



## GUIDE TO CONCUSSIONS

**Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.**

### What is a Concussion? (from [Sports Concussion Assessment Tool](#))

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of nonspecific symptoms (like those listed below) and often does not involve loss of consciousness. Concussion should be suspected in the presence of any one or more of the following:

- Symptoms (such as headache), or
- Physical signs (such as unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behavior.

### On the Field Testing (see [http://bjsm.bmj.com/cgi/reprint/43/Suppl\\_1/i89](http://bjsm.bmj.com/cgi/reprint/43/Suppl_1/i89))

Concussion should be suspected in the presence of any one or more of the following symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behavior.

#### 1. Presence of any of the following signs and symptoms may suggest a concussion:

Loss of consciousness	Seizure or convulsion	Amnesia	ringing in the ears
Pressure in head	Neck pain	Nausea	Sensitivity to light
Dizziness	Blurred vision	Balance problems	Don't feel right
Sensitivity to noise	Feeling slowed down	Feeling like in a fog	Confusion
Difficulty concentrating	Difficulty remembering	Fatigue or low energy	Vomiting
Drowsiness	More emotional	Sadness	Irritable
Nervousness	Anxious	Headache	

#### 2. Memory Function

Failure to answer all questions correctly may suggest a concussion. Listen for slurring of the speech.

- “At what venue are we at today?”
- “Which half is it now?”
- “Who scored last in this game?”

- “What team did you play last week / game?”
- “Did your team win the last game?”

### 3. Balance Testing - Tandem Stance

“Stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes.”

**Observe the athlete for 20 seconds. If they make more than 5 errors** (such as lifting their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more than 5 seconds) **then this may suggest a concussion.**

### Signs to Watch For After Concussion (from [Sport Concussion Assessment Tool](#))

Problems could arise over the first 24-48 hours. Athlete should not be left alone and must go to a hospital at once if he/she:

- Has a headache that gets worse
- Are very drowsy or can't be awakened (woken up)
- Can't recognize people or places
- Has repeated vomiting
- Behave unusually or seem confused; are very irritable
- Has seizures (arms and legs jerk uncontrollably)
- Has weak or numb arms or legs
- Are unsteady on your feet; have slurred speech

### Seeing a Doctor

Be safe and see a doctor after a concussion. The doctor should use the [Sport Concussion Assessment Tool](#) as an examination guideline.

### Return To Play (from [Sport Concussion Assessment Tool](#))

1. No return to play in current game
2. Stepwise return to play
  - a. No activity - rest (physical and mental) until asymptomatic
  - b. Light aerobic exercise (e.g. stationary bike)
  - c. Sport-specific training
  - d. Non-contact drills (start light resistance training)
  - e. Full-contact drills after medical clearance
  - f. Return to competition - Game Play

There should be approximately 24 hours (or longer) for each stage and the athlete should return to stage 1 if symptoms recur. Resistance training should only be added in the later stages. Medical clearance should be given before return to play.