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## **Concussion in Football**

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On Sunday evening, a clash of heads between David Luiz and Raul Jimenez in the Premier League match between Arsenal and Wolverhampton Wanderers gave public attention (again) to the issue around concussion protocols in football. Alan Shearer considers it a matter of "<u>life and death</u>" as he urged the sport to change the rules on head injuries.

Raul Jimenez underwent successful surgery on a fractured skull whilst David Luiz continued to play (albeit with a bleeding and bandaged head) but did not reappear after the half time break.

The FA's existing <u>concussion guidelines</u> from 2019 were developed in consultation with the FA's expert panel on concussion and head injury. The guidelines provide:

- all concussions should be regarded as potentially serious and should be managed in accordance with the appropriate guidelines;
- anyone with any concussion symptoms following a head injury must be removed from playing or training; and
- there must be no return to play on the day of any suspected concussion.

Premier League <u>Rule 0.21</u> similarly provides:

"Any Player, whether engaged in a League Match, any other match or in training, who has sustained, or is suspected of having sustained, a concussive injury, shall not be allowed to resume playing or training (as the case may be) that same day. Furthermore, he shall not be allowed to return to playing in matches or participating in training thereafter unless he has been examined and declared fit to do so by his Team Doctor or, if he is unavailable, by another medical practitioner."

Mikel Arteta insisted that Arsenal's medical team <u>followed these protocols</u> and that Luiz responded well to checks and wanted to continue playing.

Last month, it was <u>announced</u> that trials for concussion substitutes would begin in English football from next season. This new rule would permit temporary substitutions to be made if a player suffers a head injury so that he can be assessed by the team doctor and also permit permanent substitutes to be made if the player in question is withdrawn on medical grounds, including where the team has already made all of their replacements. This sort of substitution would grant team doctors more time to assess the extent of the head injury and, if satisfied that there is no concussion, the player would be permitted to return to the pitch.

Headway, the brain injury charity, <u>stated</u> "Concussion is hard to diagnose and needs a degree of honesty from the player, but with a temporary substitution allowed – which of course would turn into a permanent substitution – it avoids the risk of a snap judgement."

Last year, the International Football Association Board (IFAB) <u>appointed experts</u> to "*identify possible* options for in-game assessment and management of suspected concussion". Since, the concussion expert group has met twice and has recommended trials of these type of substitutions. The group agreed on applying an "*if in doubt, take them out*" philosophy as the best approach to safeguarding player health. IFAB considers, however, that greater research data is required before implementing any changes to the Laws of the Game. FIFA indicated, earlier in the year, that some competitions would trial such concussion protocols to evaluate the measures before rolling them out across the sport.

Governing bodies and medical practitioners involved in football will, no doubt, draw on the trials conducted within association football, but also evidence gathered from other sports that have developed protocols and had cause to consider the impact of head injuries on numbers of participants. All will agree that the safety and protection of participants is of paramount importance.

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