



Waratah Netball Club

Return to Sports Protocols

22 April 2024

1. **Aim**

1.1. The aim of this policy is to:

- Ensure that players, teams, and parents understand the Club requirements for injured players returning to sports.
- To provide guidance to coaches and managers on appropriate protocols for players to return to sport after an injury.

2. **Introduction**

- 2.1. Netball is a high-speed sport which places players at risk of injury. Traditionally, ankle sprains and finger joint dislocations were common. In recent years with the change of rules to increase the fluidity of the game, the speed of the game has also increased, and consequently knee injuries especially anterior cruciate ligament tears are on the rise. There is also an increase in concussion from players' heads hitting the goalpost, floor, or another player. Specific concussion protocols have been developed by many sporting bodies.
- 2.2. Despite the physicality of the game, many of the ankle and knee injuries are non-contact and are attributed to fatigue and landing awkwardly. Incorporating strength and agility exercises into warm-ups are essential to mitigate this risk. Recent studies have shown that injury prevention programs that include plyometrics (jumping, hopping) have the best outcomes. Coaches need to be aware of players' landing pattern and encourage good technique.
- 2.3. Coaches should also be aware of players overall physical load as spikes in load have been associated with an increased risk of injury.

3. **Return to Sport Guidance**

- 3.1. Unless the coach or manager is a trained health provider, they should seek advice from a trained professional where-ever possible.
- 3.2. **Players under the care of a Health Provider** Where a player is under the care of a medical practitioner or physiotherapist, the player is required to get a clearance to play from that health provider. In many cases, there will be a graded return to games with a movement and ball session followed by a full training session without irritation of the injured structures before a return to game will be approved. Coaches are to be guided by the health providers and should seek a determination in writing.
- 3.3. **Players not under the care of a Health Provider** Where a player is not under the care of a health provider, which is not uncommon with minor injuries, then the player needs to meet appropriate criteria in the following paragraphs before the coach can be confident that the player's return to game will not cause further injury.

4. **Lower Limb Injury:**

- 4.1. All movements of the effected area should be full range and pain free.
- 4.2. Pain/swelling should be minimal and under load should not increase significantly. Where there is any increase in pain/swelling with activity, it should resolve within a few hours of training/game. While there is an increase in pain /swelling but quick resolution, court time should be reduced.
- 4.3. Players need to be able to demonstrate the ability to perform the following basic movements repeatedly and with good technique:
 - Running forward and backward
 - Sidestepping and pivoting
 - Change of direction (forward and backward)
 - Jumping and landing both two legged and one legged
 - Hopping (forward/backward/sideways)
- 4.4. If a player a with lower limb injury is unable to perform any of the above movements with good technique, they should not take the court.
- 4.5. If a player can perform the above movements but when a defender is added shows hesitancy or a reluctance to compete against an opponent, then they may not be mentally ready to return, and coaches should show caution before allowing the player to participate in a game.
- 4.6. Where possible, a player returning from a lower limb injury should complete a full, high intensity, training session without impact on the recovering structures before returning to game. Ideally game time should be reintroduced gradually: ½, ¾, before a full game.
- 4.7. It is important to be aware that some injuries have ranges of time for recovery and return. Ankle sprains can be from 1week to 3 months depending on severity, number of ligaments impacted, degree of swelling. Anterior Cruciate Ligaments (ACL) may be surgically repaired and although return to sport is criteria driven, it will not be less than 9 months and in most cases is 12 months. Non-surgical management of ACL has a quicker return to sport but is highly dependent on the individual. Do not make assumptions as to a player's readiness for return to sport. Where possible defer to a treating health professional for guidance.

5. **Upper Limb Injury:**

- 5.1. Upper Limb injuries, aside from finger injuries, are less common in Netball. Finger injuries may be simple sprains, but fractures/dislocations are also frequent. It is always worthwhile encouraging players to have a medical practitioner assess the injured finger and consider an Xray as some fractures can be small.
- 5.2. If a finger fracture or dislocation has been eliminated, some players will be able to play with the injured finger/s strapped. Players should not play while there is significant swelling or bruising present. Players should be able to demonstrate the ability to catch and throw a variety of passes without pain or increased swelling before returning to game play.

6. **Neck/Back Injury:**

- 6.1. Any player reporting significant neck or back pain that is impacting their movement, for example – unable to turn their head to look over their shoulder – should not take the court.
- 6.2. A player with chronic spinal pain will benefit from exercise. If the player is able to perform all the movements outlined in the lower limb section above and has no increase in symptoms, especially any pins and needles or numbness, they may be able to play. Coaches should be clear with players that court time is dependent on their ability to move and perform without restriction.

7. **Concussion:**

- 7.1. Any player who experiences a knock to the head either from another player or against the goal post or floor/ground from a fall, should not take the court until cleared of concussion. The diagnosis of concussion or absence of concussion can only be made by a trained medical professional. Concussion protocols need to be observed and coaches need to be aware that there can be a delay in the onset of symptoms.
- 7.2. The current Netball Australia protocols for return to sport after concussion can be found here: <https://netball.com.au/sites/default/files/2024-04/MED002%20Guidelines%20for%20Management%20of%20SRC%20NA%20Pathways%20Youth%20and%20Community%20Netball%201204.pdf>
- 7.3. The earliest that a player having sustained a concussion can return to game play is 21 days. There is a graded return to activity framework that needs to be followed. The diagnosis of concussion needs to be made by a Health Care Professional with appropriate training.

8. **Conclusion:**

- 8.1. Netball is a sport that places its players at risk of injury due to the speed and rules of the game. Injury prevention programs and good coaching can reduce the inherent risk but not all variables can be eliminated. When an injury occurs, players should be supported in the process of return to training and games. Coaches should seek the assistance of treating health professionals wherever possible, and when that is not possible, follow a graded return to training and games.