CONCUSSION PARENT AND ATHLETE INFORMATION SHEET

Dear Parents/Athlete,
This is a guideline to help communicate and provide educational information following a concussion. Please understand that every athlete is different and not all respond in the same way following injury. It is our goal to insure, based on the latest research that your child is returned safely to activity in the event they have sustained a concussion. A concussion is a mild injury to the brain that disrupts how the brain normally works. Usually caused by a sudden blow or jolt to the head, one does NOT need to be “knocked out” or lose consciousness to have a concussion. Another term for concussion is mild traumatic brain injury (mild TBI). Even though a concussion might be called a “mild” injury, it still must be taken seriously because it is an injury to the brain. Studies also show that symptoms tend to worsen with physical and cognitive exertion, therefore special attention needs to be made returning to activity following a concussion.

What should parents do in the first days after a concussion?
A licensed physician trained in treating concussions in athletes should be involved in your child’s care because, in rare cases, severe medical problems can occur. Watch your child carefully for the first one to two days after injury. Giving acetaminophen (Tylenol) for headaches is OK, but no other medications should be given during this time without a doctor’s approval. Seek IMMEDIATE medical help if your child displays:

- A headache that gets worse, lasts for a long time or is severe
- Confusion, extreme sleepiness or trouble waking up
- Vomiting three or more times
- Weakness, numbness or trouble walking or talking
- A seizure or convulsion (arms or legs shake uncontrollably)
- Any other sudden change in thinking or behavior

What should you generally expect?
Most young people recover completely from a concussion within one to two weeks. In some cases it may take longer to recover. Common problems seen after a concussion are listed below. Talk with your child’s doctor about any changes you see in the following areas.

Physical
- Headaches
- Sick to stomach or vomiting
- Dizziness or balance problems
- Low energy or being run down
- Trouble with vision/seeing
- Bothered by light or noise
- Sleep problems

Thinking (Cognitive)
- Slowed thinking
- Trouble paying attention
- Difficulty remembering
- Acting like “in a fog”
- Easily confused
- Poorer school performance

Behavioral or Emotional
- Irritability or grouchiness
- Easily upset or frustrated
- Nervousness
- Sadness
- Acting without thinking
- Any personality change

How can you help?
A concussion can be scary and stressful, but most problems will be short-lived. We recommend following these guidelines as your child heals.

Rest is key. The athlete should not participate in any high exertion activities (sports, physical education, riding a bike, etc.) following a concussion. It is important to limit activities that require a lot of thinking or concentration (homework, video games, computer, driving, job-related activities), as this can also make the symptoms worse and delay healing. Students and athletes will need help from the athletic trainer,
treating physician, and team physician at your school to help monitor their recovery and return to activities. In the event your school does not have such personnel, then the coaches have to help monitor this recovery under the direction of the treating/team physician.

**Returning to Daily Activities**
1. Get lots of rest. Be sure to get enough sleep at night – **no late nights**. Keep the same bedtime for weekdays and weekends.
2. Limit social activities: movies, parties, concerts, etc.
3. Take daytime naps or rest breaks when you feel tired or fatigued.
4. Limit physical activity as well as activities that require a lot of thinking or concentration as mentioned above.
5. Repeated evaluations of your symptoms by your school’s athletic trainer, team physician or physician with experience in treating concussions are recommended to help guide recovery.

**Returning to School**
1. If you/your child are still having symptoms of a concussion, extra help to perform school-related activities may be needed. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.
2. Inform the teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
   a) Increased problems paying attention
   b) Increased problems remembering or learning new information
   c) Longer time needed to complete tasks or assignments
   d) Greater irritability, less able to cope with stress
   e) Symptoms worsen (headache, tiredness) when doing schoolwork
3. Attempt to minimize the length of continuous time spent studying by taking multiple breaks in order to diminish the onset of symptoms.
4. The athlete may need to initially return to school on a limited basis or half days, but this should be done only under the supervision of the treating physician.

**Returning to Sports**
1. The return to play protocol becomes very specific for each person and sport. Your physician and/or athletic trainer will give you and your child specifics of exactly what to do and not to do. It is crucial that you, your child and child’s coach follow these instructions carefully.
2. **You should NEVER return to play if you are still having symptoms.**
3. Make sure that the athletic trainer, coach, and physical education teacher are aware of your injury and symptoms.
4. **Gradual return to activity with written clearance by a licensed physician is required under Mississippi law beginning July 1, 2014 for school athletic events (grades 7-12).**

**RETURN TO PLAY CRITERIA:**
1. The athlete may not be experiencing any signs or symptoms at rest or with activity.
2. The athlete must have completed a graduated return to play protocol under the direction of the athletic trainer or treating/team physician (see attached form).
3. The athlete must be returned fully to the classroom, homework, etc.
4. If a neurocognitive test is available, the athlete must be back at baseline score on all tests per the treating/team physician or athletic trainer
5. Written clearance to play under accordance with the “Mississippi Youth Concussion Law” by a licensed physician with experience in traumatic brain injury/concussion management.

**Traumatic Brain Injury/Concussion Guidelines for Parents:**
**What can you do to help your child’s recovery?**
These guidelines are designed to assist parents of concussed athletes in managing their child’s recovery at home. While returning athletes to sports is a high priority for medical personnel, we have learned not to take traumatic brain injuries/concussions lightly. An adolescent’s brain should not be treated the same way as an adult’s. The human brain is not fully developed until age 25, and studies have shown that young brains take longer to heal following a traumatic brain injury/concussion. The brain is the body’s most complex and delicate organ and injuries merit special attention. Recent research has shown that “shutting down” the brain as early as possible promotes faster recovery. The more the brain is stimulated
after a concussion, the longer it takes to repair itself. By following the guidelines outlined below, we believe that young athletes with traumatic brain injuries/concussions will be able to return to sports as soon as safely possible.

Responsibilities of the Coach
1. Remove any child from participation if there is any question that they have sustained a traumatic brain injury/concussion immediately.
2. Contact the parents of the child and notify them that a concussion has occurred and that they will not be permitted to participate in practices or contests until:
   a) he/she is released by the athletic trainer and/or team/treating physician who is experienced in traumatic brain injury/concussion management
   b) has completed an graduated return to play protocol w/o symptoms under the direction of the athletic trainer and/or team/treating physician
   c) A written release for return to play by the treating licensed physician is received clearing them for full participation
3. Insure that the athlete does not participate in any activity at practice or competition that goes against the recommendations of the treating healthcare professional.

Responsibilities of the Athletic Trainer, Team Physician or Treating Physician
1. Initial assessment of the athlete and referral as appropriate
2. Notification of school principal, who notifies the athlete’s school counselor and physical education teacher (if they are currently taking PE).
3. Monitoring of the athlete’s progress as he/she recovers
4. Supervision of the athlete through an approved, Return-to-Play protocol, which advances athletes back to exercise as tolerated after getting medical clearance to exercise
5. Athletic trainer will notify the principal and coach when cleared.

Guidelines for Parents
2. Contact the principal or school counselor regarding academic accommodations, such as reduced workloads, no timed tests and pre-printed class notes during the time of recovery.
3. Encourage frequent study breaks to avoid provoking symptoms (for example, try studying for 15 minutes then resting for 10-15 minutes then studying, etc.).
4. Try to limit screen time (television and computer) as much as possible. A good rule of thumb is no screen time in the early stages of healing.
5. Do not allow driving until medically cleared.
6. Avoid video games and text messaging as much as possible.
7. No physical education or physical exertion until cleared by the Athletic Trainer and/or Treating/Team through the Return-to-Play protocol.
8. Try to limit extra-curricular activities, such as dating, parties, yard work, after school clubs and entertaining as much as possible.

Finally, medical clearance for returning to sports MUST come from a licensed physician, preferably trained in concussion management. Check with your family doctor or pediatrician to see if they feel comfortable caring for your child's concussion, or if they have a concussion specialist they prefer. We recommend follow-up with a Sports Medicine physician that treats and manages concussions on a regular basis. Speak with your athletic trainer for referral, or you can request an appointment with University Sports Medicine by calling (601) 815-2005. Because concussion symptoms often evolve over time, clearance to play from the Emergency Room is not in the best interest of the athlete's care.
GRADUATED RETURN TO PLAY PROTOCOL FOR CONCUSSION MANAGEMENT

NAME________________________________________ DATE____________________________________

DATE OF BIRTH________________________ SCHOOL_________________________________________

PARENTS NAME_________________________________ CONTACT NUMBER__________________________

DATE OF CONCUSSION____________________________________________________________________

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<tr>
<th>REHABILITATION STAGE</th>
<th>DATE COMPLETED</th>
<th>PROVIDER INITIALS</th>
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<tr>
<td>1. NO ACTIVITY/SYMPTOM FREE</td>
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<td>2. LIGHT AEROBIC EXERCISE</td>
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<td>3. SPORT-SPECIFIC EXERCISE</td>
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<td>4. NON-CONTACT TRAINING DRILLS</td>
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<td>5. FULL CONTACT PRACTICE</td>
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<td>6. RETURN TO PLAY</td>
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☐ Cleared to RTP with no restrictions
☐ Hold at level ______ in RTP protocol until symptoms resolve
☐ Recommend follow up with ________________ prior to RTP consideration

M.D. ____________________________ ATC ____________________________