

## Concussion Take Home Instructions

**What is a Concussion?** A concussion is a traumatic brain injury caused by a direct or indirect blow to the head. It can happen from a fall, a hit to the head, or a hit to the body that causes your head and brain to move quickly back and forth. It results in your brain not working correctly as it should.

CONCUSSION SIGNS AND SYMPTOMS		
Physical	Cognitive	Emotional
<ul style="list-style-type: none"> <li>• Headache</li> <li>• Dizziness</li> <li>• Balance disruption</li> <li>• Nausea/Vomiting</li> <li>• Visual disturbances (photophobia, blurry/double vision)</li> <li>• Phonophobia (fear of loud noises)</li> <li>• Ringing in the ears</li> <li>• Pupil Abnormalities (size &amp; tracking)</li> </ul>	<ul style="list-style-type: none"> <li>• Confusion</li> <li>• Amnesia</li> <li>• Loss of consciousness</li> <li>• Disorientation</li> <li>• Feeling mentally “foggy”</li> <li>• Vacant stare</li> <li>• Inability to focus</li> <li>• Delayed verbal/motor responses</li> <li>• Slurred/incoherent speech</li> <li>• Excessive drowsiness</li> </ul>	<ul style="list-style-type: none"> <li>• Irritability</li> <li>• Emotional lability</li> <li>• Fatigue</li> <li>• Anxiety</li> <li>• Sadness</li> </ul>
		<b>Sleep</b> <ul style="list-style-type: none"> <li>• Trouble falling asleep</li> <li>• Sleeping more than usual</li> <li>• Sleeping less than usual</li> </ul>

***\*A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider. [CIF Bylaw 503H]***

### What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion. Even though a traditional brain scan (e.g., MRI or CT) may be “normal,” the brain has still been injured. Research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences. There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

### Return to Play

Return to Play after a concussion will occur only with medical clearance from a medical doctor (MD/DO/NP/PA) trained in the evaluation and management of concussions, and a step-wise progression program monitored by the athletic trainer or other identified school administrator. *[AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner** than 7-10 days after the concussion diagnosis has been made by a physician.]*

### Return to Learn

If mental activities exacerbate symptoms, cognitive rest, including temporary academic accommodations following the CIF Return to Learn protocol will be part of the concussion management plan. Cognitive rest means decreasing potential cognitive stressors such as school work, video games, reading, texting and watching television. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations.

**\*Refer to the *CIF Return-to-Learn* and *CIF Return-to-Play* protocols on [cifstate.org](http://cifstate.org)**

Please follow the following recommendations for recovery:

<p><b><u>DO NOT</u></b></p> <ul style="list-style-type: none"> <li>Engage in any kind of physical activity</li> <li>Drive a car</li> <li>Drink alcohol</li> <li>Eat spicy food</li> <li>Take ibuprofen, aspirin, or other non-steroidal anti-inflammatory medications or recreational drugs</li> </ul>	<p><b><u>THERE IS NO NEED TO</u></b></p> <ul style="list-style-type: none"> <li>Wake up every hour</li> <li>Check eyes with flashlight</li> <li>Stay in bed</li> <li>Test reflexes</li> <li>Limit mental activity (unless it increases symptoms)</li> </ul>	<p><b><u>IT IS OK TO</u></b></p> <ul style="list-style-type: none"> <li>Take Tylenol (acetaminophen) for headaches</li> <li>Use ice pack on head and neck for comfort</li> <li>Rest or go to sleep</li> <li>Return to school</li> <li>Eat a light diet</li> </ul>
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**Parent/Guardian & Student-Athlete Understand the Following:**

1. Make an appointment with a physician (**MD/DO**) within 72 hours. If diagnosed with a concussion, athlete will need to follow the 7-10 day CIF Return to Play protocol. **\*Urgent Care/ER cannot clear an athlete to start the CIF Return to Play protocol.**
2. He/she will need monitoring for a further period by a responsible adult, and should not be left alone over the next 12-24 hours.
3. Review the **Emergency Referral Checklist** below. If the athlete develops any of these problems listed please **CALL 911** or transport athlete immediately to the nearest emergency department.
4. Inform your child's teachers about the injury. Keep your child out of school if symptoms are severe or worsened by reading or studying.
5. Remind athlete to report to the Athletic Trainer when they return to school for further evaluation.
6. Athlete **MUST** be seen by a physician before returning to sport/physical activity and **MUST** return the *RUSD Physician Checklist for Suspected Concussion* OR a physician note stating, "Athlete has been diagnosed with a concussion," OR "Athlete does not have a concussion."

Emergency Referral Checklist	
<ul style="list-style-type: none"> <li>Decreasing level of consciousness</li> <li>Symptoms become more severe</li> <li>Deterioration of neurological function</li> <li>Numbness in arms or legs</li> <li>Increasing confusion or irritability</li> <li>Repeated vomiting</li> <li>Seizures</li> <li>Unequal, unreactive pupils</li> <li>Drainage of blood/fluid from ears or nose</li> </ul>	<ul style="list-style-type: none"> <li>Slurred speech or inability to speak</li> <li>Significant cervical pain with tenderness</li> <li>Amnesia lasting longer than 15 min</li> <li>Unusual behavior</li> <li>Inability to recognize people or places</li> <li>Significant change in memory problems</li> <li>Decrease or irregularity in respirations</li> <li>Decrease or irregularity in pulse</li> <li>Cranial nerve deficits</li> </ul>

**Physician Recommendations:**

**Brandon A. Henry, MD**  
7117 Brockton Ave.  
Riverside, CA 92506  
(951) 782-3039

**Colin Christenson C., D.O.**  
19314 Jesse Lane  
Riverside, CA 92508  
(951) 321-6539

**Jacob S. Porter, DO**  
7117 Brockton Ave.  
Riverside, CA 92506  
(951) 782-3685

\*Please feel free to contact the Head Athletic Trainer if you have any questions...

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