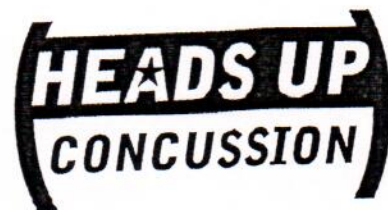


# CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.


## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—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 quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

 **Plan ahead.** What do you want your child or teen to know about concussion?

## How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.
- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control



**Concussions affect each child and teen differently.** While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

► Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

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**Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.**  
*Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.*

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

☐ I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

## What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



**To learn more, go to**  
**[www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)**

You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.



## **What is Salisbury Township School District's protocol for concussions?**

Every athlete who is suspected to have sustained a concussion while participating in a Salisbury Township School District sport will be evaluated according to a protocol set forth by STSD.

The protocol involves:

- 1) Full clinical evaluation by a medical professional (often initially by the licensed athletic trainer)
- 2) Post injury ImPACT 24 hours after the injury
- 3) Consultation with a physician who is ImPACT trained
- 4) Determination of appropriate course of treatment, including office visit, physical therapy if needed, and accommodations if warranted
- 5) Gradual return to play progression once symptoms have subsided

### **Post concussion management/referral:**

Student athletes with symptoms lasting more than 24 hours will be further evaluated by an appropriated medical professional for consideration of additional diagnosis and concussion management options. These re-evaluations will occur as needed until all symptoms have resolved and the student athlete is participating in their respective sport/activity. Additional diagnoses may include, but are not limited to:

- Post-concussion syndrome
- Sleep disorders
- Migraines or other headache disorders
- Mood disorders
- Ocular/vestibular dysfunctions

Any student athlete under the age of 14 will be required to schedule with a Concussion and Head Trauma program for further evaluation, treatment and participation clearance. The evaluation should take place within 72 hours from the date of the injury.

### **Return to Learn Protocol**

Depending on the student athlete's symptoms and his/her response to cognitive activity, he/she may be prescribed an individualized plan to remain at home and gradually return to academic work while these symptoms resolve.

In addition to the potential accommodations to be considered listed below, the student may also be excused from athletic study hall and mandatory team functions (observing practice, film sessions and community service) to allow for traditional cognitive rest during this time.

Possible list of accommodations to be considered based upon symptoms include, but are not limited to:

- Excused class absences
- Excused from physical activity
- Rescheduled test/project date or due date
- Additional time to complete assignments
- Ability to make up missed coursework



- Additional time to complete test
- Alternate test taking environment
- Alternate note taking
- Limited exposure to electronic media

Other accommodations may be determined appropriate for the student reflective of their individual circumstances. All academic accommodations will be made by a physician who will continue to follow each case through the healing process. Accommodations may last up to two weeks, in rare cases accommodations could last a month or longer. Student athletes with accommodations lasting more than two weeks will be re-evaluated by the team physician for continued accommodations. It is important to note that each concussion will be different and no two concussions are alike. A student athlete should fully return to academics prior to returning to sport participation. This means the above list no longer affects the student athlete and they have been actively making up classwork and exams.

### **Return to Sport Protocol**

The return to sport (RTS) decision must be individualized for the specific circumstances of each concussion. There is no percentage threshold or score for RTS. The AT, in consultation with treating physician, should exercise sound clinical judgement throughout the RTS process. A student athlete should be asymptomatic at rest for 24 hours and have returned to baseline neurocognitive and balance levels prior to the initiation of the RTS protocol (past the light aerobic exercise phase).

Return to learn must also be completed unless otherwise instructed by a team physician. The RTS protocol is designed to increase cardiovascular and sport specific activities in a gradual fashion. Progression through the incremental RTS protocol must be supervised and documented by an AT on a daily basis. Should symptom(s) return during exertional testing, the student athlete is to report the symptom(s) immediately and testing will be halted. The student athlete will resume rest for the remainder of the day and until asymptomatic prior to returning to the step they had been attempting when symptoms appeared. The duration of this additional rest will be decided on a case by case basis.

Progression through the RTS will vary for each individual. RTS will only be considered once a student athlete is free of concussive symptoms at rest as well as during/after exertion, and all academic accommodations have been lifted. Each RTS progression step will last at least 24 hours. If any symptoms worsen during exercise the student will go back to the previous step.

If you have any questions, comments or concerns, please feel free to contact Salisbury's licensed athletic trainers:

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