

# Concussion Management – Parent Information

## Concussion definition – (MTBI – mild traumatic brain injury)

A concussion is a reaction by the brain to a jolt or force that can be transmitted to the head by an impact or blow occurring anywhere on the body. Essentially a concussion results from the brain moving back and forth or twisting rapidly inside the skull.

**Symptoms of a concussion are the result of a temporary change in the brain’s function.** In most cases, the symptoms of a concussion generally resolve over a short period of time, however in some cases, symptoms will last for weeks or longer. Children and adolescents are more susceptible to concussions and take longer than adults to recover.

### Symptoms include, but are not limited to:

- Decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information
- Confusion or appears dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulties, dizziness, or clumsy movements
- Fatigue and/or sleep issues – sleeping more or less than usual
- Double or blurry vision
- Nausea, vomiting and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy or light-headed
- Concentration or focusing problems
- Drowsiness

### Students who develop any of the following signs, or if signs and symptoms worsen, should be seen and evaluated immediately at the nearest hospital emergency room.

- Headaches that worsen
- Seizures
- Looks drowsy and/or cannot be awakened
- Repeated vomiting
- Slurred speech
- Unable to recognize people or places
- Weakness or numbing in arms or legs, facial drooping
- Unsteady gait
- Change in pupil size in one eye
- Significant irritability
- Any loss of consciousness
- Suspicion for skull fracture: blood draining from ear or clear fluid from

**Concussion Prevention:** Along with educational training for coaches and athletes, the following guidelines will be used to prevent a concussion when one is suspected:

1. The student will not be allowed to return to play/activity in the current game or practice.
2. The student should not be left alone and regular monitoring for deterioration is essential over the next 24 hours following injury.
3. Following the initial injury, the student must follow up with their Primary Care Physician, District Chief Medical Officer or with an Urgent Care/Emergency Care Facility within the first 24 hours. It is recommended that a student see a health care professional who has had proper training in evaluation and management of sports concussions.
4. The student must have the “Student Concussion Checklist” on file with the School Nurse and a Physician Checklist form signed by the physician. These forms must be returned to the School Nurse.
5. Return to play must follow a medical clearance and successful completion of the “Return to Play Protocol”.

The School Nurse will supervise and document the Zurich Guidelines. The school district appointed Chief Medical Officer has final determination for the students return to play status.

**The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to a sport/activity. The program is broken down into six steps in which only one step is covered per one 24-hour period. The next six steps involved with the Return to Play Protocol are:**

1. No activity until asymptomatic.
2. Light aerobic exercise such as brisk walking or stationary bike, etc. No resistance training.
3. Sport/activity specific exercise such as skating, running, etc. Progressive addition of light resistance training.
4. Non-contact training/skill drills.
5. Full contact training in practice setting (if a contact/collision sport).
6. Return to competition.

Parents are encourage to visit the State Education Department of Health Website for more information on Concussion Management  
New York State Department of Health  
[http://www.health.ny.gov/prevention/injury\\_prevention/concussion/htm](http://www.health.ny.gov/prevention/injury_prevention/concussion/htm)

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

(I have read and reviewed the following information in regards to the Stillwater Concussion Management Plan and Procedures)