

Graduated Return to Play (GRTP) Protocol



This resource is for the
General Public
involved in amateur
rugby in Ireland.



- ▶ Concussion **MUST** be taken extremely seriously.
- ▶ Any player with a suspected concussion **MUST** be removed immediately from training/play and not return that day.
- ▶ They **MUST** complete the Graduated Return to Play Protocol.
- ▶ Concussion is treatable.

RECOGNISE AND REMOVE





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The aim of this protocol is to help return players safely and efficiently back to rugby after a concussion.

What is Concussion?

Sports-related concussion is a **traumatic brain injury** that is caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain. Signs and symptoms may present immediately however, in some cases signs and symptoms may evolve over a number of minutes or hours, but may take up to 48 hours to present. Signs and symptoms commonly resolve within days but may be prolonged.

More information about the signs and symptoms of concussion, how to recognise and manage concussion can be found in the IRFU Guide to Concussion ([click here](#)).

Remember, **there is no HIA in the Domestic Game**, any player with the suspicion of a concussion should be immediately removed from play and may not return that day. Players will enter the Graduated Return to Play (G RTP) Protocol and progress through the six stages in a **MINIMUM of 21 days for adults and 23 days for players under 20 years of age**.

The Recognise and Remove protocol helps prevent further injury, promotes recovery and returns players back to sport safely and efficiently.

- ▶ Ignoring the signs and symptoms of concussion may result in death, a more serious brain injury or a longer recovery
- ▶ Playing on after sustaining a concussion results in more severe symptoms in the early stages
- ▶ Playing on after sustaining a concussion, even just for five minutes, can delay full return to play by three days
- ▶ Playing on with signs or symptoms of a concussion means you are 9 times more likely to have a delayed recovery longer than 21 days



Recovery from Concussion

Initial symptom severity (how bad symptoms are) and the number of symptoms are the biggest predictors of length of time for full recovery and return to play. The earlier a player is removed and the earlier they are assessed by a doctor or physiotherapist experienced in concussion, the better for a player's recovery. It is important that any player with a suspected concussion is immediately removed from play and appropriately assessed and managed.

Playing on, even for five minutes, can delay full return to sport by three days.

In fact, young players who continue playing on with signs or symptoms of a concussion are nine times more likely to have a delayed recovery, longer than 21 days.

Some players will take longer than 4 weeks to recover fully and may benefit from an individualised treatment and rehabilitation plan from a healthcare professional experienced in concussion management.

- ▶ Normal recovery of symptoms in adults is 10 -14 days
- ▶ In children it may take up to 4 weeks
- ▶ Persisting symptoms (>4 weeks across all age groups) may be:
 - Pre-existing (e.g. players with migraine)
 - Concussion-related (i.e. a sign / symptom requiring specific medical input)
 - Both pre-existing and related to the current concussion



KEY UPDATES:

- ▶ Early low intensity mental and physical activity treats symptoms
- ▶ **STRICT** absolute mental and physical rest in first 48 hours delays recovery
- ▶ **HIGH** intensity vigorous activity can exacerbate symptoms and delay recovery



Acute Concussion Management

General Recovery Best Practices

Throughout the GRTP Protocol, there are a number of lifestyle factors that can positively influence recovery following a concussion. The following advice will aid a player's progression through the GRTP and full return to play. These practices are applicable throughout the GRTP Protocol.



AT THE TIME OF INJURY

- **Stop playing immediately after sustaining a concussion or suspected concussion**
Delayed removal can increase the time until symptom free and full return to sport.
- **Early medical assessment / management**
Delayed access to appropriate healthcare professionals for management of symptoms can increase the time until symptom free and full return to sport.



IN THE FIRST 48 HOURS POST INJURY

- **Early light physical and cognitive activity treats concussion symptoms**
Avoid STRICT physical and cognitive rest in the first 24-48 hours as this delays recovery. Mild symptom exacerbation (in Stages 1-3) is allowed.
- **Avoid high intensity / vigorous exercise in the first 24-48 hours**
Physical activity that more than mildly exacerbates symptoms should be avoided and can increase the time until symptom free and full return to sport.
- **Reduce screen-time in the first 48 hours**
Screen-time (phones, laptops etc.) should be reduced in the first 48 hours, however there is little additional benefit of reducing screen-time beyond this.

IMPORTANT GENERAL ACTIONS DURING THE GRTP

Maintain regular sleeping pattern

Players should try to maintain a normal sleep pattern (i.e. going to bed and waking at usual hours). Sleep disturbance can impair recovery from concussion.

Maintain a healthy diet

Maintain your normal regular eating regime. A healthy diet should include foods rich in quality protein, complex carbohydrates, essential fats, fibre, fruit and vegetables, and can support cognitive function, help with recovery and sleep quality. Advice on nutrition for rugby players can be found on www.irishrugby.ie

Remain socially interactive

Players should be encouraged to keep engaged with the squad, even rehabbing at team training times to help with mental health and well-being. Players should avoid any training activities where there is a risk of a head impact event, until medically assessed to do so by a healthcare professional at the appropriate time in the GRTP.

Return to learn/work should be prioritised prior to full return to sport

Many athletes will have full return to learn/work by day 10 post injury. Players should not be fully returning to sport if they have not fully returned to school or work.



What is the Graduated Return To Play (G RTP)?

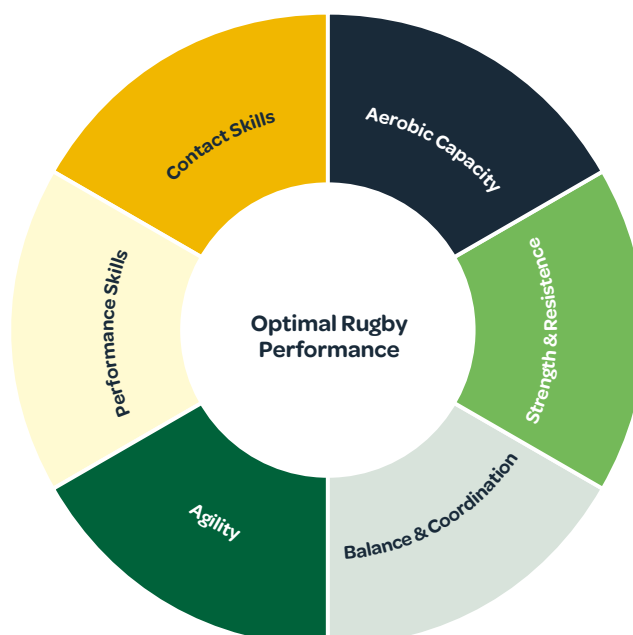
Any player with a suspected or confirmed concussion must be immediately removed from play and cannot return to play the same day. Players will enter the G RTP process and will take a minimum of 21 days for adults and 23 days for U20s to complete and cannot return to play until they have completed all the stages and achieved the competencies in each stage. These updated guidelines can be found on www.irishrugby.ie/concussion, including videos of exercises suitable for each stage of the protocol. The G RTP wallet card is a convenient resource to have to hand when completing the protocol. You can get the wallet card from your club or school or download it from the IRFU website.

G RTP BENEFITS:

- ▶ Returns players to full rugby participation and performance efficiently and safely
- ▶ Forms part of the management guidelines for the treatment of concussion
- ▶ Low intensity exercise in first 48 hours promotes recovery
- ▶ Low intensity exercise in first 48 hours prevents persisting symptoms
- ▶ Detects any symptoms early to direct additional appropriate medical treatment
- ▶ Minimises risk of injury recurrence or subsequent injury

Previous G RTP Protocols focused only on a return to aerobic fitness, but rugby is a physical sport, and these updated guidelines now provide a stepwise approach in **six rugby-specific competencies** to return players to full strength, agility, balance, coordination and rugby performance, including tackle technique. The IRFU G RTP Protocol targets these areas to ensure players are appropriately challenged throughout the G RTP and ensure full recovery and return to sport.

SIX RUGBY-SPECIFIC COMPETENCIES





Coaches and team medics should work together to help progress players through each of these key competencies. The rugby-specific and tackle competencies should be led by the coaching staff's expertise, but if any symptoms arise in these activities the team medics should be informed to help direct treatment. Achieving all the competencies will help optimise tackle technique, enhance performance and reduce the risk of future injuries and concussions.

Improving contact/tackle technique is important in minimising future concussions and other injuries

CONCUSSION IN RUGBY:

- ▶ Concussion is the most common injury in the amateur and professional game
- ▶ 70% of concussions occur in the tackle event
- ▶ The tackler is more at risk than the ball carrier
- ▶ Risk factors for head injuries include: tackle technique and tackle height

Most concussions occur in the tackle, with the tackler at a higher risk of injury. It is important to look at tackle technique as part of the GRTP Protocol. Full unrestricted contact training does not begin until Stage 5 of GRTP Protocol, but it is important to appropriately prepare them for this stage using a stepwise approach to return to contact activities. The GRTP Protocol will progress players from non-contact activities to controlled contact activities before full contact training is allowed. Players should be brought through each step to appropriately prepare them for the demands of the game.

DEFINITIONS:



CONTROLLED CONTACT is where training activities have no / minimal risk of head impact.

E.g.: controlled wrestling / grappling, tackle profiles against static resistance, light pad work

FULL CONTACT is where training activities have a risk of head impact / subsequent head injury.

E.g.: uncontrolled wrestling, training games (including touch rugby), dynamic pad work

Players should not return to play until they:

Have returned to learn / work

Are symptom-free

Have a healthcare professional assessment

Have completed the GRTP Protocol



Monitoring Signs and Symptoms

Concussion signs and symptoms should be assessed, monitored, and managed throughout the G RTP. There are six main assessment areas that your team medic should monitor throughout the G RTP. If you do not have a team medic or regular access to a team medic, you should document the players symptom scores at rest (before activity) and after the activity introduced at training, and where possible, also include the type of symptoms they are complaining of. This information can help direct a player to the best treatment for that specific symptom.

Players may report (symptoms) or you may notice (signs):

- 1. How they are feeling (symptoms):** This can include dizziness, nausea, headaches etc. Ask the player to rate their symptoms from zero (no symptoms) to ten (severe symptoms) before activity and after.
- 2. Memory / decision-making problems (cognition):** Players may have difficulty with certain activities as new challenges are added (i.e. running to coloured cones on coaches' cues or passing drills with decision-making). This should be assessed by a healthcare professional experienced in concussion.
- 3. Balance disturbances (vestibular):** Players may have difficulty with certain activities (i.e. single leg stance, tackle profile position, hopping / jumping etc.) due to balance disturbances. This should be assessed by a healthcare professional experienced in concussion and / or vestibular issues.
- 4. Eye movement / tracking disturbances (ocular):** Players may have difficulty with activities like tracking the ball due to ocular disturbances. This should be assessed by a healthcare professional experienced in concussion and / or ocular issues.
- 5. Physical and aerobic fitness (musculoskeletal):** Physical and aerobic activities are progressed throughout the G RTP. If players have difficulty with any of the activities, they may need to seek medical assessment and management (i.e. neck / spine).
- 6. Mood / personality (bio-social):** Any changes to a player's normal personality, behaviour or mood should be assessed and monitored. In some cases they may need to be referred to a healthcare professional with experience in concussion and / or mental health.





The below table is a simple tool for healthcare professionals, coaches or players to monitor their symptoms before and after activity.

During Stages 1–3 symptoms should be <7/10 on the scale at rest, prior to activity. During the activity, mild symptom exacerbation is allowed once it is less than a 2-point increase from the pre-activity rating and resolves within 60 minutes. If symptoms are exacerbated more than this, that activity should be stopped, and players should try again the following day. Other activities that did not provoke symptoms may be continued.

Players should be symptom free and medically cleared before progressing to Stage 4. During Stages 4–6 players should be symptom-free at rest and after activity. If any signs or symptoms develop during the activities in Stages 4–6, the player should stop and return to Stage 3 until symptom-free.

VAS	PRE-ACTIVITY (AT REST)	DURING/POST-ACTIVITY
1. (No Symptoms)		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10. (Severe symptoms, as bad as possible)		

In the majority of concussions, symptoms resolve in the first 24–48 hours and players progress through the G RTP protocol without issue. Normal concussion recovery can take up to one month and during the G RTP protocol, symptom provocation may occur and should be monitored. Symptoms may help direct targeted medical intervention at any stage throughout the protocol.



During Stages 1–3 of the G RTP

players can progress with activities once:

- ▶ Symptoms at rest are less than 7 out of a maximum of 10 (<7/10) on the symptom scale
- ▶ Only mild (if any) exacerbation of symptoms occurs (less than a 2 point increase from score at rest)
- ▶ Any symptom exacerbation resolves in less than 60 minutes (brief)

! PLAYERS MUST BE SYMPTOM FREE BEFORE MOVING TO STAGE 4 OF THE G RTP

During Stages 4–6 of the G RTP

players can progress with activities once:

- ▶ They have an assessment by a healthcare professional
- ▶ They are symptom-free
- ▶ Have returned to school / work





The latest IRFU GRTP Protocol is a proactive approach to safely and efficiently returning players to the game. To successfully complete the GRTP Protocol the player must progress through six stages, with each stage reflecting progressive challenges.

Stages 1–3 focus on physical activity as a treatment to aid concussion recovery. Stages 4–6 focus on more specific rugby demands to prepare players for full return to sport and enhance rugby performance.

Players should work with their coach / parent / teacher to ensure that they complete each stage appropriately and achieving all physical, rugby-specific and contact-specific competencies.

	Stage	Days		Activity
		Adult	U20	
Concussion Treatment	1 Symptom-limited Exercise	0-1	0-1	Daily activities that do not provoke symptoms Light aerobic linear activities
	2 Aerobic Exercise	2-6	2-6	Progressively increase aerobic activity Moderate aerobic & light resistance activities
	3 Rugby-specific Exercise	7-9	7-9	Speed & skill work without risk of head impact Progressively challenging aerobic & resistance activities

Player **MUST be symptom-free and should have an assessment by a healthcare professional before entering Stage 4**

Rugby-specific Competencies	4 Non-contact Drills	10-13	10-15	Agility, decision making & complex skill work Progressively challenging rugby specific drills
	5 Full-contact Practice	14	16	Full uncontrolled contact training Intense exercise & conditioning drills
	6 Return to Play	21	23	Full unrestricted match play Full return to pre-injury status

REMEMBER:

- ▶ **Early light mental and physical activities can help recovery**
 - Avoid STRICT rest in the first 24-48 hours.
- ▶ **Players can progress through Stages 1-3 as long as:**
 - Symptoms at rest are less than a 7/10 on the symptom scale.
 - Symptoms are only mildly and briefly exacerbated by activity (less than 2-point on the symptom scale, for less than 60 minutes).
- ▶ **Players can only progress through Stages 4-6 as long as:**
 - They are symptom-free at rest and after activity.
 - They have an appropriate healthcare professional assessment prior to progressing on to Stage 4.



G RTP Stages

STAGE 1

Symptom Limited Activity

Stage 1 begins once a player has been removed from the field of play and appropriately assessed and managed in the acute stage. This stage includes advice regarding general recovery best practice and reducing physical and mental activity, including screen-time, for the first 24-48 hours. Light physical activity, such as walking, helps recovery when started within the first 48 hours following a concussion. STRICT absolute physical and mental rest (i.e. cocooning) in the first 24-48 hours should be avoided as this can delay recovery. However HIGH vigorous intensity physical and mental activity should also be avoided as this can delay recovery.

It is recommended that Stage 1 should take 24-48 hours in both adults and U20s..

STAGE 2-3

Aerobic Exercise / Rugby Specific Exercise

In Stage 2 aerobic exercise and light resistance work can be safely progressed based on symptom monitoring and any serial assessments. Players without access to exercise testing can progress activity depending on symptom exacerbation. Players should start at 55% of their age-appropriate maximum heart rate (220-age) for 15-20 minutes and progress systematically. Any symptom provocation should be mild, and symptoms should be monitored throughout. Evidence shows that early aerobic exercise, within the first two weeks of injury, reduces the risk of persisting post-concussion symptoms.

It is recommended that Stage 2 should take 4-5 days in both adults and U20s..

It is recommended that Stage 3 should take 2-3 days in both adults and U20s..



Players must be symptom-free and should have an assessment by a healthcare professional before moving to stage 4 of the G RTP.

STAGE 4-6

Non-contact Training / Full Contact Training / Return to Play

STAGE 4

Players should be symptom-free at rest and after activity before entering Stage 4. Players should have an appropriate healthcare professional assessment prior to this stage to ensure they are ready to return to activities that are more complex and challenging. Controlled contact activities, where there is no risk of head impacts, can be included here. Controlled contact activities may include controlled wrestling / grappling, light pad work and tackle preparation.

It is recommended that Stage 4 should take 3-4 days for adults, and 5-6 days for U20s

STAGE 5

This stage returns the player to full contact training, which includes activities that may put the player at risk of a head impact (i.e. contact / tackles, collisions and falls). Full strength training activities should be included during this stage. Return to full contact activities can include uncontrolled wrestling, training games (including touch rugby) and dynamic pad work.

It is recommended that Stage 5 should take 7 days in both adults and U20s..



Full Return to match play takes a minimum of 21 days for adults and 23 days for U20s.



	Stage	Timeline		Aerobic Fitness	Resistance	Balance	Agility	Rugby Contact Skills	Performance Skills	Systems Challenged
		Adult	U20							
Stages 1-3: Concussion Treatment	1 Symptom-limited Exercise	0-1 day	0-1 day	Light aerobic linear exercise: E.G. 5-15 min on stationary bike <50% HRmax	Isometric exercise: E.G. Static neck strengthening	Static/stable exercise: E.G. Double leg balance with small base of support or tandem stance with eyes open or closed	Mobility and movement exercise: E.G. Static stretching with head in stable position			Cardiovascular Musculoskeletal Balance/Vestibular
	2 Aerobic Exercise	2-6 days	2-6 days	Light to moderate aerobic exercise: E.G. 20-30 min jogging <70% HRmax	Bodyweight exercise: E.G. Bodyweight squats, hip hinges	Static/unstable exercise: E.G. Single leg balance with eyes open or closed	Single direction movement exercise: E.G. Forwards or backwards jogging	RECONNECT PHASE: E.G. Static tackle profile with resistance, change of profile angles		Cardiovascular Musculoskeletal Balance/Vestibular
	3 Rugby-specific Exercise	7-9 days	7-9 days	Moderate exercise: E.G. 30-40min running 70-80% HRmax	Light resistance exercise: E.G. Gym work at 60-70% of normal load	Dynamic/stable exercise: E.G. Double leg jumps, single leg hops, arabesque	Multi-direction movement exercise: E.G. Change of direction, T-test, side-stepping	MOVEMENT PHASE: E.G. Tackle profile at speed, varied approach & entry angles	Simple position-specific skills: E.G. Lineout throwing, passing drills, kicking	Musculoskeletal Balance/Vestibular Visual/Ocular

Player **MUST be symptom-free and should have an assessment by a healthcare professional before entering Stage 4**

Stages 4-6: Rugby Performance	4 Non-contact Drills	10-13 days	10-15 days	Intense exercise: E.G. Interval training 90% HRmax, acceleration & deceleration drills	Moderate resistance training: E.G. Gym work at 70-80% of normal load	Dynamic/unstable exercise: E.G. Hopping drills, ladder drills, bear crawls	Complex movement exercise: E.G. T-test to coloured or numbered cones, down ups, cariocas	CHALLENGE PHASE: E.G. Tackle profile at speed, open chain decision-making & entries	Dynamic position-specific skills: E.G. Passing drills, partner pummel & mat wrestling	Balance/Vestibular Visual/Ocular Cognition
	5 Full-contact Practice	14 days	16 days	Intense exercise & conditioning: E.G. Full training session	Dynamic/complex exercise: E.G. Gym work up to pre-injury strength & power loads	Dynamic/complex exercise: E.G. Plank press-up wrestling, mat wrestling	Dynamic/complex positions-specific: E.G. Down-ups, sprint drills with varying starting positions	PERFORMANCE PHASE: E.G. Linear approach to entry Vs tackle shield, angled approach to entry Vs tackle shield	Dynamic/complex skills: E.G. Full contact training session, ball fend, back-to-back wrestling	Cognition Decision-making
	6 Return to Play	21 days	23 days	Full aerobic fitness	Full strength & power	Full balance ability & control	Full co-ordination & decision-making	FULL TACKLE PERFORMANCE COMPETENCE: E.G. Tackle at speed with intent & confidence	Full performance competence	Psychological (fear avoidance, confidence)



When to Seek Medical Advice

If a player cannot achieve all the competencies outlined in the GRT) or return to their pre-injury levels of play, they may need to seek medical input. It is important that this is identified by the coaches and / or team medics, so they can work together to understand why the player is not progressing. Medical input may be required and if players are presenting with prolonged symptoms that are not resolving they should seek medical advice. The majority of players will be symptom-free within the first 48 hours, however normal concussion recovery may take up to one month.

Consider seeking medical advice in the following situations:

- ▶ **If you are on medications such as pain killers, anti-depressants and / or sleeping medication.**
 - Medications may mask the symptoms of the concussion.
 - Medical advice around through the GRT) protocol may be needed.
- ▶ **If you have 2 or more concussions in a 12-month period.**
 - See a medical specialist with experience of managing sports-related concussion.
- ▶ **If you have symptoms beyond Day 10-14 of the GRT) Protocol.**
 - See a medical specialist with experience of managing sports-related concussion.
- ▶ **If you have symptoms continuing to occur with a specific activity within the GRT) Protocol.**
 - See a medical specialist with experience of managing sports-related concussion.
- ▶ **If you are failing to improve or progress through the GRT) as expected.**
 - See a medical specialist with experience of managing sports-related concussion.

To help guide players in choosing the appropriate healthcare professional, the table below indicates which symptoms are associated with specific domains that may be the main driver behind the concussion. If players have a multitude of symptoms or are unsure of where to seek advice, they should attend a concussion specialist, e.g., the UPMC Concussion Network in Ireland.

Main symptom/presentation	Referral to
Dizziness / Headache	Vestibular rehabilitation physiotherapist
Neck pain / Headache	Musculoskeletal physiotherapist
Symptoms >1month	Concussion specialist e.g. UPMC Concussion Network
>1 concussion in 3 months	Concussion specialist e.g. UPMC Concussion Network
>2 concussions in a 12 month period	Concussion specialist e.g. UPMC Concussion Network
>5 concussions in career	Concussion specialist e.g. UPMC Concussion Network
Significant loss of consciousness at time of injury	Concussion specialist e.g. UPMC Concussion Network
Significant / multiple symptoms at rest (>7/10)	Concussion specialist e.g. UPMC Concussion Network

Appendix 1

Returning to School



Returning to learn or work must be prioritised before returning to play. Schools may have a concussion policy which should offer appropriate academic accommodations and support students, so it is important to advise the school about the concussion incident.

The table below has been taken from the 6th *International Consensus Conference on Concussion in Sport*, Amsterdam 2022 and provides a structure to help students return to learn following a concussion. This can be used as a guideline, in conjunction with the school's guidelines to ensure a safe and efficient full return to school activities.

Stage	Activity	Goal
1. Daily activities that do not result in more than a mild exacerbation of symptoms	Typical activities during the day (e.g., reading) while minimising screen time. Start with 5–15 min at a time and increase gradually	Gradual return to typical activities
2. School activities	Homework, reading, or other cognitive activities outside of the classroom	Increase tolerance to cognitive work
3. Return-to-school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day	Increase academic activities
4. Return-to-school full-time	Gradually progress school activities until a full day can be tolerated without more than mild* symptom exacerbation.	Return to full academic activities and catch up on missed work

In the first 24–48 hours, early light physical and mental activity can treat concussion symptoms and help recovery. STRICT absolute rest (cocooning) should be avoided as this can delay recovery. However, it is advised that player reduce screen-time (i.e. phones, laptops etc.) in the first 48 hours but there is little additional benefit of reducing screen-time beyond this.

Players can begin to gradually progress and increase their mental and physical load, provided their symptoms at rest are <7/10, and are only mildly exacerbated (less than a 2-point increase on a 10-point scale and resolves within 60 minutes).

AEROBIC / RESISTANCE / BALANCE / AGILITY (1/2)

ENGAGE, the IRFU Readiness and Robustness programme, has many examples of aerobic, resistance, balance and agility exercises that can be incorporated in the G RTP Concussion Protocol. Videos of all the exercises shown in the figures below can be found on the IRFU website here.

Appendix 2



Phase 3 Performance

Primers
(2-3 minutes)



To make sure players are performance ready.

To focus players on the specific demands of the training session.

To focus on key areas of the game, including: contact, sprinting and acceleration.

Phase 3 Contact Primers

Select 2 of the following prior to contact work.



1: PARTNER PUMMEL TO LIFT

Cue: Face partner leading with same foot and shoulder. Punch arms through and hold the grip. Change the angle of attack and try break partner's grip.

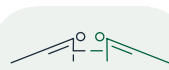
Reps: 3-4 | **Timing:** 20 secs



2: PARTNER BALL FEND

Cue: Ball carrier changes angle of attack to fend off tackler.

Reps: 3-4 | **Timing:** 20 secs



3: PUSH-UP PLANK WRESTLING

Cue: In plank position, using either hand attempt to grab hand/arm of partner to make them lose balance.

Reps: 3-4
Timing: 20 secs



4: BACK TO BACK WRESTLING

Cue: Sitting back to back with legs out straight. On go, turn around into high kneeling and begin grappling to win the contact.

Reps: 3-4
Timing: 20 secs



5: MAT WRESTLING

Cue: Player one is lying on stomach with arms stretched out. Player two tries to keep player one on ground, while they try to get to their feet.

Reps: 3-4
Timing: 20 secs

Phase 3 Speed / Acceleration Primers

Select 2 drills

1 x acceleration drill Acceleration 10m distance



1: ½ KNEELING LATERAL ACCELERATION

Cue: ½ kneeling facing side-on to finish line. Inside knee is down. Lean forward and push through outside leg, turn and accelerate to finish line.

Reps: 1 per lead foot (2 total)



2: STAGGERED 2-POINT STANCE

Cue: In staggered stance facing finish line. Lean forward and push through front leg accelerating to finish line.

Reps: 1 per lead foot (2 total)



3: BACK-LYING

Cue: Lie on your back, head towards the finish line. Roll to right into a push-up position, push up and accelerate to the finish line.

Reps: 1 per side (2 total)

1 x sprint drill Sprint 30m distance



1: ½ KNEELING LINEAR ACCELERATION

Cue: Facing finish line, left knee down and left arm up. Lean forward and push through right leg. Sprint to finish line.

Reps: 1 per lead foot (2 total)



2: PRESS-UP POSITION

Cue: In plank position. Strike ground through right foot and sprint to finish line.

Reps: 1 per lead foot (2 total)



3: BACKWARDS TALL KNEELING

Cue: In high kneeling, facing away from finish line. Bring knee up and strike ground to turn and face finish line. Sprint to the line.

Reps: 1 per lead foot (2 total)



Focusing on position-specific drills again later on during the training session can give you the opportunity to check that players have actively engaged the muscles and joints specific for the next tasks.

PRIMERS FOR BACKS

Tasks:

High speed running
Acceleration / deceleration
Kicking

Example Preparation:

P1: High knees and heel flicks
Carioca drills
Leg swings
P2: Nordic hamstring curls
Single leg countermovement jump
Hopping drills
P3: Sprinting / acceleration primers

PRIMERS FOR FORWARDS

Tasks:

Scrummaging
Lineouts
Mauls

Example Preparation:

P1: Forward/backward hip circles
Crawls
Double / single leg hops
P2: Good Morning
Neck holds
Single arm rows
P3: Contact primers

(P1) = (Phase 1) etc.



Resources

To see the entire ENGAGE programme, including video content, educational resources and coaching courses please go to:

irishrugby.ie



Coaches can complete the ENGAGE education course on GAINLINE to receive an active coaching badge.



Appendix 3

This competency should be guided by the coaching staff's expertise; however healthcare professionals should understand these demands to appropriately prepare players for return to play. Videos of these exercises can be found on www.irishrugby.ie

Stage 1: RECONNECT

This step of the rugby contact competency can begin in Stage 2 of the GRTP. In this step there is increasing levels of challenge for the player and therefore, players should begin by slowly assuming the tackle profile position and monitoring for any changes in symptoms, before adding static resistance or changing the body angle into the profile. It is recommended that players spend approximately 4-5 days in this stage.

Medical Competencies

- ▶ Hip hinge to 90°
- ▶ Balance
- ▶ Brace under isometric tension
- ▶ Limited change of direction

Return to Baseline

- ▶ Player reconnects the brain and body
 - » Familiar physical positions
 - » Fluid and slow movements
 - » Challenge accuracy and balance

Rugby Competencies

- ▶ Static Tackle Profile Balancing point and isometric hold
- ▶ Partner assisted static resistance
- ▶ Change of angle tackle profile

DRILL OPTIONS

1a

TACKLE PROFILE



Cues

- ▶ Short Step
- ▶ Hinge at the Hip
- ▶ Slide your Weight Forward

1b

STATIC RESISTANCE



Cues

- ▶ Short Stance
- ▶ High Hips
- ▶ Advance your chest forward
- ▶ Strong head position and eyes up



Appendix 3

Stage 1: RECONNECT (Cont'd.)

2

CHANGE OF ANGLE INTO PROFILE



Cues

- ▶ Chest moves first
- ▶ Short Step into Profile position
- ▶ Back leg aligned to Tackle Line

Stage 2: MOVEMENT

Players can progress to this step in Stage 3 of the GRTP. Players should progress through the challenges in this stage in a stepwise manner. It is recommended that players spend approximately 3 days in this stage.



Medical Competencies

- ▶ Intentional change of body height
- ▶ Isometric and dynamic efforts
- ▶ Linear and Lateral movement
- ▶ Change of direction

Drilling

- ▶ Rugby specific movement, intro speed
 - » Dropping into profile position
 - » Approach footwork
 - » Tracking and visualisation

Rugby Competencies

- ▶ Tackle Profile at increasing speed
- ▶ Ability to 'Fire' the legs
- ▶ Controlled and accurate footwork
- ▶ Varied approach and entry angles

DRILL OPTIONS

1a

FALL DROP (CONTROL)



Cues

- ▶ Stand tall
- ▶ Let gravity take your chest forward
- ▶ Short step and 'Catch' with control



Appendix 3

Stage 2: MOVEMENT (Cont'd.)

1b

SNAP DROP (SPEED WITH INTENT)



Cues

- ▶ Slight hip flexion
- ▶ Accelerate the chest downwards
- ▶ Hold the 'Catch'

2

RESISTED HOLD TO FIRE



Cues

- ▶ Short Stance
- ▶ High Hips
- ▶ Front leg loaded
- ▶ Strong head position and eyes up

3a

LINEAR APPROACH FOOTWORK



Cues

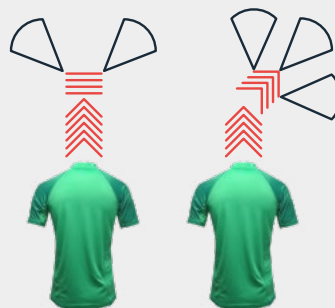
- ▶ 'Zip up' the chest / Tall chest
- ▶ Accel into quick footwork
- ▶ Speed to Drop

3b

ANGLED ENTRY + 3 STEP ENTRY

For the 3 Step Entry ensure:

- ▶ sharp change of direction
- ▶ back foot is close to target with penultimate step



Cues

- ▶ 'Zip up' the chest / Tall chest
- ▶ Accel into quick footwork
- ▶ Accurate footwork on the Drop - ensure the back foot is on the target line

Appendix 3



RUGBY CONTACT SKILLS

Stage 3: CHALLENGE

Medical Competencies

- ▶ Cognitive
- ▶ High level vestibular and ocular
- ▶ Movement
- ▶ Bracing / wrestle

Experience Failure

- ▶ Physical accuracy and Introduce decision-making (DM)
 - » Begin working “through” contact
 - » Higher intensity in approach work
 - » DM and visualisation pressure

Rugby Competencies

- ▶ Tackle profile at speed
- ▶ Brace in contact and leg drive
- ▶ Open chain decisions and entries
- ▶ Accurate footwork and tracking

DRILL OPTIONS

1 SNAP DROP

2 RESISTED HOLD TO FIRE

3 GRIP AND LEG DRIVE (Bite and Fight)

4 LINEAR APPROACH

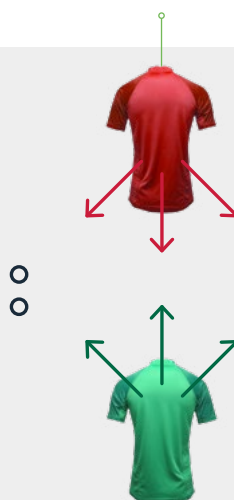
5 ANGLED ENTRIES

6 MIRRORING

7 TRACKING

6

MIRRORING / 'NO MANS LAND'



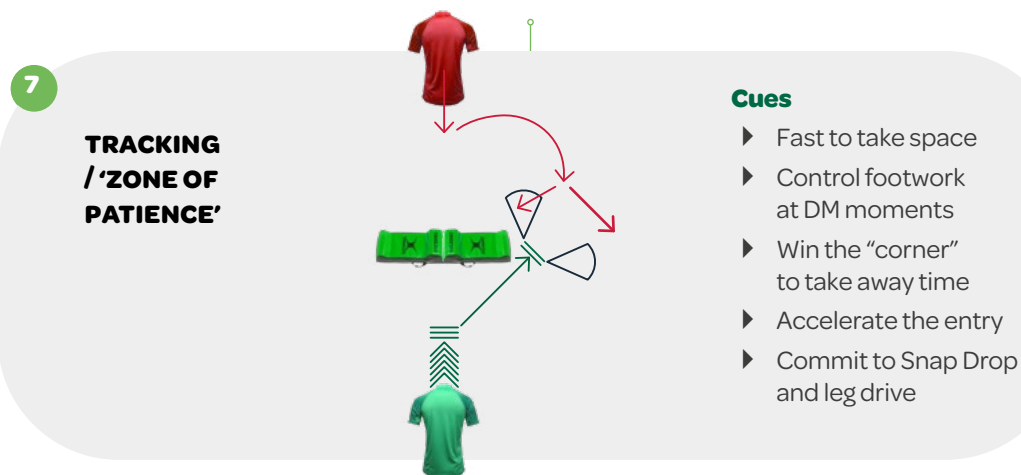
Cues

- ▶ Square and tall profile
- ▶ Slight hip flexion to promote the chest
- ▶ Sharp short steps under your hips
- ▶ Mirror opponent and control the centre
- ▶ Reset profile quickly on each rep
- ▶ 'Zip up' chest plus feet slightly behind

Appendix 3



Stage 3: CHALLENGE (Cont'd.)



Stage 4: PERFORMANCE

Medical Competencies

- ▶ Cognitive
- ▶ High level vestibular and ocular
- ▶ Movement
- ▶ Impact

Intent

- ▶ Return to **Full Confidence**
 - » Accurate targeting and entries
 - » Physically strong through contact
 - » Sharp DM and applying pressure

Rugby Competencies

- ▶ Linear approach to Entry v pad
- ▶ Angled approach to Entry v Pad
- ▶ Challenge to tracking and DM
- ▶ Full commitment to contacts

DRILL OPTIONS

1 SNAP DROP INTO IMPACT

Sausage bag Drill
Post Pad Drill

2a LINEAR AND ANGLED ENTRIES V PAD

2b MIRRORING V PAD

3 HIGH LEVEL CHALLENGE

Post Pad Drill
Touch and Turn Drill



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