

Concussion in Student/Athletes

With any suspected head injury, the student **must** be taken out of play. The coach or athletic trainer must do on-field cognitive testing.

Orientation:

Ask the athlete the following questions.

1. What stadium/field is this?
2. What town are we in?
3. Who is the opposing team?
4. What month is it?
5. What day is it?

Antero-grade amnesia:

Ask the athlete to repeat the following words.

- Girl, dog, green

Retrograde amnesia:

Ask the athlete the following questions.

1. What happened in the prior quarter/period?
2. What do you remember just prior to the hit?
3. What was the score of the game prior to the hit?
4. Do you remember the hit?

Concentration:

Ask the athlete to do the following.

- Repeat the days of the week backward (starting with today).
- Repeat these numbers backward:
 - 63 (36 is correct)
 - 419 (914 is correct)

Word list memory:

Ask the athlete to repeat the three words from earlier.
(girl, dog, green)

- Any failure should be considered abnormal.
- *Students must consult their physician within 24 hours following a suspected concussion.*
- Parents should be given Dr. Kendra Bryant's (Neurologist and Maine Concussion Management Initiative representative) contact information - 594-0922.

All high school athletes should have had baseline computer Impact Concussion testing.

Post-concussion return to play guidelines

Athletes may return to play once medically cleared by their pediatrician.

Signs

- Appears dazed or stunned
- Appears confused
- Forgets plays
- Unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loss of consciousness
- Cannot recall events prior to or after injury

Symptoms

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling foggy or groggy
- Confusion

Once cleared by their physician/pediatrician, a student/athlete's return to play should occur gradually. Individuals should be monitored for symptoms and cognitive function carefully during each stage of increased exertion. They should only progress to the next level of exertion if they are asymptomatic at the current level.

Step 1:

Moderate aerobic activity—about 75% of maximum heart rate for at least 20 minutes.

Step 2:

Intense aerobic activity for at least 20 minutes.

Step 3:

Above, and add weight training or sport specific training.

Step 4:

Practice or modified practice.

Step 5:

Full contact game play.

If any symptoms recur, athlete is to go back one step on the next day. If symptoms re-occur, go back two steps. Referral back to Dr. Bryant should be made if symptoms continue to occur.