

Concussion Information for Patients & Parents

Unionville High School Athletic Training and Sports Medicine Services

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General Information:

Any blow to the head, face, or body that jolts the brain can result in a concussion, which can be dangerous if not handled properly. A concussion is a brain injury that results in a temporary disruption of neurological function. ONE DOES NOT NEED TO LOSE CONSCIOUSNESS TO SUFFER A CONCUSSION (if fact, less than 10% of sport-related concussions actually involved LOC). Because the brain floats freely within the cerebrospinal fluid, it moves at a rate that can not be stopped by protective barriers, such as a helmet or a protective headband. The result is that the brain may “bounce” or “twist” inside of the skull (think of an egg yolk moving around a shaken egg shell). While helmets may lessen the blow, they are intended to prevent skull fractures and have not been proven to decrease concussive forces.

Signs & Symptoms of a Concussion:

It only takes 1 sign/symptom to suspect a concussion

Symptoms:

- Headache
- Nausea
- Fatigue
- Balance Problems
- Sleep Disturbances
- Dizziness
- Visual Disturbances
- Feeling Sluggish
- Difficulty Concentrating
- Difficulty Remembering
- Fogginess
- Confusion
- Light Sensitivity
- Noise Sensitivity
- Pressure in Head
- Ringing in Ears

Signs

- Appears Dazed
- Confusion
- Forgets plays
- Unsure of game, score, or opponent
- Clumsy movements
- Slow answers
- Loss of Consciousness
- Behavior Changes
- Amnesia
- Vomiting

FAQs

What to look for after a concussion?

Observe the athlete! Check the person frequently for worsening signs/symptoms. There is no need to disrupt sleeping patterns by waking him/her up (this could be detrimental to the recovery process as rest is important). Consult a physician or 9-11 immediately if there is any question of worsening symptoms. Note that an excruciating headache, especially if accompanied by vomiting or loss of consciousness or decreasing mental state may indicate a life-threatening brain-bleeding injury and should be brought immediately to the Emergency Room of the nearest hospital.

How should I treat my son/daughter's concussion at home?

Get as much physical and cognitive rest while symptoms are present. This generally means to limit schoolwork or take very frequent breaks. Do not do any physical exertion and attempt to limit time in the sun as sensitivity to light is often present. Crowded areas may be bothersome due to sensitivity to noise. Limit “screen time” especially texting or using cell phones, laptops, and watching TV (specifically those programs that have sudden movements or flashing lights such as sports or movies).

In general, you should avoid medications that contain aspirin or NSAIDs (Advil, Motrin, etc.) because these medications may potentially increase the risk of intracranial bleeding or they may increase symptoms.

In general, it is believed that acetaminophen (Tylenol) is ok, but check with your physician before taking any medications. If possible, avoid medications completely to give the athletic trainers and physicians a better understanding of when your symptoms truly resolve.

Once symptoms begin to resolve, it is important to attempt to live your life as normal as possible in a controlled way (i.e. breaks if needed, no physical activity, limiting stimuli to eyes and ears, etc.).

What physician does he/she need to see?

According to District Policy and State Law, you must see a physician to be evaluated and “cleared” for academic accommodations and return to play. Many people chose to see their primary care physician if they have a long standing relationship. If you do not want to go to your PCP or you do not have a long standing relationship, it is best to go to a primary care sports medicine physician who specializes in concussions (a list of local physicians who specialize can be provided by the athletic trainer).

Can he/she return to school?

The athletic trainer will let the school nurse and concussion case manager at UHS know immediately of a suspected concussion. If symptoms are intensified by the multiple stimuli in school, it is advised to stay home and rest. Often times the physician will include recommendations and accommodations for your son/daughter’s schoolwork. Bring these accommodations to the main office or school nurse as soon as possible, so that your child’s teachers are aware. Students may not participate in PE until they complete the return to play protocol with no symptoms. A student must complete a normal school day with no symptoms before moving on to the return to play steps.

When can he/she return to play?

A number of criteria must be met before the student-athlete may return to full activity. The first is that he/she must complete a full day being symptom free with normal activities. They must be cleared by a physician and do a 5-step return to play protocol that gradually increases exertion levels (this must be supervised by an athletic trainer, physical therapist, or treating physician).

What is ImPACT?

ImPACT is a computer based concussion management software. Every athlete took a baseline test prior to competing in sports. Once a suspected concussion is suffered, the ImPACT will be re-administered and the results are compared to your baseline. A passing ImPACT does not guarantee that one has not suffered or has recovered from a concussion, but is one tool in a toolbox that athletic trainers and physicians use to clinically evaluate and management a concussion. ImPACT must return to baseline levels before returning to full activity unless your physician advises the concussion management team otherwise.

Who is on the Concussion Management Team?

The concussion management team starts with the student-athlete and parents. The treating physician is also a key part of the CMT. In the school the CMT includes (but is not always limited to) the athletic trainers, team physician, concussion case manager, school nurses, guidance counselors, coaches, and teachers. The special education or 504 coordinators are involved if applicable to your son/daughter.

What is Post-Concussion Syndrome?

PCS can occur when an athlete sustains a serious concussion or multiple concussions within a brief timeframe. Often with PCS prolonged headaches, nausea, depression, and anxiety last months to years. This can usually be avoided by proper management including reporting all symptoms to your coach, athletic trainer, or physician, and not returning to sport before fully healed.

What is Second Impact Syndrome/Chronic Traumatic Encephalopathy?

These two rare but serious conditions are the reasons why concussions are treated more conservative than in the past. SIS can occur when an athlete suffers a second head injury before recovering fully from a prior head injury. This can lead to permanent neurological damage or death. Nearly all cases have occurred in athletes younger than 20 years old.

CTE is a condition that occurs from repeated concussion or sub-concussive blows to the head. This causes abnormal protein deposits in the brain and can result in early onset dementia, psychological problems, and poor impulse control. While these conditions are not a result of one properly managed concussion, they should be considered when thinking about the risks of returning to sport too soon.