

Concussion Information for John Burroughs Athletes and their Families

- **What is a concussion?**

A concussion is an injury to the brain caused by a blow to the head or body. This injury causes the brain to not function normally for a period of time. Concussions are sometimes referred to as mild traumatic brain injuries. The majority of concussions get better with time. However, occasionally there can be a more significant problem, which is why monitoring symptoms is important. When you have a concussion, you may have problems with concentration and memory, have a decreased ability to focus, feel fatigued, have a headache, or feel nauseated. Bright lights and loud noises may bother you. You may feel irritable or have other symptoms.

- **What should I watch for?**

After evaluation by your team physician or athletic trainer, it may be determined that you are safe to go home. Otherwise, you may be taken to the hospital. **If you are sent home, you should not be left alone. A responsible adult should accompany you. It is generally best to not have the athlete drive immediately following their concussion.**

Symptoms from your concussion may persist when you are sent home but should not worsen, nor should new symptoms develop. You should watch for such things as :

- Increasing headache
- Increasing nausea or vomiting
- Increasing confusion
- Unusual sleepiness or difficulty being awakened
- Trouble using your arms or legs
- Garbled speech
- Convulsions or seizures

If you notice any of these problems or have any other problem that appears worse compared to how you felt at the time you left the stadium or practice, immediately call the physician or athletic trainer. In an emergency, have someone transport you to a hospital.

- **Is it okay to go to sleep?**

Concussions often make a player feel drowsy or tired. As long as you are not getting worse, it is all right for you to sleep, which actually may aid in your recovery. We do want the responsible adult to be at home with you in case any problems arise. Athletes do not need to be awoken during the night.

- **May I take something for pain?**

Do not take any medication unless your team physician has told you to do so. Normally, we do not advise anything stronger than Tylenol. Avoid the use of aspirin, Motrin/Ibuprofen/Advil, Aleve/Naproxen, or any other anti-inflammatory medication that you may have been taking. We also ask that you not consume any alcohol and avoid caffeine and any other stimulants. If you are taking any supplements, we would suggest you discontinue the use of them as well. The team physician will determine when you can restart medications and supplements.

- **May I eat after the game?**

It is fine for you to eat if you are hungry. Remember, some players do have a sense of nausea and fatigue, and often find that their appetite is depressed immediately after a concussion. Do not force yourself to eat.

- **Do I need a CT scan or MRI scan?**

If the team physicians have determined that you are able to go home after the game, these types of diagnostic tests are not necessary. If you are sent to a hospital with a more serious injury, a CT scan is likely. If your symptoms linger for longer than anticipated, a CT or MRI scan may be a consideration.

- **How long will I be observed?**

You are to report to the training room the morning after your concussion. You will be assessed by the team physician or athletic trainers. You will take a computerized neurocognitive test between 24-48 hours after your concussion. Your symptoms will be monitored and return to play varies by individual, and will be based on physical exam, symptoms, and returning to baseline on your neurocognitive test.

TELEPHONE NUMBERS : Athletic Trainer : Dean Tiffany 314-993-4040 ext 393
Team Concussion Physician : Dr. Mark Halstead (Washington University)
← Chesterfield Office appointment line : (314) 514-3500

You are to report to the training room on : Day _____ Time _____

Concussion Protocol for John Burroughs High School Athletes

1. If athlete displays concussion-like symptoms, no return to activities on same day, unless it can be definitively determined symptoms are not attributable to a concussion. Typically symptoms will have developed from a blow to the head, neck, or elsewhere on the body (with impulsive force to the head).
 - a. Concussion-like symptoms include:
Headache, difficulty concentrating, sensitivity to light or sound, fatigue, nausea and/or vomiting, amnesia, visual changes, balance problems, emotionality/personality changes, feeling "foggy."
2. If athlete has severe headache, had loss of consciousness longer than 30 seconds, focal neurologic findings, worsening while observing → must be evaluated in ER
3. Give athlete and/or parent concussion information handout
4. Contact Dr. Halstead as deemed necessary. It is OK to call at any time to run something by Dr. Halstead or inform Dr. Halstead of incident.
5. Athlete is tested on ImPACT at school in quiet, undisturbed setting at 48 hours after concussion if asymptomatic, 72 hours after concussion if still symptomatic and provided their symptom score total is less than 10. If the symptom score at 72 hours is still >10, do not test until their score is below 10. Dr. Halstead must be notified after ImPACT is completed so he can review results.
6. Follow up ImPACT testing will be performed as dictated by Dr. Halstead. Do not retest athlete until evaluating ATC has discussed with Dr. Halstead.
7. No athlete may return to play until asymptomatic both at rest and after 2-3 days return to exertion protocol as outlined below. Athletes who are asymptomatic in less than 7 days and have normal ImPACT scores may progress on the 3 day concussion rehab protocol. Athletes with symptoms lasting longer than a week or with history of multiple concussions will be on a 4 day concussion rehab protocol. Concussion rehab protocols may be extended depending on each individual athlete's concussion history and recovery.
8. It is encouraged to recommend to the athlete to restrict cognitive activity, such as reducing school work, if able, while recovering from the concussion.

9. Return to exertion protocols is as follows :

All athletes start on day #1.

May progress to next step on following day if athlete remains asymptomatic while doing activity and after activity.

DAY #1 (all athletes – 3 day or 4 day)

LOW LEVEL ACTIVITIES

LOW LEVELS include : walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench or squats). Heart rate max of 100-110.

DAY #2 (Moderate level for 4 day, Heavy level for 3 day)

MODERATE LEVELS include : moderate jogging/brief running, moderate intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from typical routine). Heart rate max of 130-140.

HEAVY LEVELS include : sprinting/running, high-intensity stationary biking, regular weightlifting routine. Heart rate max of 160-170.

DAY #3 (Heavy level for 4 day)

If on 3 day, athlete may participate in NON-CONTACT sport specific training drills

DAY #4 – 3 day may return to ALL ACTIVITIES

If on 4 day, may start NON-CONTACT sports specific training drills

DAY #5 – 4 day may return to ALL ACTIVITIES

MSHSAA



All concussions are serious.
If you think you have a

CONCUSSION:

- * Don't hide it.
- * Report it.
- * Take time to recover.



It's better to miss one game
than the whole season.

For more information and to order additional materials
free-of-charge, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Heads Up to Schools: KNOW YOUR CONCUSSION ABCs

Assess
the
situation

Be alert for
signs and
symptoms

Contact a
health care
professional

A Fact Sheet for Parents

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports *one or more* of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY YOUR CHILD OR TEEN

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a concussion should **NEVER** return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).
2. **Help them take time to get better.** If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a health care professional.
3. **Together with your child or teen, learn more about concussions.** Talk about the potential long-term effects of concussion and the dangers of returning too soon to normal activities (especially physical activity and learning/concentration). For more information about concussion and free resources, visit: www.cdc.gov/Concussion.

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.



To learn more about concussion and to order materials **FREE-OF-CHARGE**, go to: www.cdc.gov/Concussion or call 1.800.CDC.INFO.