

Athletes Name: \_\_\_\_\_

### WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a blow or bump to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms or concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS?

Problems could arise over the first 24-48 hours. Watch for any of the following signs or symptoms of a concussion. Monitoring for deterioration is essential over this time period after injury.

#### Signs Observed by Coaches, Parents or Guardians:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets instructions
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

#### Symptoms Reported by Athlete

- Headache or “pressure “ in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light and/or noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion

### HOME INSTRUCTIONS:

- Do not give your child any aspirin, Tylenol, Acetaminophen, Ibuprofen, Advil or any other pain medication for the first 24 hours. After that period please use Tylenol only to decrease the headache pain.
- Your child should not drive a vehicle until cleared by a physician.
- Your child should avoid watching television, loud music or noise.
- Your child should wear sunglasses if sensitivity to light is an issue.
- Your child should not participate in any physical activity.

#### Your child should be seen in an emergency department right away if she/he has or develops:

- One pupil larger than the other
- A headache that gets worse
- Drowsiness or cannot be awakened
- Weakness, numbness or decreased coordination Vomiting
- Convulsions or seizures
- Increased confusion, restlessness or agitation
- Is unsteady on her/his feet
- Has slurred speech
- Loss of consciousness (even brief loss of consciousness needs to be taken seriously).

### RETURN TO ACTIVITY GUIDELINES:

- Per Indiana law if an athlete is removed from practice or a game due to suspicion of a concussion they cannot return to practice or play without clearance from a physician (M.D., D.O.).
- Symptom free for 24 hours before beginning return to play protocol.
- Completes Return to Play protocol.
- Post injury ImPACT score is similar to baseline
- Returns to classroom activities full time if not currently attending school.

Recommendations provided by: \_\_\_\_\_

Some of the Information provided is taken from:  
CDC Heads Up: Concussion in Youth Sports: [www.cdc.gov/sports/index.html](http://www.cdc.gov/sports/index.html) Indiana Code 20-34-7v

## GRADUATED RETURN TO PLAY PROTOCOL\*

An initial period of 24-48 hours of both relative physical and cognitive rest is recommended before beginning the RTP progression. There should be at least 24 hours (or longer) for each step of the progression. If ANY symptoms; worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest). If symptoms are persistent (eg, more than 10-14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in management of concussions.

REHABILITATION STAGE	FUNCTIONAL EXERCISE AT EACH STAGE OF REHABILITATION	OBJECTIVE OF EACH STAGE
Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/ school activities
Light aerobic exercise	Walking or stationary cycling at slow to moderate pace. NO resistance training	Increase Heart Rate
Sport-specific exercise	Running, skating, no head impact activities	Add movement
Non-contact training/drills	Harder training drills, eg, passing drills. May start progressive resistance training.	Exercise, coordination, and increased thinking
Full contact practice	Following medical clearance, participate in normal activities.	Restore confidence and access functional skills by coaching staff
Return to play	Normal game play	

*\*adopted from Consensus Statement on Concussion in Sport: The 5rd International Conference on Concussion in Sport Held in Berlin, October 2016*

## GRADUATED RETURN TO SCHOOL STRATEGY\*

STAGE	AIM	ACTIVITY	GOAL
<b>1</b>	Daily activities at home that do not give the child symptoms	Typical activities of the child during the day as long as they do not increase symptoms (eg, reading, texting, screen time). Start with 5-15 minutes at a time and gradually build up.	Gradual return to typical activities
<b>2</b>	School Activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
<b>3</b>	Return to school part-time	Gradual introduction of school work. May need to start with a partial school day or with increased breaks during the day	Increase academic activities
<b>4</b>	Return to school full-time	Gradually progress school activities until a full day can be tolerated.	Return to full academic activities and catch up on missed work.

**The physicians listed below have been trained in concussion evaluation and management:**

### Dr. Mark Booher

Hendricks Orthopedics & Sports Medicine

301 Satori Parkway  
Ste. 120  
Avon, IN 46123  
(317) 718-4263

### Dr. David Harsha

Hendricks Orthopedics & Sports Medicine

100 Hospital Lane  
Ste. 300  
Danville, IN 46122  
(317) 718-4676

### Dr. Robyn Fean

Hendricks Orthopedics & Sports Medicine

5492 N. Ronald Reagan  
Pkwy., Ste. 170  
Brownsburg, IN 46112  
(317) 456-9063

### Dr. Brian Leffler

Avon Family Health

301 Satori Parkway  
Ste. 200  
Avon, IN 46123  
(317) 271-6363