

CONCUSSION IN YOUTH SPORTS: A FACT SHEET FOR PARENTS

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FACTS:

- A concussion is a **brain injury**.
- Bell-ringers and dings are **concussions**.
- All concussions are **serious**.
- Concussions can occur without **loss of consciousness**.
- Concussions can occur without **memory loss**.
- Recognition and proper management of concussions when they **first occur** can prevent **further injury** or even **death**.
- Most athletes can **safely return to play** after recovery.
- Everyone recovers at their **own rate**.
- In general, the **younger** the athlete, the **longer** the recovery.
- Both **cognitive** and **physical** rest are the key to recovery.
- U.S. annual rate of sports/rec related concussions: **3.8 million**.

A **CONCUSSION** is caused by a bump or blow (usually to the head) that is hard enough to disrupt the metabolic functioning of the brain. A fall or collision with another player can cause a concussion.

It is important for athletes to report concussions because the cumulative effects of repeated concussions can result in permanent intellectual and cognitive changes.

We also know that youth appear to be more vulnerable to the effects of concussion, and that the amount of time needed to recover from concussion varies across individuals and is related to a number of factors, including age.

It is also known that REST is the best treatment after a concussion and helps the brain heal faster. If the athlete is still symptomatic, forcing him or her to exert either physically or mentally will likely lengthen the recovery period. This means abstaining from sports – including recess and PE – as well as any other activities that require sustained mental exertion, from test-taking to playing video games. Once an athlete is 100% symptom free at rest, a gradual return-to-play protocol is implemented to be sure that symptoms do not resurface with exertion. No athlete should ever return to play if concussion symptoms recur.

Management of concussion in youth is very important to prevent a rare but often fatal brain injury called **Second Impact Syndrome**. This Syndrome may occur when an athlete suffers a mild concussion and then within a short period of time (usually within one week) receives a second blow to the head. Rapid brain swelling can occur as the brain has not yet healed from the first hit. Increased intracranial pressure, if uncontrolled, can lead to death or severe neurological damage.

RECOGNIZING A CONCUSSION

To recognize a possible concussion, parents should watch for:

Any change in their child's behavior, thinking, and/or physical functioning

Associated with a collision, fall or forceful movement of the head.

SIGNS AND SYMPTOMS

SIGNS OBSERVED BY FAMILIES

- Appears dazed or stunned
- Is confused following instructions
- More irritable or emotional than usual
- Sleeping more than usual
- Moves clumsily
- Answers questions slowly
- Trouble reading or completing homework
- Shows behavior or personality changes
- Can't recall events before or after hit or fall
- Complains that noises, lights, sunlight "irritating"

SYMPTOMS REPORTED BY ATHLETES

- Headache or "pressure" in head
- Nausea or vomiting
- Double or blurry vision
- Sensitive to lights or noises
- Dizziness, clumsiness, sleepiness
- Feels sluggish, hazy, foggy, groggy
- Attention, concentration problems
- Memory loss
- Confusion
- Just doesn't feel "right"

WHAT SHOULD YOU DO WHEN A CONCUSSION IS SUSPECTED?

RED FLAGS: Call your doctor or go to your Emergency Department with sudden onset of any of the following

Headaches that <u>worsen</u>	Look <u>very</u> drowsy, can't be awakened	Repeated vomiting	Unusual behavior change
Seizures	Can't <u>recognize</u> people or places	Increasing confusion	Significant irritability
Neck pain	Weakness or numbness in arms or legs	Slurred speech	Loss of consciousness

<u>It is OK to:</u>	<u>There is NO need to:</u>	<u>Do NOT:</u>
<ul style="list-style-type: none"> • Use Tyleno) for headaches • Use ice packs as needed for comfort • Eat a light diet • Go to sleep • Rest (no strenuous activity or sports) 	<ul style="list-style-type: none"> • Check eyes with a flashlight • Wake up every hour • Test reflexes • Stay in bed 	<ul style="list-style-type: none"> • Drink alcohol or drive while symptomatic • Exercise or lift weights • Take ibuprofen (Advil, Motrin), aspirin, naproxen or non-steroid anti-inflammatory medications until told it's OK by a physician

- **Following a concussion, rest is the key.** The child/adolescent should not participate in any high risk activities (e.g., sports, PE, recess, riding a bike, etc., or other physical activities that increase normal heart rate. Limit activities that require a lot of lengthy mental activity or concentration (such as homework, schoolwork, job-related activities, extended video game playing), as this can make the symptoms worse. Get good sleep; no late nights or sleepovers. Take naps if tired or drowsy.
- **Ensure that your child is evaluated right away by an appropriate health care professional.** Do not try to judge the severity of the injury yourself. The experts at the Concussion Institute at Gwinnett Medical Center have a number of methods that they can use to assess the severity of concussions, and to develop an appropriate Care Plan. They will work with a student's teachers, coaches, athletic trainer and other Providers as needed in order to return your child to the classroom and to the playing field as quickly as possible, and as safely as possible.
- **Inform the school team – teachers, administrators, counselors, etc. - about your child's injury and symptoms.** Students who experience symptoms of concussion often need extra help to perform school-related activities and may not perform at their best on classroom or standardized tests. Rest breaks during the school day can also be helpful. As symptoms decrease during recovery, the extra help or supports can be removed slowly. Concussion Institute staff will work with your child's school to manage the workload and schedule as your child recovers.
- **Be patient!** It is normal for a child or adolescent to feel frustrated, sad and even angry because they cannot return to sports and/ or recreation right away. With any injury, a full recovery will lower the chances of getting hurt again. It is better to miss one or two games than the whole season. Careful post-injury management will ensure the quickest and safest return to sports, and do the classroom.
- **Allow your child to return to play only with permission from a health care professional with experience in evaluating concussions.** Recovery times vary across individuals, so you should be wary when permission is based on the amount of time spent "resting," rather than measures of current symptoms and neurocognitive status. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare **second impact syndrome** by seeking appropriate medical evaluation and approval for return to play.
- Once cleared – when 100% symptom free - be sure that your child follows a **gradual return-to-play protocol**, under the supervision of a healthcare provider or Certified Athletic Trainer with expertise in concussion management.

For more information, see and www.cdc.gov/injury.

Dr. Shapiro is a licensed psychologist, Credentialed ImPACT Consultant, founding member of the Sports Neuropsychology Society and an RRCA certified running coach. She works with an athlete's primary care physician, allied health care professionals, school, and coaches as needed in order to evaluate the effects of a concussion, develop a comprehensive concussion management plan, and determine when it is safe for the athlete to return to sports. Dr. Shapiro is also available to work with schools, teams and leagues to provide concussion education to coaches, parents and athletes, and to implement baseline testing programs. Contact Dr. Shapiro at (404) 937-3107 or mshapiro@ganeuropsych.com.