

CONCUSSION INFORMATION SHEET

What is a concussion?

A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth.

What are the signs and symptoms of a concussion?

<u>Concussion Symptoms</u>	<u>Concussion Signs</u>	<u>Danger Signs for Emergency Referral</u>
<p style="text-align: center;"><i>(what the athlete may report)</i></p> <ul style="list-style-type: none"> Headache “Pressure” In Head Blurred Vision Nausea/Vomiting Feeling “in a “fog” Fatigue/Sleepiness Difficulty focusing/concentrating Temporary loss of memory Sensitivity to light or sound 	<p style="text-align: center;"><i>(what others may observe)</i></p> <ul style="list-style-type: none"> Dazed Appearance Balance Problems Memory Issues Confusion Sleepiness/Grogginess Personality Changes Irritability 	<p style="text-align: center;"><i>(immediate referral to ER is recommended)</i></p> <ul style="list-style-type: none"> Unequal pupil size Is drowsy or cannot be awakened A headache with increasing intensity Any reported weakness or numbness Repeated vomiting Convulsions or seizures Slurred speech Becomes increasingly confused, restless, or agitated Loss of consciousness (even if only a brief amount of time) Suspected cervical spine injury

What should you do if you think an athlete has sustained a concussion?

- Remove the athlete from physical activity. An athlete should never return to play the same day as a suspected concussion.
- Athlete should be evaluated by a healthcare provider trained in the evaluation and management of concussion.
- Relative rest is the recommended course of treatment for concussed athletes during the first 24-48 hours.
- Limit visual and auditory stimuli (TV, computer, video games, texting, loud music, etc.) if symptoms increase with use.
- Avoid any over-the-counter medications (Advil, Motrin, Ibuprofen, Aleve, etc.) unless otherwise directed by a physician.
- Contact the school nurse, athletic director, administrator and/or guidance counselor from the athlete’s school so they are made aware that a concussion is suspected and academic accommodations may be needed.

Return to Participation (RTP)

Once a qualified healthcare provider has released an athlete to resume physical activity, it is recommended that a Return to Participation (RTP) Protocol be performed to safely return them to athletics. This RTP protocol should be completed under the direction of a qualified healthcare provider. An example RTP Protocol from the 5th International Consensus in Concussion in Sport is located in the chart below.

Stage	Aim	Activity	Goal
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual re-introduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling slow to medium pace No resistance training	Increase heart rate
3	Sport-specific exercise	Running or skating drills No head impact activities	Add movement
4	Non-contact training drills	Harder training drills, eg, passing drills May start progressive resistance training	Exercise, coordination, and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to Sport	Normal game play	

NOTE: There should be at least 24 hours (or longer) for each stage of the progression. If any symptoms worsen during exercise, the athlete will stop activity for that day. After remaining symptom free for 24 hours, the athlete will return to the previous stage and attempt to complete this stage without the reoccurrence of symptoms.

McCrory, P., et al (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. British Journal of Sports Medicine. Published Online First: 26 April 2017.