



Concussion Injury Handout

This form is not a substitute for individualized medical evaluation

- Athletes with a suspected concussion should not be allowed to return to play the same day regardless of whether they become asymptomatic. Close follow up with a physician should be made after the injury.
- If you notice any change in behavior, repeat vomiting, worsening headache, double vision, excessive drowsiness, slurred speech, weakness or numbness in the arms or legs or seizures please telephone the clinic or go to the nearest hospital emergency department immediately.
- Injured athletes should not be left alone for the first 24-48 hours and should be monitored by a responsible adult.
- **Rest is the key.** Excess physical exertion such as sports, running, physical education class, riding a bike, etc. should be completely avoided until all symptoms of a concussion have resolved. Mental exertion, such as reading, phone, texting, video games, watching TV, working on a computer, classroom work, or taking a test can worsen symptoms and should be avoided as much as possible.
- The athlete or parents should notify school regarding the injury so proper accommodations can be made.
- Once the student-athlete is asymptomatic, they should have clearance for returning to activities from a qualified health professional. The patient should be guided through a graduated return to play protocol.

Example: Zurich Graduated Return to Play Protocol

Graduated return to play protocol

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% MPHR. No resistance training.	Increase HR
3. Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities.	Add movement
4. Non-contact training drills	Progression to more complex training drills (e.g. passing drills in football and ice hockey). May start progressive resistance training).	Exercise, coordination, cognitive load
5. Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence, assessment of functional skills by coaching staff
6. Return to play	Normal game play	

HR = heart rate, MPHR = maximum predicted heart rate.

- Final return to play clearance should be given by a health care professional with experience in concussion evaluation and management.
- Neurocognitive testing with ImPACT™ can provide valuable information for physicians to assist with treatment planning, such as return to play decisions. Access Sports Medicine and Orthopaedics provides free ImPACT™ baseline testing, as well as post-concussion testing to assure neurocognitive function has returned to baseline prior to returning to game play.
- All concussions should be treated individually and not based on a pre-determined length of rest or return to play schedule.

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