

CONCUSSION INFORMATION

When in Doubt, Sit Them Out!

BACKGROUND

A concussion is a type of traumatic brain injury that interferes with normal function of the brain. All concussions are brain injuries. The WIAA recommends avoiding the use of nicknames like “ding” or “bell ringer” to describe concussion because those terms minimize the seriousness of concussion.

A concussion is most commonly caused by a direct blow to the head, but can also be caused by a blow to the body. Even what appears to be a mild blow to the head or body can result in a concussion. It is important to know that loss of consciousness is not required to have a concussion. In fact, less than 10% of athletes lose consciousness.

A concussion is a complex physiologic event that causes problems with brain functioning (energy use and communication between nerves), but does not cause swelling or bleeding that affects brain structure. Therefore, CT/CAT scan and MRI are usually normal in athletes with concussion. Imaging studies are not indicated for most concussions, but may be needed in some instances to rule out more severe injuries, like brain bleeds.

Research has shown that adolescent concussion take longer than previously thought to heal, with 20% of high school athletes taking over 4 weeks to fully recover. Athletes must be fully recovered before considering medical clearance to return to full participation.

There are unique concerns surrounding concussion in high school sports:

1. Adolescents get concussions more often than collegiate and professional athletes
2. Adolescents take longer than adults to heal from concussion, unlike musculoskeletal injuries
3. Most high schools may not have access to a team physician or an athletic trainer for all of their teams & activities, thus the responsibility for identifying a possible concussion falls on athletes, coaches and parents
4. High school players may try to hide symptoms or be reluctant to admit their symptoms due to fear of removal from play

High school injury surveillance research based on injury rates in practice and games has shown that the following sports have higher risk of concussion: Football, Boys & Girls Soccer, Boys & Girls Ice Hockey, Boys & Girls Lacrosse, Wrestling, Girls Field Hockey, Competitive Cheer, and Boys & Girls Basketball.

Noticeable in this data is that the risk for girls is higher than boys in the same sports; in fact, soccer & basketball carry twice the risk for concussion in girls than boys. It is unclear why girls appear to have a higher risk of concussion.

Most importantly, concussion can happen to anyone in any sport. Concussions also occur away from organized sports in physical education class, on the playground, while skiing or snowboarding, and when involved in a motor vehicle collision.

Everyone involved with high school athletics must be alert for potential injuries on the field and be able to recognize signs and symptoms of concussion. While coaches are not expected to make a diagnosis of concussion, coaches are expected to be aware of possible injuries and understand that their athletes may have a concussion. Any athlete with a suspected concussion should be held out of all activity until medically cleared by a healthcare provider. It is important for athletes and coaches to communicate possible injuries to the athletic trainer, parents, and teachers.

Schools should educate their athletes, coaches and parents in the preseason about the seriousness of concussion and the importance of athletes honestly reporting their symptoms and injuries.

SIGNS AND SYMPTOMS

Signs are what can be seen by others, like clumsiness / stumbling off the field. Symptoms are what the injured player feels, like a headache. Remember, athletes should report their symptoms, but they may not unless they are directly asked about how they feel. Even then, it is important to consider that athletes may not be telling the truth.

These are some SIGNS of concussion (what others can see in an injured athlete):

- Dazed or stunned appearance
- Change in the level of consciousness or awareness
- Confused about assignment
- Forgets plays
- Unsure of score, game, opponent
- Clumsy
- Answers more slowly than usual
- Shows behavior changes
- Loss of consciousness
- Asks repetitive questions or memory concerns

Concussion SYMPTOMS are often categorized into four main areas:

1. Physical – This describes how they feel: headache, nausea, vomiting, dizziness, tired and loss of consciousness (which is uncommon in concussion). Vision and balance problems are also recognized as potential signs and symptoms of a concussion.
2. Thinking – Poor memory and concentration, responds to questions more slowly and asks repetitive questions. Concussion can cause an altered state of awareness and thinking.
3. Emotions- A concussion can make a person more irritable or sad and cause mood swings.
4. Sleep – Concussions frequently cause trouble falling asleep and may wake athletes up overnight, which can make them more fatigued throughout the day.

Injured athletes can exhibit many or just a few of the signs and/or symptoms of concussion. However, if a player exhibits any signs or symptoms of concussion, the responsibility is simple: remove them from participation. An athlete should never return to play on the same day. **“When in doubt sit them out.”**

It is important to notify a parent or guardian of any athlete with a suspected concussion. All athletes with a concussion must be evaluated and receive written medical clearance by an appropriate health care provider before returning to practice (including conditioning and weight lifting) or competition.

Some injured athletes may require emergency care & necessitate the activation of the Emergency Medical System (911). If you are uncomfortable with the athlete on the sideline or unable to ensure they are going home to a safe environment, it is reasonable to activate EMS/911. The following are other examples to activate EMS:

1. Loss of consciousness, as this may indicate more severe head injury
2. Concern for cervical spine injury
3. Worsening symptoms
4. Decreasing level of alertness
5. Unusually drowsy
6. Severe or worsening headaches
7. Seizures
8. Vomiting
9. Difficulty breathing

MANAGEMENT

If you **suspect** a player may have a concussion, that athlete should be immediately removed from play. The injured athlete should be kept out of play until they are cleared to return by an appropriate health care provider. If the athlete has a concussion, that athlete should never be allowed to return to activity (conditioning, practice or competition) that day. Athletes with a concussion should never be allowed to return to activity while they still have symptoms.

A player with a concussion must be carefully observed throughout the practice or competition to be sure they are not feeling worse. Even though the athlete is not playing, never send a concussed athlete to the locker room alone, as the athlete might not have the wherewithal to understand and report worsening symptoms. Never allow the injured athlete to drive himself/herself home.

Most concussions are temporary and completely resolve without causing residual or long-term problems. About 20% of high school athletes will take longer than a month to recover. This prolonged recovery is commonly known as PostConcussion Syndrome (PCS). Common PCS symptoms include headache, difficulty concentrating, poor memory, mood changes and sleep disturbances. This prolonged recovery often leads to academic troubles, family and social difficulties.

Allowing an injured athlete to return too quickly increases the risk for repeat concussion. Repeat head injury while still recovering from a concussion may cause Second Impact Syndrome. This is a rare phenomenon occurring in young athletes that leads to rapid brain swelling, brain damage and potentially death.

Repeat concussions may increase the chance of long term problems, such as decreased brain function, persistent symptoms and potentially chronic traumatic encephalopathy (a disorder that cause early degeneration of the brain). It is felt that these long-term complications are very rare in high school athletes, and the risk can be minimized greatly by proper reporting and care of every concussion.

Return to Learn

A major concern in high school students is that concussion can negatively affect school performance and grades. Symptoms (headache, nausea, etc.), poor short-term memory, poor concentration and organization may temporarily turn a good student into a problem student. The best way to address this is to decrease the academic workload, and potentially taking time off from school or going partial days (although time missed should nearly always be less than 5 days). Injured athletes should be allowed extra time to complete homework and tests, and they should be given written instructions for homework. New information should be presented slowly and repeated. Injured athletes will need time to catch up and

may benefit from tutoring. If an athlete develops worsening symptoms at school, he/she should be allowed to visit the school nurse or take a rest break in a quiet area. The school and coaches should maintain regular contact with the injured athlete's teachers and parents to update progress.

All injured students should be removed from PE class until medically cleared.

Athletes with a concussion must return to full speed academics without accommodations before returning to sports (practice and competition).

Other Treatment Strategies

Relative rest remains an essential component of concussion treatment. It is helpful for parents to decrease stimulation at home by limiting video games, but a reduction in computer time, phone time, and TV/movies may also be helpful. "Cocoon therapy", or avoiding all brain stimulation, has been shown to negatively impact recovery and is no longer a recommended treatment style.

Physical activity may be beneficial for recovery of injured athletes. However, high-level activity (weight lifting, practice level training and conditioning) should still be avoided. Simple physical exertion, like walking or stationary biking, that does not worsen symptoms may be done for short periods of time. Any post-injury exercise plan should be authorized and overseen by an appropriate health care provider.

An athlete's concussion can interfere with work and social events (movies, dances, attending games, etc.). Good hydration and dietary habits and good sleep habits (8-10 hours per night) are important parts of the recovery process. There are no medications or supplements that help speed the recovery process.

Neuropsychological Testing

Neuropsychological testing has become more commonplace in concussion evaluation as a means to provide an objective measure of brain function. Testing is currently done using computerized neuropsychological testing (example: ImPACT, Cognigram) or through a more detailed pen and paper test administered by a neuropsychologist. It is only a tool to help ensure safe return to activity and not as the only piece of the decision making process.

If neuropsychological testing is available, ideally a baseline or pre-injury test is completed prior to the season. This baseline should be done in a quiet environment when the athlete is well rested. It is felt that baseline testing should be repeated every one to two years for the developing adolescent brain. Multi-modal baseline evaluation assessing baseline symptoms, cognitive functioning, visual tracking, reaction time, and balance are ideal.

If there is no baseline available, the injured athlete's computerized test scores can be compared to age established norms. This requires a provider experienced in the use and interpretation of computerized testing. The WIAA feels that neuropsychological testing can be a very useful tool with regard to concussion management.

RETURN TO PLAY

In order to resume activity, the athlete must be symptom free and off any pain control or headache medications that they were not taking prior to the concussion. The athlete should be carrying a full academic load without any significant accommodations for 1-2 days. Finally, the athlete must have written medical clearance from an appropriate health care provider.

The program described below is a guideline for returning concussed athletes when they are symptom free. Athletes with multiple concussions and athletes with prolonged symptoms often require a prolonged or different return to activity program and should be managed by a physician that has experience in treating concussion.

The following program allows for one step per 24 hours. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify their healthcare provider before progressing to the next level.

STAGE ONE: Daily activities that do not increase symptoms (gradual reintroduction of school, work and walking).

STAGE TWO: Light aerobic exercise: slow to medium pace jogging, stationary cycling. No resistance training. This allows for increased heart rate.

STAGE THREE: Sport-specific exercise: moderate to higher intensity running or skating drills, but no activities with risk of head impact. This allows for increased heart rate and agility/movement.

STAGE FOUR: Non-contact training: Higher intensity aerobic fitness, and non-contact/non-collision team training drills (e.g., passing drills). May begin progressive resistance training. This increases coordination and thinking during sport.

STAGE FIVE: Full contact practice. Following medical clearance, participate fully in normal training activities. This restores confidence and allows coaches to assess functional skills.

STAGE SIX: Full clearance / Normal game play.

PREVENTION / RISK REDUCTION

There is nothing that truly prevents concussion. Education and recognition of concussion are the keys in reducing the risk of problems with concussion.

Wisconsin State Concussion Law (Act 172) was passed in 2011. This law mandates distribution of preseason educational information sheets to be signed by coaches, athletes and parents. It also recommends immediate removal of any athlete with a suspected concussion and no same day return to play. Finally, all injured athletes require written medical clearance from an appropriate health care professional. Research has indicated that the state law has helped improve education and awareness of concussion.

Proper equipment fit and use may reduce the risk of concussion.

- Mouthguards have been shown to decrease dental injuries, but have not been shown to reduce risk of concussion.
- Soccer headgear has been shown not to reduce the risk of concussion.
- Helmets are useful in preventing facial injuries and skull fractures; however, helmets have not been reliably shown to decrease concussion rates.
- No third party “add-on” equipment for helmets (external padding or strips applied to the outside of the helmet) have never shown a decrease in concussion risk, and any add-on will void the helmet warranty.

Proper technique for hitting/initiating contact is vital. For example, athletes that lower their head while making a football tackle have a significantly higher risk for concussion and neck injuries. Athletes should never lead with their head or helmet.

Rule changes and proper enforcement of rules have been shown to reduce concussion rates. WIAA limitations in contact football practices have reduced concussion rates since implementation.

All schools should have an Emergency Action Plan for each team and practice / competition area. This plan can be used for any medical emergency from a concussion to a neck injury to anaphylaxis (severe allergic reaction). Ideally, these plans are reviewed annually.

The WIAA encourages every member school to promote concussion education and bring about a positive change in culture by discussing concussion with all teachers, coaches, athletes and parents. We recommend a preseason discussion with athletes and families to set expectations for what will happen if a student has a suspected concussion, including the steps the student must go through to return to play. Coaches should use in-season concussions as “teachable moments” to remind teammates about the importance of reporting their injuries and supporting their injured teammate through the recovery process.

Further reading and additional materials can be obtained at no charge through these resources:

www.nfhslearn.com (Concussion in Sports Course)

www.cdc.gov (Heads Up Tool Kit)

www.healthykidslearnmore.com (Concussion Return to Learn Course)

Sudden Cardiac Arrest

Sudden cardiac arrest is the leading cause of death in young athletes while training or participating in sport competition. Even athletes who appear healthy and have a normal preparticipation screening may have underlying heart abnormalities that can be life threatening.

What is Sudden Cardiac Arrest?

1. Occurs suddenly and often without warning.
2. An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
3. The heart cannot pump blood to the brain, lungs and other organs of the body.
4. The person loses consciousness (passes out) and has no pulse.
5. Death occurs within minutes if not treated immediately.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

1. Fainting/blackouts (especially during exercise)
2. Dizziness
3. Unusual fatigue/weakness
4. Chest pain
5. Shortness of breath
6. Nausea/vomiting
7. Palpitations (heart is beating unusually fast or skipping beats)
8. Family history of sudden cardiac arrest at age < 50

ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

**** Note that a student-athlete who exhibits unexplained fainting may be SCA because it is the number one warning sign of a potential heart condition. ****

There is potential for effective secondary prevention of sudden cardiac death by having automated external defibrillators (AEDs) easily accessible and trained staff available. The presence of trained individuals and access to AEDs at sporting venues provides a potential means of early defibrillation, not only for athletes but also for spectators, coaches, officials, event staff and other attendees in the case of sudden cardiac arrest.

It is advisable to have an **Emergency Action Plan** in place for all sport practice and competition sites that outlines the plan of action in case of the sudden collapse of an athlete. It is advisable to review and practice the emergency action plan with respective school personnel, coaches, on site medical personnel and local EMS.

Time is Critical: If not properly treated within minutes, SCA is fatal in 92% of cases.

Basic actions include:

1. have a cell phone available at all venues
2. immediately activate EMS
3. Immediately initiate continuous CPR (push hard, push fast, push often)

Your school's medical personnel (team physician, licensed athletic trainer, school nurse) and/or local EMS may wish to assist in the development and implementation, if not already in place, of the **emergency preparedness plan** for the management of the collapsed athlete. the "Inter-association task Force recommendations on emergency Preparedness and Management of sudden cardiac arrest in high school and college athletic Programs; a **"consensus statement"** is one source of guidance as to the development and implementation of an emergency action plan for the management of sudden cardiac arrest in an athlete.

What are ways to screen for Sudden Cardiac Arrest?

1. The American Heart Association recommends a pre-participation history and physical including 12 important cardiac elements.
2. The WIAA Pre-Participation Physical Evaluation – Medical History form includes ALL 12 of these important cardiac elements and is mandatory bi-annually.
3. Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

Melrose-Mindoro High School

ATHLETE AGREEMENT

As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet

I, _____ have read the Concussion and Head Injury Information sheet. I have had the opportunity to read more information on concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must be evaluated by an appropriate health care provider and provide to my coach written clearance to participate in the activity from the health care provider before I may return to practice/play.

I understand that after a head injury my brain needs time to heal and that it may not heal properly if I return to practice/play too soon.

I have read the Sudden Cardiac Arrest Information sheet. I understand that I should stop activity/exercise immediately if I have any warning signs of sudden cardiac arrest and report the symptoms to my coaches and my parents/guardians.

Signature and printed name of student/athlete

Date

PARENT AGREEMENT:

I, _____ have read the Concussion and Head Injury Information sheet. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until they are evaluated by an appropriate health care provide and provide written clearance from the health care provider to their coach.

I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly.

I have read the Sudden Cardiac Arrest information sheet. I understand that my child should stop activity/exercise immediately if they have any warning signs of sudden cardiac arrest. I understand it is recommended if my child has any warning signs of sudden cardiac arrest while exercising, they have a medical examination before exercising or returning to participation in their sport. I understand that I or my child should report a family history of heart problems or warning signs of sudden cardiac arrest to the healthcare provider doing the medical examination.

I understand how to request at my cost the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity. I understand the athletic director may be able to assist me.

Signature and printed name of parent/guardian

Date