



Prairie Rose School Division

Concussion Education Sheet

WHAT IS A CONCUSSION?

A concussion is a brain injury that can't be seen on x-rays, CT or MRI scans. It affects the way a person thinks and can cause a variety of symptoms.

WHAT CAUSES A CONCUSSION?

Any blow to the head, face, or neck, or somewhere else on the body that causes a sudden jarring of the head may cause a concussion. Examples include getting body-checked in hockey or hitting one's head on the floor in gym class.

WHEN SHOULD I SUSPECT A CONCUSSION?

A concussion should be suspected in any person who sustains a significant impact to the head, face, neck, or body and reports ANY symptoms or demonstrates ANY visual signs of a concussion. A concussion should also be suspected if a person reports ANY concussion symptoms to one of their peers, parents, teachers, or coaches or if anyone witnesses a person exhibiting ANY of the visual signs of concussion. Some people will develop symptoms immediately while others will develop delayed symptoms (beginning 24-48 hours after the injury).

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

A person does not need to be knocked out (lose consciousness) to have had a concussion. Common symptoms include:

- Headaches or head pressure
- Dizziness
- Nausea and vomiting
- Blurred or fuzzy vision
- Sensitivity to light or sound
- Balance problems
- Feeling tired or having no energy
- Not thinking clearly
- Feeling slowed down
- Easily upset or angered
- Sadness
- Nervousness or anxiety
- Feeling more emotional
- Sleeping more or sleeping less
- Having a hard time falling asleep
- Difficulty working on a computer
- Difficulty reading
- Difficulty learning new information

WHAT ARE THE VISUAL SIGNS OF A CONCUSSION?

Visual signs of a concussion may include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion or inability to respond appropriately to questions
- Blank or vacant stare
- Balance, gait difficulties, motor incoordination, stumbling, slow labored movements
- Facial injury after head trauma
- Clutching head



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WHAT SHOULD I DO IF I SUSPECT A CONCUSSION?

If any person is suspected of sustaining a concussion during sports they should be immediately removed from play. Any person who is suspected of having sustained a concussion during sports must not be allowed to return to the same game or practice.

It is important that anyone with a suspected concussion undergo medical assessment by a medical doctor or nurse practitioner, as soon as possible. It is also important that anyone with a suspected concussion receive written medical clearance from a medical doctor or nurse practitioner before returning to sport activities.

WHEN CAN THE PERSON RETURN TO SCHOOL AND SPORTS?

It is important that anyone diagnosed with a concussion follow a step-wise return to school and sports---related activities that includes the following Return-to-School and Return-to-Sport Strategies. It is important that as youth and adults return to full-time school activities before progressing to stage 5 and 6 of the Return-to-Sport Strategy.

Return-to-School Strategy¹

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the person symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4	Return to school full-time	Gradually progress.	Return to full academic activities and catch up on missed school work.

¹ Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838---847. <http://dx.doi.org/10.1136/bjsports---2017--->



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Sport-Specific Return-to-Sport Strategy²

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance and complete return to school.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	

HOW LONG WILL IT TAKE FOR THE PERSON TO RECOVER?

Most who sustain a concussion will make a complete recovery within 1-2 weeks while most youth will recover within 1-4 weeks. Approximately 15-30% of patients will experience persistent symptoms (>2 weeks for adults; >4 weeks for youth) that may require additional medical assessment and management.

HOW CAN I HELP PREVENT CONCUSSIONS AND THEIR CONSEQUENCES?

Concussion prevention, recognition, and management require people to follow the rules and regulations of their sport, respect their opponents, avoid head contact, and report suspected concussions.

TO LEARN MORE ABOUT CONCUSSIONS PLEASE VISIT:

Parachute Canada: www.parachutecanada.org/concussion

SIGNATURES (OPTIONAL): The following signatures certify that the student and his/her parent or legal guardian have reviewed the above information related to concussion.

Printed name of student

Signature of student

Date

Printed name of parent

Signature of parent

Date

² Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838---847. <http://dx.doi.org/10.1136/bjsports---2017--->