

CONCUSSION FACT SHEET



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What is a concussion? A concussion is a type of traumatic brain injury - or TBI - caused by a bump or blow to the head or to the body. A “ding”, “getting your bell rung”, or what often seems to be a mild impact can present serious implications. Moreover, an athlete does not need to lose consciousness to sustain a concussion.

Symptoms commonly reported: headache or “pressure” in head, nausea or vomiting, balance problems, dizziness, bothered by light or noise, feeling sluggish, hazy or foggy, and confusion or concentration problems. Your child may report “not feeling right” or “feeling off”. These symptoms may also be noted by a parent, sibling, friend or teammate as athletes often try to hide symptoms in order to continue participation.

Danger signs: Be alert for symptoms that worsen rapidly or over time. Your child should be seen in an emergency department right away if they experience:

- one pupil larger than the other
- drowsiness/cannot be awakened
- headache that gets worse and does not go away
- weakness, numbness, or decreased coordination
- repeated vomiting or nausea
- loss of consciousness
- slurred speech
- convulsions or seizures
- difficulty recognizing people or places
- unusual behavior

What to do now: Immediately following a concussion, the best treatment is physical and cognitive rest. Exposure to loud noises, bright lights, computers, video games, television and phones may worsen symptoms. Trying to “push past the pain” is unsafe and can result in delayed recovery. Listen to your brain: if an activity you are doing causes your symptoms to worsen; change OR DISCONTINUE activity or take a break for 15-20 minutes.

What to do next: If a concussion is suspected or diagnosed the student is required by law to refrain from any further physical activity until evaluated by a MSHSAA approved medical provider which includes the school athletic trainer. Once diagnosed with a concussion, the student will work with the Athletic Trainer to monitor symptoms and guide an individualized return to play/activity as outlined by MSHSAA.

For additional information please visit the SSD Athletics and Activities website.

MSHSAA Return to Play (RTP) Procedures After a Concussion

Return to activity and play is a medical decision. Progression is individualized, must be closely supervised according to the school's policies and procedures, and will be determined on a case-by-case basis. Factors that may impact progression include, but are not limited to: previous history of concussion, medications taken by the athlete, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly as determined by the healthcare provider who has evaluated the athlete.

Once the student athlete has not experienced symptoms attributable to the concussion for a minimum of 24 hours and has returned to school on a full-time basis (if school is in session), the stepwise progression below shall be followed:

Step 1: Light cardiovascular exercise.

Step 2: Running in the gym or on the field. No helmet or other equipment.

Step 3: Non-contact training drills in full equipment. Weight-training can begin.

Step 4: Full, normal practice or training (a walk-through practice does not count as a full, normal practice).

Step 5: Full participation. Must be cleared by MD/DO/PAC/LAT/ARNP/Neuropsychologist before returning to play.

The athlete should spend a minimum of one day at each step before advancing to the next. If concussion symptoms return with any step, the athlete must stop the activity and the treating healthcare provider must be contacted. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity at a level one step below where he or she was at when the symptoms returned.