

SPORTS CONCUSSIONS



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When most individuals hear the term “concussion,” it is believed that the athlete has to lose consciousness or “pass out.” This is one of the most misinterpreted statements in the sports medicine arena. According to the Consensus Statement on Concussion in Sport by The 3rd International Conference on Concussion in Sport, held in Zurich, Switzerland on November 2008, concussion is defined as: “a complex process affecting the brain, induced by traumatic biomechanical forces.” Concussion is considered a brain injury that alters how your brain functions. Most concussions occur *without being knocked unconscious* and result from a blow to the head during contact of helmet to helmet, contact of the head with the ground, or contact to the head with an object or another player. According to the Centers for Disease Control and Prevention, concussions account for one in ten sports injuries, and for young athletes ages 15-24, sports are second only to motor vehicle accidents as the leading cause of brain injury. One in five high school football players suffers a concussion annually and, after a player has suffered a 1st concussion, the chance of incurring a second concussion is more than 4X greater than for the non-concussed player.

Diagnosis of acute concussion usually involves the assessment of clinical symptoms, physical signs, behavior, balance, sleep, memory and thinking. Some signs and symptoms that may be present include: dizziness, drowsiness, fatigue, excess sleep, headaches, irritability, loss of consciousness or orientation, memory issues, nausea, nervousness, numbness/tingling, poor balance/coordination, poor concentration or easily distracted, sensitivity to light and noise, vacant stare, “glassy” eyes, vomiting, and ringing in ears. Seizures and headaches can occur weeks to months after a concussion. **A player with a diagnosed concussion should generally not be allowed to return to play on the day of injury.** All signs and symptoms should be resolved at both rest and during activity before athlete is allowed to return to play. At a minimum, this should be about 24 hours. Most (80–90%) of concussions resolve in a short period (7–10 days), although the recovery time frame may be longer in children and adolescents.

The cornerstone of concussion management should be physical and cognitive rest until all signs/symptoms resolve. If you suspect a concussion, most importantly *report it*. Never ignore even mild symptoms and never “play through” a concussion. Remember, a concussion is considered a brain injury and you DO NOT need to lose consciousness to have even a mild concussion. Have the symptoms promptly evaluated by a physician. Although there is a higher risk among high school athletes and athletes in contact sports (most commonly football), concussions can occur during any type of activity, such as falling off of a bike or skateboard, colliding with another player, or getting hit by a baseball/ softball in the head. These are just a few examples.

Most recently, the NFL has outfitted the 32 NFL locker rooms with a poster to educate the players on concussions, symptoms and a warning that repeated concussions, when “not treated promptly and properly, may cause permanent damage to your brain and can change your life and your family’s lives forever.” Additionally, according to an article on 7/27/2010 on ESPN.com, the NFL has instituted stricter return-to-play guidelines for players showing concussion symptoms, and required each team to enlist an independent neurologist as an advisor.

Hopefully, this new research and the most recent guidelines in the NFL and pro-sports arena will have a trickle-down effect to make all sports and activities safer for all ages.



TIP:

WHEN IN DOUBT, SIT OUT!