



CONCUSSION

WHAT TO LOOK FOR • WHAT TO DO

SIGNS AND SYMPTOMS

THESE SIGNS AND SYMPTOMS MAY INDICATE THAT A CONCUSSION HAS OCCURRED.

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- 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 head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

It's better to miss one game than the whole season.

For more information and to order additional materials free-of-charge, visit
www.cdc.gov/ConcussionInYouthSports

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Return to Play Guidelines after Head Injuries
USA Hockey Safety and Protective Committee
(Summary by Dr. Michael Stuart, Chief Medical Officer, USA Hockey)

The evaluation of an athlete with a suspected concussion should be prompt and thorough. Treatment is individualized according to patient age, concussion history, symptoms, signs and type of sport. All concussed athletes should be cleared for return to play by a sports medicine professional.

Based on *the Summary and Agreement Statement of the First International Conference on Concussion in Sport*, Vienna 2001 (www.bjsportmed.com <<http://www.bjsportmed.com>>)

Concussion in Sport Group (CISG) Protocol

Acute Response: When a player shows ANY symptoms or signs of a concussion-

- *The player should not be allowed to return to play in the current game or practice.
- *The player should not be left alone; and regular monitoring for deterioration is essential.
- *The player should be medically evaluated after the injury.
- *Return to play must follow a medically supervised stepwise process.
- *A player should never return to play when symptomatic. "When in doubt, sit them out!"

Symptoms	*	unaware of situation
	*	confusion
	*	amnesia
	*	loss of consciousness
	*	headache
	*	dizziness
	*	nausea
	*	loss of balance
	*	flashing lights
	*	ear ringing
	*	blurred or double vision
	*	vision
	*	sleepiness
	*	feeling dazed
Signs	*	loss of consciousness
	*	altered mental status
	*	poor coordination
	*	slow to answer
	*	poor concentration
	*	nausea or vomiting
	*	vacant stare
	*	slurred speech
	*	personality changes
	*	inappropriate emotions
	*	abnormal behavior

Return to Play Protocol

Return to play after a concussion follows a stepwise process:

- *Proceed to the next level if free of symptoms at the current level
- *If any symptoms or signs occur, drop back to the previous level and progress to the next level again after 24 hours

- 1.No activity, complete rest.
- 2.Light aerobic activity, exercise such as walking or stationary cycling.
- 3.Sports specific training- skating.
- 4.Non-contact training drills.
- 5.Full-contact training after clearance by a sports medicine professional
- 6.Return to competition

What Should I Do If I Think I Have A Concussion?

Don't Hide It, Report It:

Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

Get Checked Out:

Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

Take Care Of Your Brain:

A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

Concussion FACT & FICTION

Fiction: I wasn't knocked out cold, therefore I didn't suffer a concussion.

Fact: You can get a concussion even if you are not 'knocked out.'

Fiction: Sitting out a shift after a big hit will allow a player time to shake it off and be ready to play.

Fact: A player who looks like he or she may have sustained a concussion should not return to play, no matter what he or she says, until being thoroughly checked out by a physician.

Fiction: Concussions are less likely in younger players because they weigh less and don't hit as hard.

Fact: Because younger players tend to have slower reaction times they may be less prepared to see a hit coming and be prepared to brace for it.

Fiction: Boys are more likely to sustain a concussion than girls are because girls play no-check hockey.

Fact: Just because girls don't check doesn't mean they aren't at risk for a concussion. An NCAA study showed that women's ice hockey players had the highest rate of reported concussions among all collegiate sports.

Fiction: Wearing a HECC-approved helmet and properly fitted mouth guard will protect a player from a concussion.

Fact: While advancements in head protection and mouth guards have greatly improved, and companies continue to spend millions on research and development, there is no current scientific proof that a helmet and mouth guard can prevent a concussion.

Fiction: Brain injuries in kids are not as serious as in adults because the developing brain is

more resistant to injury.

Fact: The child's developing brain may actually be less able to tolerate injury than the adult brain.

How Serious? Ask These Guys

These Former NHLers Know First-Hand That Sometime's It's Better To Sit Out Willingly Than To Be Forced Out Of The Game

Pat LaFontaine Two-time U.S. Olympian, whose 15-year NHL career ended in 1999 after five concussions:

"Make sure you are not having recurring symptoms before you're active again. Do not go back on the ice, do not go back to work, until you are 100 percent cleared and symptom-free. Once you have a concussion and return too soon, that's when the real damage can be done."

Mike Richter Career cut short in 2003 due to the effects of post-concussion syndrome.

"If it was any other part of my body, I wouldn't have a problem with it."

Jeremy Roenick U.S. Hockey Hall of Famer, believes that he sustained 11 concussions during his 21 NHL seasons.

"I think about it a lot. It's always in the back of my mind. I am very cautious about where I put my body because with the number of head injuries that I've had, you never know when that next one might be the killer."

Eric Lindros Eight concussions during 13 NHL seasons led to his retirement in 2007 at the age of 34.

"The fact is you're given one brain and if you injure it, it's not like you can trade it in after 100,000 miles."

Tim Connolly NHL career has been plagued by numerous concussions.

"I just had headaches every day constantly for the first few months. Little by little they would go away, but it was tough to concentrate. Even reading was tough."