

PARENTS FACT SHEET FOR YOUTH SPORTS ON CONCUSSIONS

This sheet has information to help protect your children or 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 Spot a Possible Concussion?

Children and 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.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can’t recall events *prior to* or *after* a hit or fall.

Symptoms Reported by Children and Teens:

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down.”

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren’t serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it’s better to miss one game than the whole season*.

GOOD TEAMMATES KNOW: IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

DANGER SIGNS AND SYMPTOMS OF A CONCUSSION:

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 that may squeeze the brain against the skull. Call 9-1-1 right away, or take your child or teen to the emergency department if he or she has one or more of the following danger signs after a bump, blow, or jolt to the head or body:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

You can also download the CDC *HEADS UP* app at the CDC HEADS UP web site to get concussion information at your fingertips.

RECOVERY FROM CONCUSSION

Keys to Recovery:

- Rest
- Take it slow
- Talk to your health care provider

Rest is very important after a concussion because it helps the brain heal. Your child or teen may need to limit activities while he or she is recovering from a concussion. Physical activities or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to come back or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully watched by a medical provider. As the days go by, your child or teen can expect to slowly feel better.

Recovery Tips:

Parents can help their child or teen feel better by being active in their recovery:

Rest is Key to Help the Brain Heal

- Have your child or teen get plenty of rest. Keep a regular sleep routine, including no late nights and no sleepovers.
- Make sure your child or teen avoids high-risk/high-speed activities that could result in another bump, blow, or jolt to the head or body, such as riding a bicycle, playing sports, climbing playground equipment, and riding roller coasters. Children and teens should not return to these types of activities until their medical provider says they are well enough.
- Share information about concussion with siblings, teachers, counselors, babysitters, coaches, and others who spend time with your child or teen. This can help them understand what has happened and how to help.

Return Slowly to Activities

- When your child's or teen's medical provider says they are well enough, make sure they return to their normal activities slowly, not all at once.
- Talk with their medical provider about when your child or teen should return to school and other activities and how you can help him or her deal with any challenges during their recovery. For example, your child may need to spend less time at school, rest often, or be given more time to take tests.
- Ask your child's or teen's medical provider when he or she can safely drive a car or ride a bike.

Talk to a Medical Provider about Concerns

- Give your child or teen only medications that are approved by their medical provider.
- If your child or teen already had a medical condition at the time of their concussion (such as ADHD or chronic headaches), it may take longer for them to recover from a concussion. Anxiety and depression may also make it harder to adjust to the symptoms of a concussion.

Post-Concussive Syndrome:

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if

their concussion symptoms do not go away or if they get worse after they return to their regular activities.

If your child or teen has concussion symptoms that last weeks to months after the injury, their medical provider may talk to you about post-concussive syndrome. While rare after only one concussion, post-concussive syndrome is believed to occur most commonly in patients with a history of multiple concussions.

There are many people who can help you and your family as your child or teen recovers. You do not have to do it alone. Keep talking with your medical provider, family members, and loved ones about how your child or teen is feeling. If you do not think he or she is getting better, tell your medical provider.

RETURNING TO SPORTS AND ACTIVITIES

After a concussion, an athlete should only return to sports practices with the approval and under the supervision of their health care provider. When available, be sure to also work closely with your team's certified athletic trainer.

Below are five gradual steps that you, along with a health care provider, should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

It is important for an athlete's parent(s) and coach(es) to watch for concussion symptoms after each day's return to play progression activity. An athlete should only move to the next step if they do not have any new symptoms at the current step. If an athlete's symptoms come back or if he or she gets new symptoms, this is a sign that the athlete is pushing too hard. The athlete should stop these activities and the athlete's medical provider should be contacted. After more rest and no concussion symptoms, the athlete can start at the previous step.

Baseline: Back to School First

Athlete is back to their regular school activities, is no longer experiencing symptoms from the injury when doing normal activities, and has the green-light from their health care provider to begin the return to play process.

Step 1: Light aerobic activity

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

Step 2: Moderate activity

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight from their typical routine).

Step 3: Heavy, non-contact activity

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

Step 4: Practice & full contact

Young athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

Step 5: Competition

Young athlete may return to competition.

- Trying to injure or put another athlete at risk for injury.
- Make sure athletes always wear a helmet that fits well and is in good condition.
- Work with the game or event administrator to remove tripping hazards and ensure equipment, such as goalposts, have padding that is in good condition.

To learn more, go to www.cdc.gov/HEADSUP.