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Name: Miss Lydia Pingel

Inquiry into concussions and repeated head trauma in contact sports

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My name is Lydia Pingel I am a 30 year old ex AFL women's player who was medically retired from the game and consequently all contact sports due to the repetitive head trauma and multiple concussions sustained in a 3 year period playing AFL in Queensland's premier QAFLW and division 1 leagues. As a result, my life has completely changed and is impacted daily as I suffer the long term impacts from my 7 concussions. It has been over 2 years since my last concussion.

1. the guidelines and practices contact sports associations and clubs follow in cases of player concussions and repeated head trauma, including practices undermining recovery periods and potential risk disclosure

Whilst I believe there were some 'loose' guidelines and practices known to a 'general' degree they were rarely, if ever exercised or enforced consistently by the club to me as the player. A concussion was never taken as serious as any other type of injury like a knee, hamstring, ankle etc. There was no mandatory rehab, no monitoring or follow up care once you had a few days off, did lighter training and said you felt 'ok' and 'fine' to train and play. As a concussion is an invisible and self-reporting injury, it was easy to manipulate the club, coaches, physiotherapist, and vis versa especially if you were an 'important player' to be cleared to play and train because what also constituted the recovery period wasn't clear.

Having clear mandatory guidelines and practices in place with a consequence/club penalty attached if not followed with the sole objective to protect a player's brain in its present and future state is the change I want to see and the change we need to occur in all contact sports at all levels from grassroots through to the elite.

2. the long-term impacts of concussions and repeated head trauma, including but not limited to mental, physical, social and professional impacts

Whilst having persistent post-concussion syndrome daily I experience a constellation of several symptoms at various and fluctuating intensities. No two days are the same and I work hard to try keep them under control by managing myself and my environments to allow me to function.

My symptoms include light sensitivity, noise sensitivity, headaches, migraines, pressure in my head, dizziness, blurred vision, brain fog, fatigue, mood swings, irritability, impulsive behaviours, memory loss, confusion, impaired judgement, impulse control problems and speech difficulties at times. I have a cognitive impairment, so I have trouble remembering, learning new things, concentrating, and making decisions that affect my everyday life. I battle on and off with depression and anxiety. Overtime these symptoms have progressed and I have deteriorated in many aspects changing my personality completely. These symptoms, behaviours and impairments are all the direct results and long-term impacts of my concussions and repetitive head trauma.

All the above mentioned has become socially limiting and at times isolating and has been a major career/professional barrier to my performance, progression, and opportunities.

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3. the long and short-term support available to players affected by concussion and repeated head trauma

This area is lacking majorly, support is basically non-existent for the short and long term of past and present players affected by concussion and repetitive head trauma particularly if you are not a paid professional athlete. I have completely navigated and researched this space on my own and through my own efforts. This needs to change because concussion doesn't discriminate in age, gender or level playing/competing at, it is not an exclusive injury that only the elite suffer.

There needs to be online education, resource material and support groups accessible to all associations, clubs and Australians who play or are involved in contact sport at any age and level.

Medical professionals need a recommendation and referral pathway to follow to send patients onto other professionals and resources available that may help those who present to them with various ongoing symptoms and concerns from their concussion.

4. the liability of contact sports associations and clubs for long-term impacts of player concussions and repeated head trauma

As a former player of a contact sport, you know the risk of playing and the possibility of injury. When you're injured with a muscle strain, broken bone or ACL you are made aware of the damage, rehab process, short- and long-term effects of the injury, if any. So why should an injury to the brain (the most vital organ in your body that you don't get a second version of) through concussion or repetitive head trauma be treated any different.

I played in an elite QLD league, I never felt concussion as an injury was taken or treated seriously. It was more so perceived as an injury of a tough warrior like player. No association or club ever educated me or made me aware of the potential for the long term effects of multiple concussions and the risks associated with continuing to play. Had I known or been better informed, I probably wouldn't be writing this submission as medically retired AFL player suffering long term effects of concussion.

Contact sports associations and clubs have a duty of care to at the very least educate players about concussion as an injury. They need to inform players about the short- and long-term effects of the injury and the risk of permanent brain damage and deterioration due to repetitive head trauma. There is a responsibility and a degree of liability on contact sports association and clubs to protect players as best they can from the long-term impacts of concussions and repetitive head trauma.

6. The lack of a consistent definition of what constitutes 'concussion'

Concussion and what constitutes one I feel is up for interpretation and has little to no consistency in the definition. There is a complete lack of consistency and understanding of the definition that binds the symptoms to the injury and then diagnosing a player with one and then following protocols.

The area is completely grey and there is no room for a grey area in concussion, what defines one or what constitutes one. The brain is the most vital organ in the body, so the definition needs to be consistent and black and white.

This is a major contributing factor and impacts the severity and seriousness in which concussion as an injury is seen as and dealt with by a) players b) clubs, medical staff, associations c) fans of the game.

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8. Workers, or other, compensation mechanisms for players affected by long-term impacts of concussions and repeated head trauma

I played AFL in the top Queensland and Division 1 league for women, there has been no compensation mechanisms in any regard for myself, a player affected by long-term impacts of concussions and repeated head trauma. In my experience with concussion and now being medically retired and still suffering the long-term affects daily I have bared all continuous medical costs and loss of income (at times) due to the impacts. I have completely navigated and funded this space and my continually recovery process on my own. The support and compensation not just financially has been non existent.

9. Alternative approaches to concussions and repeated head trauma in contact sport, and awareness raising about risks

From the point of view as a 30 year old medically retired player and now sufferer of the long term impacts of concussion and repetitive head trauma I believe the follow could help change the future of concussion and repeated head trauma in contact sports;

- One month imposed recovery protocol (stand down) period after sustaining a concussion whether it be in training or during a game
- After 3 diagnosed concussion in a season a 12month mandatory medical stand down period (unable to register and play) to let the brain recover
- Scans on the brain and compulsory baseline concussion testing prior to a season starting for all players at all levels
- If clubs don't abide by mandatory protocols and rules in regards to concussion penalties applied (ensures compliance and player safety, if no consequence no incentive to abide, this is key)
- Take decision to continue playing (in game, season or career) out of players hand by having an independent doctor or specialist assigned to clubs to make the decision medically in the best interest of the player and their brain health
- Age limitations on contact sport and heading the ball in soccer to 14years (reduces time exposed particularly to the developing brain of an adolescent)
- Greater education and awareness rolled out and accessible to players, clubs, medical personnel, officials, parents, fans from the grassroots through to professionals
- Resources, support groups accessible to all Australians suffering the affects of a concussion short or long term
- More funding for research projects
- Fundraiser day and national day of recognition
- At a professional level a round dedicated to Concussion and CTE to raise awareness and funding for continued research
- Presentations given before starts of seasons in clubs at schools, universities etc that are compulsory for all age groups and levels
- Included and compulsory in curriculum when studying in the field of sport and medicine in schools, higher education (tafe, universities etc) and even coaching courses

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