HEADS UP ON CONCUSSIONS

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True or False:
A concussion is a type of traumatic brain injury
A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head that can change the way your brain normally works.

Concussions can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth.

Among people 15 to 24 years old, sports are second only to motor vehicle crashes as the leading cause of traumatic brain injury.
Which athletes, male or female, experience the highest rate of concussions?
After evaluating years of concussion data, evidence indicates that female athletes may be at greater risk for concussion than their male counterparts.
Do helmets help to prevent a concussion?
Helmets and other protective gear must fit properly, be age-appropriate, activity-appropriate and well maintained to be helpful. No helmet system, though, can protect an athlete from serious brain and/or neck injuries.
How often does a concussion result in a loss of consciousness?
Concussion is the most common form of head injury for athletes. It is associated with disorientation, and sometimes with loss of consciousness (LOC) followed by amnesia (forgetting) of what happened both immediately before and after the injury.

Mild confusion or disorientation about who or where you are, what the time or date is, what you were doing when the injury happened, or a persistent headache can be signs of concussion.

Loss of consciousness occurs in less than 10% of sports concussions.
What percent of athletes polled report that they had not informed a parent or coach after experiencing signs of a concussion?
26% of sports-related concussions are never diagnosed because athletes may not recognize or report the symptoms of concussion. Symptoms may go unreported because of pressure placed on the athlete from coaches and/or peers to continue playing.
Can a concussion be diagnosed by an MRI or CT Scan?
When concussion is suspected, medical evaluation and treatment should be sought as soon as possible. In cases of mild concussion, it is very common for results of neurological exams and tests to be normal.

If there are continued complaints of attention/concentration/memory difficulties, irritability, fatigue, lowered performance in school, headache, dizziness, emotional or other symptoms, it is highly recommended that the athlete receive a neuropsychological examination.

An MRI and/or CT Scan may be indicated to help confirm or rule out large bleeds or skull fractures. But a neuropsychological examination can measure brain functioning in ways that a neurological exam, MRI, CT scan cannot.
After sustaining a concussion, should an athlete be allowed to return to school right away?
While waiting for recovery, athletes often need a plan to

• avoid sports or other physical activities that increase the heart rate, such as prolonged walking, or require vigorous muscle contractions, such as weight lifting and to

• minimize activities that require focused attention like reading, working on the computer, watching TV, texting or playing video games.

• may be instructed to take acetaminophen (Tylenol, others) to ease headache pain and to avoid taking other pain relievers such as aspirin or ibuprofen (Advil, Motrin, others) because these may increase the risk of bleeding.

There should be a gradual and organized return to school and return to play plan that is developed by an experienced health care professional.
Is it ok for an athlete to return to play if they are still experiencing “minor” symptoms?
It is important to monitor evolving symptoms over time. Symptoms that worsen over time or re-emerge usually indicate the need for emergency treatment.

No two concussions are the same and even mild concussions can result in long term consequences if they are not treated correctly.

An athlete should not return to play on the day of injury.
Second Impact Syndrome is a rare, yet serious and possibly fatal, disorder that occurs when a young athlete has not yet recovered from a concussion and then within a short period of time receives a second blow to the head.

It is possible for rapid brain deterioration and even death to occur as the brain is not yet fully recovered from the first injury and the second injury causes rapid swelling in the skull.

Returning to play too early can result in a longer recovery time, long-term symptoms, and in rare cases even death.
Do younger athletes require more time than adults to recover after a concussion?
A child’s developing brain is more susceptible to the effects of a concussion.

The brain structures of a child are not as insulated as that of older athletes. Their neck and shoulder muscles are not as strong and thus have decreased ability to absorb and cushion a blow to the head.
These are the most common symptoms reported after a concussion:

#1 Headache
#2 Feeling slowed down
#3 Difficulty concentrating
#4 Dizziness
#5 Fogginess
#6 Fatigue
#7 Visual blurring / double vision
#8 Sensitivity to light
#9 Memory disturbance
#10 Balance problems
Unlike musculoskeletal injuries, concussive injuries are harder to diagnose and manage due to the variability of symptoms that present with injury.

It is important to have a concussion diagnosed and managed by healthcare providers who have experience in the treatment of concussions.

The goal of our specialists is to assist the athlete and their parents to full recovery and a safe return to sports and life.

Thank you!
The Concussion Care Program at BHCS is here to address the emerging needs of youth athletes in our community.

Impact Testing (Baseline & Post testing)
24/7 Pediatric Emergency Department
Radiology Services
Inpatient Pediatric Services
Outpatient Pediatric Rehab Services (PT, OT, ST)
Partner with some physicians at Nova Southeastern University Department of Sports Medicine
Community outreach programs for parents/coaches and other groups

FOR MORE INFORMATION

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