how Chatswood Junior Rugby Club is addressing those issues. We hope that outlining a few of the more important factors and club protocols will help you enjoy your involvement with CJRC.

Injuries in Rugby Union

The Australian Sports Commission’s 2006 Survey (the most recent conducted) showed:

- Injury rates at elite level are greater than at schoolboy or junior level;
- Across Rugby average injury rate is decreasing;
- Over 50% of injuries are minimal or mild;
- The most common regions account for half of all Rugby injuries being shoulder, knee, thigh and ankle.

The ARU has extended its own research into injuries over the last decade. Some of the key findings are:

- The TACKLE (BEING TACKLED and TACKLING another player, combined) is the single event that accounts for the largest proportion of injury (46.6%) across all levels of play.
- BEING TACKLED is the most common cause of injury across all levels of play.
- The BALL CARRIER is approximately twice more likely to be injured than the TACKLER.
- Teaching correct tackling technique for both the BALL CARRIER (receiving a tackle) and the TACKLER is critical and a prime focus of coaching.
- OVEREXERTION injury (e.g. hamstring strains) is the leading cause of “non-contact” injury.

Further, injury incidence increases with age and level of play with very few injuries in the U7-U12 age groups.

Level of Play	Injuries per 1000 Athletic Exposures
U7/U8	0.0
U9/U10	2.1
U11/U12	4.0
U13	8.4
U14	7.4

Level of Play	Injuries per 1000 Athletic Exposures
U15	10.6
U18	17.8
Snr Country	23.9
Colts Metro	31.7
Snr Metro	38.0

Strategies to prevent injury

The Australian Rugby Union’s Try Rugby Pathway has been designed specifically to get players started in a safe and enjoyable way. This is through a series of age-appropriate modified rugby games. These modified rugby games progressively develop the individual skills, fitness and team work of all players in accordance with their physical maturity and understanding of the game. The levels can be summarised per this table

	U6	U7	U8	U9	U10	U11	U12
Game Style	Small-Sided Games	7-a-side Tag	7-a-side Tackle	10-a-side Tackle	12-a-side Tackle		15-a-side Tackle
Skills Focus	Evasion and Tag Catch and Pass Running Scoring Tries Enjoyment		Tackle Ruck Maul	Attack Defence	Kick in General Play Contested Scrum and Line-out		Positional Awareness
Playing Area	1/4 field		1/2 field		Full field less 10m width		Full field
Playing Time	2 x small-sided games, then 2 x 10min tag game	2 x 15 mins	2 x 15 mins	2 x 20 mins	2 x 20 mins		2 x 25 mins

At the CJRC we believe education is the key to understanding and preventing injuries.

- For players that means learning and practicing the skills needed to play our game safely.
- For parents it’s gaining an understanding of how to keep your rugby-playing child safe and healthy.
- For coaches, completion of, as a minimum, the ARU SmartRugby course is a must with further learning encouraged through the continuing levels of accreditation.

These are then supported by both the ARU and the Club with the Rugby Laws, refereeing and appropriate medical cover.

Protective Equipment

To play rugby with the CJRC, mouthguards are mandatory for training and games. Mouthguards have a definite role in preventing dental and orofacial injury.

RESEARCH SUBSTANTIATES THAT HEADGEAR HAS ZERO IMPACT IN PREVENTING CONCUSSION, WHICH IS A RARE INJURY IN JUNIOR RUGBY. HOWEVER, HEADGEAR DOES HELP PREVENT OTHER INJURIES

With regards to headgear, the most current research is that it may reduce the impact forces to the brain but that there is no reduction to the risk of concussion as a result of that impact. Headgear cannot prevent the movement of the brain inside the skull.

Headgear, when correctly fitted, will however help reduce accidental knocks, grazes, scrapes and ear rubbing about the head and face.

The CJRC provides all under 8 players with headgear as part of their registration fees. This is due to them starting to tackle at this age group. Players in other age groups may purchase their own headgear which can be worn at their discretion.

More on concussion can be found below.

When should players not play?

Players should not play when:

- They are unwell – with a temperature or illness;
- They have had insufficient rehabilitation after injury or have experienced recurring injuries;
- They are found to have joint instability; and
- When the weather could contribute to a higher injury occurrence.

Hydration

Hydration in Rugby is important. Several hours prior and after training or games players need to be well-hydrated. A simple indicator would be clear urine in the hour before training or a game. To achieve that, players need to drink at least 500ml (2 – 3 glasses) 1 hour before.

During exercise it is suggested they drink 200 ml (1 glass) every 10 – 15 minutes.

Injury Management

Injury management needs to be immediately enacted and should continue until the player is able to return to the game, which may be a period of weeks. Below we cover some basics with injuries and concussion.

The vast majority of injuries are relatively minor and can be treated on the spot with first aid followed by a course of **R.I.C.E.:**

- **Rest** - key component of repairing the body;
- **Ice** - excellent at reducing the inflammatory response and pain;
- **Compression** - aims to reduce swelling from the inflammatory process;
- **Elevation** - aims to reduce swelling by increasing the return of blood to circulation; and
- **Referral** – to a medical authority as required.

Note: RICE is considered a [first-aid](#) treatment, rather than a cure for soft tissue injuries. The aim is to manage discomfort and internal bleeding.

Serious Injury Protocol

In the event of a serious injury, **do not move the player!**

If you suspect there is a neck injury, the first step is “**Manual Inline Stabilisation**” by the first person to the player:

- Hold the injured players head in a prone and in line position
- Discourage the spinally injured player from moving the head.
- Protect the head & neck from accidental contact during a busy rescue.
- “Red flag” to others that there is a problem with the neck

Notify the first aid person on duty as soon as possible. There will be someone on duty for all CJRC Junior games (i.e. under 10’s and up).

The first aider will be wearing a clearly identifiable bib and will be sitting within the rope close to the half-way line.

If the first aider on duty thinks an ambulance is needed, do the following:

1. **Call Triple Zero (000) and ask for an ambulance;**
2. **Answer the Ambulance control centre officer's questions;**
3. **Keep calm and be clear;**
4. **Do not hang up. Stay on the line for more instructions;**
5. **Open the gate for the ambulance to access Beauchamp Oval.** Key is in the store room hanging on the shelf bracket for the lowest shelf on the left-hand side. It is the bracket furthest away from the store room door;
6. **In case of a serious injury (e.g. spinal injury), please contact the Age Co-ordinator. The Age Co-ordinator will then need to inform Sydney Junior Rugby of the incident.**

Concussion Protocol

At CJRC we have introduced the following concussion protocol:

1. Concussion suspected
2. Remove player from field IMMEDIATELY!
3. As soon as possible after the incident, player needs to be taken to an Emergency Department at a local hospital. When released by Emergency Department and concussion is noted, player starts mandatory two week rest period.
4. Within one week of the incident, the player should see their local GP and attend as required any further scan assessments e.g. "SCAT3".
5. Only after this two week period and a clearance from their GP will the player be cleared to start graduated return to play (GRTP).
6. Start GRTP

The symptoms and signs of concussion may evolve over a number of minutes to hours. Here are some clues to when concussion may have occurred:

Visible clues of concussion - what you see

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

- Dazed, blank or vacant look
- Lying motionless on ground/slow to get up
- Unsteady on feet/balance problems or falling over/un-coordination
- Loss of consciousness or responsiveness
- Confused/not aware of plays or events
- Grabbing/clutching of head
- Seizure (fits)
- More emotional/Irritable than normal for that person

Symptoms of concussion - what you are told

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

- Headache, Dizziness, "Pressure in head"
- Mental clouding, confusion, fatigue or feeling slowed down
- Visual problems
- Nausea or vomiting
- Drowsiness/feeling like "in a fog"/difficulty concentrating
- Sensitivity to light or noise

Graduated return to play (GRTP) programme

A graduated return to play (GRTP) programme is a progressive exercise programme that introduces a player back to rugby in a step wise fashion. This should only be started once the player is symptom free. The GRTP programme consists of six distinct stages:

- The first stage is the recommended rest period
- The next four stages are training based restricted activity
- Stage 6 is a return to play

Under the GRTP programme, the player can proceed to the next stage only if there are no symptoms of concussion during rest and at the level of exercise achieved in the previous GRTP stage.

If any symptoms occur while going through the GRTP programme, the player must return to the previous stage and attempt to progress again after a minimum 24-hour period of rest without symptoms.

Table 1: GRTP protocol - each stage is a minimum of 24 hours

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Minimum rest period	Complete body and brain rest without symptoms	Recovery
2	Light aerobic exercise	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training. Symptom free during full 24-hour period	Increase heart rate
3	Sport-specific exercise	Running drills. No head impact activities	Add movement
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training	Exercise, coordination, and cognitive load
5	Full contact practice	Normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to play	Player rehabilitated	Recover

Important concussion & other injury links

We would encourage all parents and players to conduct their own further research into the protective equipment used in Rugby and about concussion.

Australian Rugby Union

<http://www.rugby.com.au/tryrugby/Administration/ConcussionGuidelines.aspx>

<http://www.rugby.com.au/Portals/18/Files/Administration/Policies/Occupational%20Health%20and%20Safety/ARU%20Concussion%20Guidance%202014.pdf>

<http://www.rugby.com.au/Portals/23/ARU-RUISS-Presentation-Update2016.pdf>

World Rugby

<http://playerwelfare.worldrugby.org/concussion>

And **two recent newspaper articles** can be found at the links below:

<http://www.telegraph.co.uk/sport/rugbyunion/news/11150094/Headguards-in-rugby-would-add-to-the-concussion-problem-not-solve-it-says-doctor.html>

<http://www.smh.com.au/rugby-league/league-news/headgear-wont-stop-concussion-20120903-25all.html#ixzz41eUWLNqY>