

CONCUSSION

A FACT SHEET FOR PARENTS



RETURN TO PLAY

It is important for an athlete's parents and coaches to watch for concussion symptoms after each day's return to play progression activity. An athlete should only move to the next step if he does not have any new symptoms at the current step. If symptoms come back or if he gets new symptoms, this is a sign that he is pushing too hard. He should stop these activities and his physician should be contacted. After more rest and no concussion symptoms, he can start at the previous step.

Baseline: Return to Learn First

She 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 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 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

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

Step 5: Competition

Young athlete may return to competition.

RETURN TO LEARN

Step 1

Immediately after a concussion, it is beneficial to take a break from cognitive (thinking, processing) activities for up to a few days.

This may mean no school, no homework, no computer, no texting, no video games and maybe no TV if it makes symptoms worse. In general, it is beneficial to minimize screen time. As symptoms improve, slowly reintroduce light cognitive activity. Initial activities may include watching TV, listening to audio books, drawing and cooking, as long as they do not increase symptoms.

Step 2

Light cognitive activity is resumed once your child has had significant improvement in symptoms at rest. Your child may do activities that do not cause symptoms to get worse. Initially, your child may only tolerate five to 15 minutes of work at a time. Stop the activity when moderate symptoms develop. Your child may increase the length of cognitive activity as long as symptoms do not worsen significantly or as long as symptoms improve within 30 minutes of taking a break.

Step 3

School-specific activity should be increased gradually: When feeling better, your child should try to do some schoolwork at home, increasing the duration as tolerated. Your child should continue to participate in this activity in short bursts of time (up to 30 minutes) as tolerated and then work up to longer time periods.

Step 4

Follow these guidelines to determine when your child is ready to return to school:

- When your child is able to do one hour of homework at home for one to two days, she may try to return to a modified school schedule. Examples of a modified schedule: A decreased number of classes, adjustments to decrease reading and note taking, and extra time to complete assignments and tests.
- If symptoms develop while your child is at school, she should take a break in a quiet, supervised area until symptoms improve. When symptoms improve, she may return to class.
- Your child may increase her time in school as tolerated.