

The slow return may be frustrating as well. However, it provides the necessary feedback on the condition/status of the concussion.

A return to full activity without restrictions is not only dependent on the physical findings of the physician and athletic trainer, but the HONEST reporting of signs/symptoms by the athlete.

**Additional information about concussion:**

<http://www.cdc.gov/ncipc/tbi/default.htm>

<http://www.newamssm.org/Pblic.html>

**Local Medical Resources:**

Tod Sweeney, MD- [www.sfmcolorado.com](http://www.sfmcolorado.com)

The Children's Hospital- Concussion Clinic-  
[www.thechildrenshospital.org/conditions/rehab/concussion/index.aspx](http://www.thechildrenshospital.org/conditions/rehab/concussion/index.aspx)

**Home Care:**

- Avoid taking any medication unless directed by physician.
- Avoid alcohol, illicit drugs, or other substances that interfere with cognitive function and neurological recovery.
- Rest, but resume normal activities of daily living as tolerated, while avoiding activities that potentially increase symptoms.
- Eat a light, well-balanced diet that is nutritious in both quality and quantity. Hydrate adequately.
- Awaken athlete during the night to check on deteriorating signs and symptoms only if he/she experienced loss of consciousness, had prolonged

symptoms of amnesia, or was still experiencing significant symptoms at bedtime.

**When can the athlete return to play?**

Once asymptomatic and cleared by the treating physician, the athlete will be guided by the athletic trainer through a gradual/step-wise return to play protocol. This often takes several days depending on the severity of the concussion.

**CONCUSSIONS ARE SERIOUS INJURIES NOT TO BE TAKEN LIGHTLY. YOUR CHILD COULD SUFFER LIFE-LONG HEALTH ISSUES AND EVEN DEATH IF NOT TREATED PROPERLY.**

**Please feel free to call your school's certified athletic trainer with any questions regarding your child's head injury!**

**CONCUSSION**

**INFORMATION**

***An Athlete and Parent Guide to Concussions***

*Sponsored by:*

**Panorama Orthopedics**

**&**

**Sports and Family Medicine of Colorado**

## Concussion Information Sheet

Concussions can be complicated injuries that can lead to life-long impairment if not treated properly. The healing process can be frustrating to athletes, parents and coaches, especially if there is a lack of knowledge about concussions and the necessary steps to recovery. Athletes have a greater chance for a safe, healthy, full return to sports when they adhere to a complete medical treatment protocol. This includes a medically supervised gradual/step-wise return to play program. The following information is intended to provide athletes, parents and coaches with information on what to expect in the treatment of concussions.

### What is a concussion?

A concussion is an injury to the brain and most commonly *does not* involve a loss of consciousness.

1. Concussion may be caused by a direct blow to the head, face, neck or elsewhere on the body from an impulsive force transmitted to the head.
2. Concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously.
3. Concussion may result in neuropathological changes but the acute clinical symptoms largely reflect a functional disturbance rather than structural injury.
4. Concussion results in a graded set of clinical syndromes that may or may not involve loss of consciousness (LOC). Resolution of the clinical and

cognitive symptoms typically follows a sequential course.

5. Concussion is typically associated with grossly normal results on conventional neuroimaging studies.

### What are the most common signs and symptoms of concussion?

An athlete can display a wide range of symptoms consistent with alteration of mental status. The athlete often will not know that the symptoms represent a concussion.

#### Cognitive features:

Unaware of period, opposition, score of game  
Confusion  
Amnesia  
Loss of consciousness  
Unaware of time, date, place

#### Typical Symptoms:

Headache	Dizziness
Nausea	Ringing in ears
Unsteadiness/Loss of Balance	
Feeling "dazed" or "dinged"	
Double vision	

The range and potential vague nature often make the diagnosis difficult.

#### Initial injury:

\*Athletes should immediately report any hit/trauma to the head or significant trauma to the body that results in ANY abnormal signs/symptoms to the athletic trainer or coach.

\*The athletic trainer will complete an initial injury report to document the injury and assist in a full and safe return to activity.

\*ALL athletes with a hit/trauma to the head or significant trauma to the body resulting in abnormal signs/symptoms will be referred to a physician for a complete evaluation and any necessary diagnostic testing.

### Recovery Period:

\*Time frame is dependent on the severity of the concussion and signs/symptoms.

\* A time of "**NO PHYSICAL ACTIVITY**"= no activity that will elevate heart rate and blood pressure. This would include, but not limited to, all sports (organized, recreational, "pick-up/backyard"), weight lifting or moving of heavy objects, running, bike riding, skiing/snowboarding, and conditioning.

\***BRAIN REST** is key during this stage. This means no video games or excessive computer use. Adequate sleep and proper nutrition and hydration are also very important

\*Attending school full time is important, in the context of, adequate breaks during the day as needed.

\*This may be a frustrating time for athletes and parents. Despite "feeling fine" athletes must adhere to the **NO ACTIVITY** period to ensure a complete recovery and reduce chances of long term effects.

\*Daily **honest** reporting of signs/symptoms by the athlete is imperative.

### Return to activity:

Athlete must be cleared by a physician in order to begin a supervised gradual/step-wise return to play protocol.

**GRADUAL/Step-wise** return: A **minimum** of 3-7 days. The ATC will provide a specific daily program. Each step should generally take a minimum of 24 hours, as it is widely recognized that symptoms may not worsen at the time of exertion, but rather later in the day or even the next day. If any symptoms occur, the athlete should cease activity, drop back to the previous asymptomatic level the next day. If symptoms reoccur the athlete should return to resting until asymptomatic.