A Concussion Fact Sheet for Coaches

By Center for Disease Control and Prevention March 11, 2009, revised December 28, 2009

Being prepared for a youth football injury means knowing what to look for and how to respond.

- Audio
- Video
- Image



Knowing the signs and symptoms of a concussion will help a youth football coach feel more comfortable and be more prepared in case of an emergency.

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

The potential for concussions is greatest in athletic environments where collisions are common. Concussions can occur, however, in any organized or unorganized sport or recreational activity. As many as 3.8 million sports- and recreation-related concussions occur in the United States each year.

THE FACTS

*A	concussion		is	a	brain	injury.
*All	COI	ncussions		are	9	serious.
*Concussions	can	occur	without	loss	s of	consciousness.
*Concussions	car	1	occur	in	any	sport.

*Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, you should watch for the following two things among your athletes:

- 1. A forceful blow to the head or body that results in rapid movement of the head.
- 2. Any change in the athlete's behavior, thinking, or physical functioning.

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until given permission to return to play by a health care professional with experience in evaluating for concussion. Signs and symptoms of concussion can last from several minutes to days, weeks, months or even longer in some cases.

Remember, you can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. If you have any suspicion that your athlete has a concussion, you should keep the athlete out of the game or practice.

SIGNS AND SYMPTOMS OBSERVED BY A COACHING STAFF

*Appears		dazed		or			stunned
*Is	confused	abou	ıt ass	signment	or		position
*Forgets			sports				plays
*Is	unsure	of	game,	score,	or		opponent
*Moves							clumsily
*Answers		questions					slowly
*	Loses	CC	onsciousness		(even		briefly)
*Shows	beha	avior	or	perso	nality		changes
*Can't	recall	events	prior	to	hit	or	fall
*Can't recall events after hit or fall							

SYMPTOMS REPORTED BY THE ATHLETE

*Headache	or "pressure"		ressure"	in	head
*Nausea		0	r		vomiting
*Balance	problems or				dizziness
*Double	(r	blurry		vision
*Sensitivity			to		light
*Sensitivity			to		noise
*Feeling	sluggish,	hazy,	foggy	or	groggy
*Concentration		or	memory		problems

^{*}Does not "feel right"

PREVENTION AND PREPARATION

As a coach, you can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your athletes and the team:

Educate athletes and parents about concussion. Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. For more information on long-term effects of concussion, view the following online video clip: http://www.cdc.gov/ncipc/tbi/Coaches Tool Kit.htm#Video.

Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.

Insist that safety comes first.

*Teach athletes safe playing techniques and encourage them to follow the rules of play. *Encourage athletes to practice good sportsmanship *Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, maintained and be worn consistently be and correctly. *Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.

Check with your youth sports league or administrator about concussion policies. Concussion policy statements can be developed to include the league's commitment to safety, a brief description of concussion, and information on when athletes can safely return to play following a concussion (i.e., an athlete with known or suspected concussion should be kept from play until evaluated and given permission to return by a health care professional). Parents and athletes should sign the concussion policy statement at the beginning of the sports season.

Teach athletes and parents that it's not smart to play with a concussion. Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let athletes persuade you that they're "just fine" after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.

Prevent long-term problems. A repeat concussion that occurs before the brain recovers from the first-usually within a short period of time (hours, days, or weeks)-can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called *second impact syndrome*.

Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your athletes: "It's better to miss one game than the whole season."

WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

- 1. Remove the athlete from play. Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play.
- 2. Ensure that the athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Health care

professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

- of the injury and force of the hit or blow to the head * Any loss of consciousness (passed out/knocked out) and if so, for how long memory *Any loss immediately following the injury *Any seizures immediately following the injury *Number of previous concussions (if any)
- 3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion. Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.
- 4. Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare *second impact syndrome* by delaying the athlete's return to the activity until the player receives appropriate medical evaluation and approval for return to play.

REFERENCES

- 1. Powell JW. Cerebral concussion: causes, effects, and risks in sports. *Journal of Athletic Training* 2001; 36(3):307-311.
- 2. Langlois JA, Rutland-Brown W, Wald M. The epidemiology and impact of traumatic brain injury: a brief overview. *Journal of Head Trauma Rehabilitation* 2006; 21(5):375-378.
- 3. Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. Grade 1 or "ding" concussions in high school athletes. *The American Journal of Sports Medicine* 2004; 32(1):47-54.
- 4. Institute of Medicine (US). Is soccer bad for children's heads? Summary of the IOM Workshop on Neuropsychological Consequences of Head Impact in Youth Soccer. Washington (DC): National Academy Press; 2002.
- 5. Centers for Disease Control and Prevention (CDC). Sports-related recurrent brain injuries-United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-227. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm.