



HEADS UP CONCUSSION IN YOUTH SPORTS

A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just “not feeling right” or “feeling down”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It’s better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



SIGNS AND SYMPTOMS

These signs and symptoms may indicate that a concussion has occurred.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets sports plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows behavior or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Does not "feel right"

ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR LOCAL HOSPITAL(S) BELOW:

Hospital Name: Concussion Clinic

Hospital Phone: (724) 873-5955

Hospital Name: Washington Hospital

Hospital Phone: (724) 225-7000

For immediate attention, CALL 911

If you think your athlete has sustained a concussion... take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.

For more information and to order additional materials **free-of-charge**, visit:
www.cdc.gov/ConcussionInYouthSports

FAQs about Baseline Testing among Young Athletes

To help answer some common questions about baseline testing among young athletes, CDC has compiled a list of frequently asked questions to help you, your school, or your league prepare for concussions both pre- and post-season.

What is baseline testing?

Baseline testing is a pre-season exam conducted by a trained health care professional. Baseline tests are used to assess an athlete's balance and brain function (including learning and memory skills, ability to pay attention or concentrate, and how quickly he or she thinks and solves problems), as well as for the presence of any concussion symptoms. Results from baseline tests (or pre-injury tests) can be used and compared to a similar exam conducted by a health care professional during the season if an athlete has a suspected concussion.

Baseline testing should take place during the pre-season—ideally prior to the first practice. It is important to note that some baseline and concussion assessment tools are only suggested for use among athletes ages 10 years and older.

How is baseline testing information used if an athlete has a suspected concussion?

Comparing post-injury tests results to baseline tests results can assist health care professionals in identifying the effects of the injury and making more informed return to school and play decisions.

Education should always be provided to athletes and parents if an athlete has a suspected concussion. This should include information on safely returning to school and play, tips to aid in recovery (such as rest), danger signs and when to seek immediate care, and how to help reduce an athlete's risk for a future concussion.

What should be included as part of baseline testing?

Baseline testing should include a check for concussion symptoms, as well as balance and cognitive assessments (such as concentration and memory). Computerized or paper-pencil neuropsychological tests may be included as a piece of an overall baseline test to assess an athlete's concentration, memory, and reaction time.

During the baseline pre-season test, health care professionals should also assess for a prior history of concussion (including symptoms experienced and length of recovery from the injury). It is also important to record other medical conditions that could impact recovery after concussion, such as a history of migraines, depression, mood disorders, or anxiety, as well as learning disabilities and Attention Deficit/Hyperactivity Disorder.

Baseline testing also provides an important opportunity to educate athletes and others about concussion and return to school and play protocols.

Who should administer baseline tests?

Baseline tests should only be conducted by a trained health care professional.

Who should interpret baseline tests?

Only a trained health care professional with experience in concussion management should interpret the results of baseline exam. When possible, ideally a neuropsychologist should interpret the computerized or paper-pencil neuropsychological test components of a baseline exam. Results of neuropsychological tests should not be used as a stand-alone diagnostic tool, but should serve as one component used by health care professionals to make return to school and play decisions.

How often should an athlete undergo baseline testing?

It is recommended that most components of baseline testing be repeated annually to establish a valid test result for comparison. Baseline computerized or paper-pencil neuropsychological tests may be repeated every 2 years. However, more frequent neuropsychological testing may be needed if an athlete has sustained a concussion or if the athlete has a medical condition that could affect results of the test.