FIBA CONCUSSION GUIDELINES: 2026

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Aim

To provide guidance to team medical personnel in the management of sport related concussions (hereinafter referred to as SRC or Concussion) for FIBA events and protect the short- and long-term health of players.

These guidelines are for FIBA competitions to provide acute concussion management guidance and will be regularly revised. It is encouraged that other domestic competitions use and apply these guidelines.

Introduction

A Concussion is a traumatic brain injury, induced by biomechanical forces to the head, or anywhere on the body, which transmit an impulsive force to the head. It usually results in rapid onset and short-lived neurological impairment, but the symptoms may evolve over the minutes, hours or days following the injury. The symptoms generally resolve without specific medical intervention. The main treatment is a brief period of relative rest for 24-48 (twenty-four to forty-eight) hours followed by a gradual return to activity, and return to play should be overseen by the Team Doctor, who shall be familiar with the guidelines for the management of a Concussion.

As will be explained in these guidelines:

- Any Player with a diagnosed Concussion shall *not* continue to play in that game (or continue to train) and must be cleared by the Team Doctor before returning to full training or playing after the game.
- Any Player with a suspected Concussion must be removed from training or play and be assessed by the Team Doctor or other suitably qualified and experienced healthcare practitioner prior to return to training or play.
- Preseason baseline testing of all Players' concussion baseline is required (SCAT6, Cognigram, ImPACT or other). Formal neuropsychological assessment may be considered for players with a history of multiple or complex Concussions.

Diagnosis

The diagnosis of Concussion is clinical, with the presence of symptoms and signs suggestive of neurological dysfunction following direct trauma or a transmitted force to the head. These symptoms may include loss of consciousness (which is relatively uncommon), convulsions or difficulty balancing or walking. Other symptoms and signs may be less obvious but include headache, dizziness, tinnitus, sensitivity to light or noise, nausea, poor concentration or memory. A full list of possible symptoms

and signs can be found in the Sports Concussion Assessment Tool 6 (SCAT6). All Team medical staff should be familiar with the SCAT6.

The Concussion Recognition Tool 6 (CRT6) is a simple guide outlining how to recognize and manage a Concussion. This can be used by Team medical staff as well as other non-medically trained Team Members including coaches, high performance staff or referees.

A concussion diagnosis or its exclusion cannot be made by non-healthcare trained individuals, e.g. players or coaches.

The SCAT6 is the recommended Concussion assessment tool. It should be used in addition to the usual medical assessment of an injured Player. All Team Doctors and physiotherapists should be familiar with use of the SCAT6. The assessment should ideally be off the court, in a quiet area. If some cases, the SCAT6 assessment can be delayed to half or full time to enable a more thorough assessment, as long as the Player is not permitted to play in the interim and is monitored to ensure there is no deterioration of mental state or development of symptoms.

Game Management

Any Player with a suspected or confirmed Concussion must be removed from play or training for a medical assessment by the Team Doctor or other doctor on site. If a Concussion is confirmed, the Player cannot return to play in that game or continue training. If there is any doubt regarding the diagnosis, the Player must not continue to participate that day until the diagnosis is clarified.

If there is no doctor on site, then any Player with a suspected Concussion may not continue to play or train and should be assessed by a doctor before being allowed to return to play. If the regular team physiotherapist has undergone a training program in the management of Concussions, they may clear the Player of a Concussion, should no Team Doctor be available. However, it is strongly recommended that the clearance includes a discussion with the Team Doctor.

In all cases of head trauma, first aid principles apply including consideration of emergency referral if there is suspicion of a spinal injury (neck pain or weakness/tingling/burning in the arms or legs) or an intracranial bleed (increasing confusion, repeated vomiting, seizures, a deterioration of conscious state or specific neurological signs).

If a Concussion is excluded after a full assessment by a Team Doctor, or appropriately trained and experienced team physiotherapist, the Player can return to play but must be regularly monitored for symptoms.

When video of the incident is available, it should be reviewed by the assessing healthcare practitioner to confirm the mechanism of trauma and assist with detecting any subtle signs of a Concussion that might have been missed on the initial direct observation.

A Concussion is a clinical syndrome that can have a delayed onset (up to 48 [forty-eight] hours) or evolve over time. The Player should be instructed on what symptoms and signs to look for and instructed to report these should they occur.

All records relating to the clinical assessment must be stored confidentially with the other medical records of the Player.

Text Box 1: Signs and symptoms of Concussion

Immediate and obvious signs of concussion, directly observed or on video review:

1. Loss of consciousness or prolonged immobility
2. No protective action in fall to floor
3. Slow to get up
4. Impact seizure or tonic posturing one or more limbs
5. Confusion, disorientation
6. Memory impairment
7. Balance disturbance or ataxia
8. Player reports concussion symptoms
9. Dazed, blank stare, not their normal selves
10. Behaviour changes atypical of the Player

The Player should be immediately removed from play and take no further part in the game.

In FIBA competitions, participating team medical personnel must be fully familiar with the FIBA Concussion Guidelines.

In FIBA competitions, a FIBA Supervisory Doctor must be fully informed regarding the diagnosis and management of a head injury or suspected Concussion to ensure consistency with the FIBA Concussion Guidelines.

For FIBA competitions, an appropriate independent medical specialist must be appointed.

Emergency Care

A Player diagnosed with a Concussion should have a thorough medical and neurological examination to exclude more serious structural injuries to the brain, head and neck. If there are signs of the presence of a more serious condition, then the Player should be immediately transferred to a hospital which has an emergency neurosurgical service. Signs suggesting a more serious injury might include repeated vomiting, altered conscious state, convulsions, severe headache, altered sensation in the arms of legs, double or blurred vision or a deterioration of any of these with time.

Return to Play

A Player diagnosed with a Concussion requires a clearance from a medical practitioner, ideally a Team Doctor, to return to full team training and playing. Under no circumstance is a Player with confirmed Concussion allowed to return to play or training on the day of the injury. For the avoidance of doubt, the Team physiotherapist cannot clear a Player to return to training following the Graduated Return to Play (GRTP) process.

In general, a Player will recover from a Concussion in 7 to 10 days, but this can vary from individual to individual and in exceptional cases, the Player might be cleared to train and play sooner. This will only be at the clinical discretion, and upon approval from, the Team Doctor or a neurologist. In many cases, the return to play will take considerably longer than 10 days. If the Player is 18 years of age or younger, the priority will be return to school first and the process of return to play may take about a week longer.

An initial period of 24 – 48 (twenty-four to forty-eight) hours relative physical and cognitive rest is required. Strict rest until complete resolution of symptoms has not been shown to be beneficial following an SRC.

Following the initial 24 – 48 (twenty-four to forty-eight) hour period of relative rest, the Player may enter the GRTP program which is outlined in Text Box 2 below. Entry to this program can start even with some mild persistent symptoms.

The GRTP process, which starts after the 24 – 48 (twenty-four to forty-eight) hours of relative rest, comprises six (6) stages. All Players are expected to proceed through this process, with at least 24 (twenty-four) hours per stage, and medical clearance prior to return to play.

In the first three (3) stages of the GRTP, some symptoms are acceptable, but these should be mild and short lived (i.e., worsen no more than 2 points on a 10-point scale and last for less than one hour).

In the final three (3) stages of the GRTP, the Player must have no symptoms, both at rest and with intense activity. If there is recurrence of symptoms, Player should be returned to stage 2.

The clearance to return to full training and return to play should be made by the Team Doctor or a neurologist.

Baseline testing (e.g., SCAT6, Cognigram, ImPACT or other cognitive assessment) must have returned to baseline before a Player can return to play.

From a practical perspective, in rare instances where there is no Team Doctor, the Player will require at least two medical practitioner assessments by a doctor who is not the usual Team Doctor. Initially to confirm the diagnosis and commence the rehabilitation and then to clear the Player for full training and play.

Text Box 2: Graduated Return to Play (GRTP)

Graduated Return to Play (GRTP) – each stage to take at least 24 hours, can be longer (following the 24-48 hours of relative cognitive and physical rest):

1. Light aerobic exercise (up to approx. 55% max HR), such as walking, slow jog or stationary bike.
2. Moderate intensity aerobic exercise (up to approx. 70%) such as running sprints, stationary bike.
3. Simple basketball skills such as free throws and shooting as well as *jumping, sprints change of direction including head and neck movements,* and resistance training, away from team.

ONLY progress to Step 3 once symptom free at rest and with exertion

4. Full intensity team training, avoiding high risk of body contact, e.g. challenging basketball drills, passing and interacting with teammates.
5. Full *training*, without restrictions, *following* medical clearance.
6. Return to play.

Any return of symptoms requires a return stage 3.

Young Players

Players who are 18 (eighteen) years of age, or younger, require a more conservative approach and will usually take a little longer to recover, typically 3 (three) weeks or longer. The primary aim of rehabilitation of a younger player is to ensure cognitive recovery and consideration of their education.

This means that, to compete in a FIBA Competition under the age of (18) eighteen, a Player will have been through a thorough and uncomplicated rehabilitation period that will typically take 3 (three) weeks.

Complex Concussion Cases

If the clinical symptoms or signs resulting from a Concussion persist beyond those which were anticipated, the Team Doctor could consider referral to a neurologist, neurosurgeon, SEM physician or other specialist in the management of a Concussion. Players with a history of multiple Concussions, or where the apparent mechanism of injury appears to be very low impact, might also benefit from a review of their file and situation by a specialist.

The Player may be referred for a full neuropsychological assessment and may require a standard MRI to exclude structural brain damage. Other investigations will be undertaken as determined by the specialist examination. The Team Doctor should facilitate referral to a specialist upon specific request by the Player.

In complex cases, the specialist shall be responsible for clearing the Player to return to full training and competition.

Education

All players, coaches and team support personnel should be briefed by the Team Doctor regarding the importance of appropriate management of concussion, the importance of being honest regarding symptoms and the short- and long-term risks of head trauma. All team personnel should be aware that the diagnosis and management of a Concussion is the exclusive domain of team healthcare personnel.

FIBA Competitions

For FIBA competitions, an independent medical specialist experienced with the diagnosis and management of a Concussion in sport must be appointed to support participating teams. The medical specialist may be a neurologist, sports physician, sports doctor or neurosurgeon and must have experience in the management of SRC.

If a Player has a head injury or suspected Concussion during a FIBA competition (as defined in the FIBA Internal Regulations), the management by the team medical personnel must be consistent with the FIBA Concussion Guidelines.

In FIBA competitions, in the event of a head injury or suspected Concussion, the FIBA Supervisory Doctor must be fully informed regarding the management of a Player to ensure consistency with the FIBA Concussion Guidelines.

Where there is uncertainty regarding the medical fitness of a Player to return to play or a disagreement regarding the appropriate management of an injured Player with the FIBA Supervisory Doctor, an assessment must be undertaken by an independent medical specialist appointed for the competition.

Where a team does not have a Team Doctor at the competition, the Player must be cleared to play by a competition appointed independent medical specialist or after consultation with the FIBA Supervisory Doctor. For the avoidance of doubt, if a team physiotherapist is managing a Concussion or suspected concussion in the absence of a Team Doctor, the physiotherapist must discuss the management with the FIBA Supervisory Doctor and if there is uncertainty regarding the management, a referral to a competition appointed independent medical specialist must be made for clearance purposes.

Professional Leagues

In a professional league affiliated with FIBA, the same principles for the management of a Concussion as for a FIBA competition apply.

References

- Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport (https://bjsm.bmj.com/content/57/11/695)
- CRT6 (https://bjsm.bmj.com/content/bjsports/57/11/692.full.pdf)
- SCAT6 (http://www.sportsconcussion.co.za/sportconcussion/wp-content/uploads/2023/07/SCAT6-v6.pdf)
- SCOAT6 (http://www.sportsconcussion.co.za/sportconcussion/wp-content/uploads/2023/07/SCOAT6-Instructions-v6.pdf)
- Child SCAT6 (http://www.sportsconcussion.co.za/sportconcussion/wp-content/uploads/2023/07/Child-SCAT6-v5.pdf)
- Child SCOAT (https://bjsm.bmj.com/content/bjsports/57/11/672.full.pdf)
- Dr Ruben Echemendia, PhD, University of Michigan Concussion Centre Clinic: presentation on the 2022 Consensus and changes to the concussion recognition and assessment tools (https://www.youtube.com/watch?v=5P0Jj5wT9GY)
- Clark & Olson SCAT6 Application Demonstration: a useful example of the SCAT6 examination (https://www.youtube.com/watch?v=ASA-o29HWHI)