

# Concussion Guidelines

World Dodgeball Federation

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## Guideline necessity

Although concussions are less common than finger or knee injuries, if adequate measures are not taken, they can cause much more pervasive and debilitating long-term effects. Areas other than just dexterity or locomotion may be affected, such as mental health, and the ability to work and maintain relationships. Despite its importance, establishing whether a significant concussion has occurred can be difficult, and its treatment and recovery plan can be even less clear. Some health care providers have centers specializing in concussions, which can be of help, if in doubt.

The nature of dodgeball lends itself to relatively frequent headshots, including dodges causing head trauma. These guidelines are necessary to allow players and coaches to effectively manage suspected and confirmed concussions, and have been adapted from [an article in the Swedish Medical Journal](#).

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## What is a concussion?

A concussion is a mild traumatic brain injury caused by a blow to the head or body that shakes the brain inside the skull. In dodgeball, this can happen when:

- You're hit by a ball in the head or neck,
- You fall and hit your head, or
- You collide with another player.

## Common Symptoms

Symptoms vary between individuals and may start immediately or develop over hours.

- Headache
- Dizziness or loss of balance
- Confusion or difficulty concentrating
- Feeling dazed or "foggy"
- Nausea or vomiting
- Blurred or double vision
- Sensitivity to light or noise
- Memory loss around the incident
- Fatigue or sleepiness
- Emotional changes (irritability, anxiety, sadness)

It's important to note that a player can have a concussion even without losing consciousness.



## When to seek medical help

Urgent medical care is needed if the player:

- Becomes drowsy or hard to wake
- Repeatedly vomits
- Develops a worsening headache
- Becomes increasingly confused or agitated
- Has a seizure or convulsion
- Has slurred speech or difficulty walking
- Shows weakness or numbness in limbs
- Loses consciousness (even briefly)
- Experiences fluid leaking from nose or ears

In these cases, call emergency services or go directly to the emergency department.

## What to do right after a head impact

- Remove the player from play immediately
- Do not let them return the same day
- Have them rest and observe symptoms

Use this simple rule: "If in doubt, sit them out."



## First medical check-up

A healthcare professional should assess the player within 24-48 hours. This check typically includes:

- Symptom checklist and memory tests
- Balance and coordination tests
- Neurological screening

It confirms the diagnosis and helps rule out more serious injuries.

## Step-by-step return to sport

### Concussion return to sport pathway

This structured plan ensures the brain recovers fully before returning to full contact.

Each step should last **at least 24 hours**, and the athlete must be **completely symptom-free** before progressing. If symptoms return, go back to the previous step and rest. Skipping steps increases the risk of long-term problems and second injury.

Before step 1, exclude red flags. If it takes longer than 4 weeks to reach step 6, consult with a concussion specialist. Steps 1-3 allow an increase in symptom severity by at most 2 points on a 0-10 scale, but only if they recover to previous levels after the activity. For step 4-6, if symptoms persist/arise, return to step 3.



Step	What It Means	Examples
1. <b>Total Rest</b>	Daily light walks, otherwise full mental and physical rest for 24–48 hours*	No screens, studying, training, or stressful activity
2. <b>Light Activity</b>	Gentle movement to increase heart rate (up to 70% of max heart rate)*	Walking, light cycling, light strength training
3. <b>Sport-Specific Training</b>	Add dodgeball movements without risk of head contact*	Footwork, agility, target throwing
4. <b>Controlled Practice**</b>	Full training but without risk of head contact	Team drills with movement but <b>no hits</b>
5. <b>Full-Contact Practice**</b>	Normal training with contact	Game simulation under supervision
6. <b>Return to Game Play**</b>	Back to full competition	

## Long-term risks of concussion

### Second impact syndrome

A rare but life-threatening condition where a second concussion occurs before the first has fully healed. This can cause sudden brain swelling and can be fatal. This is why returning too soon can be so dangerous.



## **Persistent concussion symptoms (post-concussion syndrome)**

In about 10-20% of cases, symptoms last longer than 3 weeks. These may include:

- Chronic headaches
- Ongoing dizziness
- Difficulty concentrating
- Sensitivity to light or noise
- Sleep disturbances
- Depression, anxiety, or emotional instability

If symptoms persist, seek help from a concussion specialist.

## **Roles and responsibilities**

### **For coaches:**

- Know the signs and always prioritize safety
- Remove players who may have a concussion.
- Enforce the full recovery plan. Do not allow shortcuts.
- Support the player emotionally; recovery can be frustrating.





**For players:**

- Be honest about symptoms. Hiding them risks your future health.
- Don't return to play unless cleared.
- Look out for your teammates; speak up if you notice signs in someone else.

## Summary

**Do:**

- Remove from play if in doubt.
- Watch for red flags.
- Follow the full return-to-play steps.
- Get cleared before returning.

**Don't:**

- Keep playing after a head hit.
- Delay medical care.
- Skip steps because you "feel better".
- Downplay symptoms to coaches.

Concussions are serious, but with proper care, recovery is the norm. Protecting your brain now protects your performance, your mental health and your future.

