A FACT SHEET FOR

High School Parents

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help protect your teens from concussion or other serious brain injury.

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 teens safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your 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.
  - > 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 teens that you expect them to practice good sportsmanship at all time.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

Talk with your teens about concussion.
Tell them to report their concussion symptoms to you and their coach right away.

How can I spot a possible concussion?

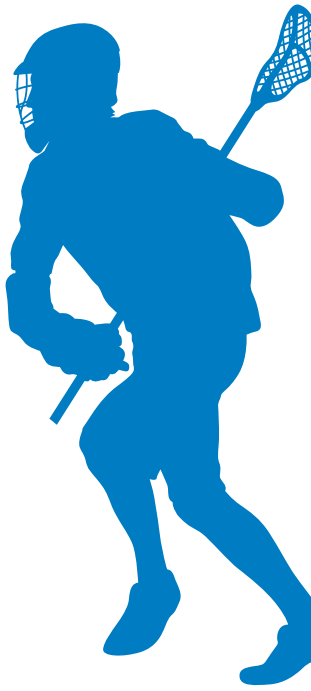
Teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs observed by parents

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets an instruction or assignment

Symptoms reported by teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Blurry or double vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty concentrating or remembering
- Just not "feeling right" or "feeling down"



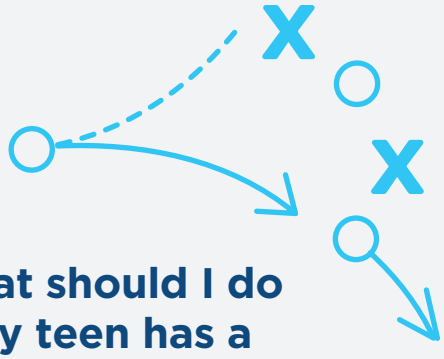
CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

Although most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities. **Be sure to offer support during their recovery and allow them to stay connected with friends and others.**

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 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 (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)



What should I do if my teen has a possible concussion?

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

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your 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 healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

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 teen for a lifetime. It can even be fatal.

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To learn more, go to cdc.gov/HEADSUP

CDC HEADS UP

Bryan Health/Nebraska Orthopaedic Center Return-to-Play Protocol for Athletics

An athlete suspected of having a concussion will be removed from play immediately and will be evaluated by the team/school Certified Athletic Trainer (ATC). If the athlete is assessed with a concussion they will begin Stage 1 of the Return-to-Play Protocol.

Symptoms will be monitored daily. Once the athlete is symptom free for 24-48 hours they will take the Sway Medical Test. The Sway Medical Test is administered daily, if the athlete remains symptom free, until he/she passes.

The athlete will be progressed through the Return-to-Play Protocol as symptoms improve.

STAGE 1
SYMPTOM LIMITED ACTIVITY: Daily activity that do not provoke symptoms, Easy walking

- Recovery Stage

STAGE 2
LIGHT AEROBIC EXERCISE: Jogging, swimming, or stationary cycling. Slow to medium pace. No resistance training.

- Work toward increasing heart rate.
- Increasing activity without return of symptoms.

STAGE 3
SPORT SPECIFIC EXERCISE: Running drills, agility drills, ball handling drills, etc. No head impact. May start light resistance training.

- Work toward adding more movement with exercise.
- Increasing activity without return of symptoms.

STAGE 4
NON- CONTACT TRAINING DRILLS: Position drills. No contact activity. Progressive resistance training.

- Progression to more complex drills.
- Work toward increasing exercise, coordination, and cognitive load.
- Increasing activity without return of symptoms.

STAGE 5
FULL CONTACT PRACTICE: Following medical clearance with normal play in activities.

- Restore confidence.
- Assess functional skills by coaching staff.
- Full activity without return of symptoms.

STAGE 6
FULL RETURN TO PLAY: Normal game play if medically cleared.

If headaches or any other symptoms reoccur, during any step, the activity needs to be stopped. The athlete should then wait 24 hours and start at the previous level again. The athlete may be referred to a specialist if symptoms persist and symptoms do not improve.

The athlete will return to participation once the protocol is accomplished and a signature for return is obtained by the athlete's parents or legal guardian and by the supervising Certified Athletic Trainer and/or physician in charge of administering the return-to-play protocol.

Please feel free to contact me if you have any questions or concerns.

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