Concussion Prevention and Response
The Facts

• A concussion is a **brain injury**.

• All concussions are **serious**.

• Most concussions occur **without** loss of consciousness.

• Concussions can occur **in any sport** or recreation activity.

• Recognition and proper response to concussions when they **first occur** can help prevent further injury or even death.
A bump, blow, or jolt to the head can cause a concussion, a type of traumatic brain injury (TBI). Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

During sports and recreation activities, concussions may result from a fall or from players colliding with each other, the ground, or with obstacles, such as a goalpost. The potential for concussions is greatest in athletic environments where collisions are common.¹ Concussions can occur, however, in any organized or unorganized sport or recreational activity, as well as outside of sports from events such as a motor vehicle crash.

Sometimes people do not recognize that a bump, blow, or jolt to the head or body can cause a concussion. As a result, athletes may not receive medical attention at the time of the injury, but they may later report symptoms such as a headache, dizziness, or difficulty remembering or concentrating. These symptoms can be a sign of a concussion.²
DID YOU KNOW?

* Athletes who have ever had a concussion are at increased risk for another concussion.

* Young children and teens are more likely to get a concussion and take longer to recover than adults.\(^3\text{-}^6\)

* A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems.\(^7\text{-}^8\)
Recognizing a Possible Concussion

To help recognize a concussion, you should watch for and ask others to report the following two things among your athletes:

1. A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.

--and--

2. Any concussion symptoms or change in the athlete’s behavior, thinking, or physical functioning.

Athletes who experience **one or more** of the signs and symptoms listed on page 5 after a bump, blow, or jolt to the head or body should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it’s OK to return to play.\(^9,10\)
<table>
<thead>
<tr>
<th>SIGNS OBSERVED BY COACHING STAFF</th>
<th>SYMPTOMS REPORTED BY ATHLETE</th>
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</thead>
<tbody>
<tr>
<td>Appears dazed or stunned</td>
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<td>Loses consciousness <em>(even briefly)</em></td>
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<td>Confusion</td>
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<tr>
<td>Can’t recall events <em>after</em> hit or fall</td>
<td>Just not “feeling right” or “feeling down”</td>
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When a Concussion is Suspected

If you suspect that an athlete has a concussion, implement your four-step “Heads Up” action plan:

1. **Remove the athlete from play.** Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. *When in doubt, sit them out.*

2. **Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion.** Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
   - Cause of the injury and force of the hit or blow to the head or body
   - Any loss of consciousness (passed out/knocked out) and if so, for how long
   - Any memory loss immediately following the injury
   - Any seizures immediately following the injury
   - Number of previous concussions (if any)

3. **Inform the athlete’s parents or guardians about the possible concussion and give them the fact sheet on concussion.** Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.

4. **Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.** A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
Remember, you can’t see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. Most people with a concussion will recover quickly and fully. But for some people, signs and symptoms of concussion can last for days, weeks, or longer. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentrating and learning—should be carefully managed and monitored by a health care professional.

It is normal for athletes to feel frustrated, sad, and even angry because they cannot return to sports right away or cannot keep up with their school work. Talk with athletes about these issues and offer support and encouragement.

**Danger Signs**

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

<table>
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<td>One pupil larger than the other</td>
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<td>Is drowsy or cannot be awakened</td>
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<td>A headache that not only does not diminish, but gets worse</td>
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<td>Weakness, numbness, or decreased coordination</td>
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<td>Repeated vomiting or nausea</td>
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<td>Convulsions or seizures</td>
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<tr>
<td>Cannot recognize people or places</td>
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<tr>
<td>Becomes increasingly confused, restless, or agitated</td>
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<tr>
<td>Has unusual behavior</td>
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<td>Loses consciousness (a brief loss of consciousness should be taken seriously).</td>
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Prevention and Preparation

As a coach, you can play a key role in preventing concussions and responding properly when they occur. Here are some steps you can take throughout the school year to help prevent concussion and ensure the best outcome for your athletes, the team, and the school.

Preseason

Check with your school or district about concussion policies. Concussion policy statements can be developed to include the school’s commitment to safety, a brief description of concussion, and information on when athletes can safely return to play (i.e., an athlete should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says the student is symptom-free and it’s OK to return to play). Parents and athletes should sign the concussion policy statement at the beginning of each sports season.
Involve and get support from other school officials—such as principals, certified athletic trainers, other coaches, school nurses, and parent-teacher associations—to help ensure that school rules and concussion policies are in place before the first practice.

Create a concussion action plan. To ensure that concussions are identified early and managed correctly, have an action plan in place before the season starts. You can use the four-step “Heads Up” action plan included on page 6. This plan can be included in your school or district’s concussion policy. To start:

- Identify a health care professional to respond to injuries during practice or competition.
- Fill out the “Heads Up” pocket card or clipboard sticker and keep it with you so that information about signs, symptoms, and emergency contacts is readily available.
- Be sure that other appropriate athletic and school staff and health care professionals know about the plan and have been trained to use it.

Learn about concussion. Take the free online training course available at www.cdc.gov/Concussion. Review the signs and symptoms of concussion and keep the four-step action plan with you at games and practices.

Educate athletes, parents, and other coaches about concussion. Before the first practice, talk to athletes, parents, and other coaches and school officials about the dangers of concussion and potential long-term consequences of concussion. Explain your concerns about
concussion and your expectations of safe play. Show the videos, available online at: [www.cdc.gov/Concussion/Resources.html](http://www.cdc.gov/Concussion/Resources.html), and pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs. Remind athletes to tell the coaching staff right away if they suspect that they have a concussion or that a teammate has a concussion.

**Monitor the health of your athletes.** Make sure to ask if an athlete has ever had a concussion and insist that your athletes be medically evaluated and in good condition to participate. Some schools conduct preseason baseline testing (also known as neurocognitive tests) to assess brain function—learning and memory skills, ability to pay attention or concentrate, and how quickly someone can think and solve problems.
These tests can be used again during the season if an athlete has a concussion to help identify the effects of the injury. Prior to the first practice, determine whether your school would consider conducting baseline testing.

**During the Season: Practices and Games**

**Insist that safety comes first.** Teach athletes safe playing techniques and encourage them to follow the rules of play. Encourage athletes to practice good sportsmanship at all times and make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
Prevent long-term problems. If one of your athletes has a concussion, her/his brain needs time to heal. Don’t let the student return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.

Teach your athletes it’s not smart to play with a concussion. Rest is key after a concussion. Sometimes athletes, parents, and other school officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Some athletes may also try to hide their symptoms. Don’t let your athlete convince you that s/he is “just fine” or that s/he can “tough it out.”

Emphasize to athletes and parents that playing with a concussion is dangerous.

Work closely with other school officials. Be sure that appropriate staff are available for injury assessment and referrals for further medical care. Enlist school nurses and teachers to monitor any changes in the athlete’s behavior or school work that could indicate that the student has a concussion. Ask them to report concussions that occurred during the school year. This will help in monitoring injured athletes who participate in multiple sports throughout the school year.
**Postseason**

*Keep track of concussion.* Work with school nurses and other school staff to review injuries that occurred during the season. Discuss with other staff any needs for better concussion prevention or response preparations.

*Review your concussion policy and action plan.* Discuss any need for improvements in your concussion policy or action plan with appropriate health care professionals and school staff.
Communicating Effectively about Concussions

It’s important to raise awareness about concussion throughout the school community and to educate athletes, parents, and others about how to prevent, recognize, and respond to concussions. Enlist the help of other school staff, including school nurses, and pass out the “Heads Up” fact sheets, shows the videos, and/or make presentations to each group.

**Talking to Athletes**

Pass out the “Heads Up” fact sheet for athletes and show the videos on concussion found online at: [www.cdc.gov/Concussion/Resources](http://www.cdc.gov/Concussion/Resources). Emphasize that you take the issue seriously and that you expect them to do so as well. Devote a regular team meeting to this topic and invite the school nurse or other health care professional to speak to your team. Here are some things you can discuss with your athletes:

- “Every bump, blow, or jolt to the head or body can potentially cause a concussion.”
- “Playing injured does not show courage or strength. Do not play through symptoms of concussion. You can increase your chances of having a repeat concussion and more serious long-term problems.”
- “Tell coaching staff right away if you receive a bump, blow, or jolt to the head or body and have signs and symptoms of concussion or just don’t ‘feel right.’”
- “Signs and symptoms of concussion can appear right away or may not be noticed for days or weeks after the injury. Tell your coach if you think you have a concussion or if you think a teammate has one.”
• “You can get a concussion even if you are not ‘knocked out.’”
• “Concussions can happen during drills, practices, and games. Injuries that happen during practice should be taken just as seriously as those that happen during competition.”
• “Tell your coach if you have ever had a concussion.”
• “If you think you have a concussion, don’t hide it, report it. Take time to recover. It’s better to miss one game than the whole season.”

Talking with Parents
Send a copy of the concussion policy and action plan to each athlete’s family during the preseason, along with the “Heads Up” fact sheet for parents. Parents should sign the concussion policy statement at the beginning of each sports season and be informed that if an athlete has a concussion s/he will be kept out of play until a health care professional, experienced in evaluating for concussion, says the student is symptom-free and it’s OK to return to play. Here are some things you can discuss with your athletes’ parents:

• “Your teen’s safety is our first priority. Every concussion should be taken seriously.”
• “Let your teen know that it’s not smart to play injured. Don’t let your teen convince you that s/he is ‘just fine.’”
• “We know you care about your teen’s health. That is why it is so important that you talk with her/him about the potential dangers of concussion and to how to prevent it.”
• “Learn about and watch for any signs and symptoms of concussion if your teen has a bump, blow, or jolt to the head or body. Signs and symptoms can appear right away or may not be noticed for days after the injury.”
• “Help look for signs of concussion. Carry the list of symptoms and the action plan with you to practices and games.”
• “Alert your teen’s coach to any known or suspected concussion. To help prevent the possibility of long-term problems, don’t let your teen return to play until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.”
Talking with School Staff
Enlist support from and look for opportunities to meet with your school nurse, principal, athletic director, or other school staff. Explain your concerns, the seriousness of the issue, and the impact that concussions in high school sports can have on an athlete, the team, and the school. Discuss the school or district’s concussion policy and action plan and ask for support to implement them. Here are some things you can discuss with school staff:

- “A concussion can happen in any sport or recreational activity. All concussions are serious.”
- “School staff, working as a team with health care professionals and parents, are key to preventing, recognizing, and correctly responding to concussions.”
- “Keeping students safe and healthy helps enhance the reputation of the school and provides a positive and supportive environment for learning.”
- “A monitoring and communication plan should be established among coaches of different sports, so that an athlete does not go from one sport to another with a concussion.”
- “It’s ideal to have a health care professional available during athletic activities—both practices and competitions.”
- “Coaches of all sports should be encouraged to distribute educational materials about concussion to athletes and parents.”
THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

WHAT IS A CONCUSSION?

Concussion, a type of traumatic brain injury, is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move quickly back and forth—causing the brain to bounce around or twist within the skull.

This sudden movement of the brain can cause stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

To help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.
2. Any concussion signs or symptoms, such as a change in the athlete’s behavior, thinking, or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later he or she can’t recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.
SIGNS AND SYMPTOMS

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETE

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just “not feeling right” or “feeling down”

WHAT ARE CONCUSSION DANGER SIGNS?

In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion and crowd the brain against the skull. Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow, or jolt to the head or body the athlete exhibits one or more of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS?

Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks, or longer.

If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussions can result in brain swelling or permanent brain damage. It can even be fatal.²³

HOW CAN I HELP ATHLETES TO RETURN TO PLAY GRADUALLY?

An athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with your team’s certified athletic trainer.
Below are five gradual steps that you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

**BASELINE:** Athletes should not have any concussion symptoms. Athletes should only progress to the next step if they do not have any symptoms at the current step.

**STEP 1:** Begin with light aerobic exercise only to increase an athlete’s heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

**STEP 2:** Continue with activities to increase an athlete’s heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

**STEP 3:** Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

**STEP 4:** Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

**STEP 5:** Athlete may return to competition.

If an athlete’s symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him or herself too hard. The athlete should stop these activities and the athlete’s health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

**PREVENTION AND PREPARATION**

Insist that safety comes first. To help minimize the risks for concussion or other serious brain injuries:

- Ensure that athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture.
  - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

Check with your league, school, or district about concussion policies. Concussion policy statements can be developed to include:

- The school or league’s commitment to safety
- A brief description of concussion
- Information on when athletes can safely return to school and play.

Parents and athletes should sign the concussion policy statement at the beginning of the season.
WHAT SHOULD I DO WHEN A CONCUSSION IS SUSPECTED?
No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond, follow the Heads Up four-step action plan:

1. REMOVE THE ATHLETE FROM PLAY. Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out!

2. ENSURE THAT THE ATHLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL. Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
   - Cause of the injury and force of the hit or blow to the head or body
   - Any loss of consciousness (passed out/knocked out) and if so, for how long
   - Any memory loss immediately following the injury
   - Any seizures immediately following the injury
   - Number of previous concussions (if any)

3. INFORM THE ATHLETE’S PARENTS OR GUARDIANS. Let them know about the possible concussion and give them the Heads Up fact sheet for parents. This fact sheet can help parents monitor the athlete for signs or symptoms that appear or get worse once the athlete is at home or returns to school.

4. KEEP THE ATHLETE OUT OF PLAY. An athlete should be removed from play the day of the injury and until an appropriate health care professional says they are symptom-free and it’s OK to return to play. After you remove an athlete with a suspected concussion from practice or play, the decision about return to practice or play is a medical decision.

REFERENCES
CONCUSSION FACTS
A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven’t been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

CONCUSSION SIGNS AND SYMPTOMS
Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:
- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or “down”
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness
During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?
- DON’T HIDE IT. REPORT IT. Ignoring your symptoms and trying to “tough it out” often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don’t let anyone pressure you into continuing to practice or play with a concussion.
- GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it’s OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.
- TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

HOW CAN I HELP PREVENT A CONCUSSION?
Every sport is different, but there are steps you can take to protect yourself.
- Follow your coach’s rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
¿QUÉ ES LA CONMOCIÓN CEREBRAL?
La conmoción cerebral es una lesión del cerebro que:
• Es causada por un golpe en la cabeza o una sacudida
• Puede cambiar el funcionamiento normal del cerebro
• Puede ocurrir en cualquier deporte durante las prácticas de entrenamiento o durante un juego
• Puede ocurrir aun cuando no se haya perdido el conocimiento
• Puede ser seria aun si se piensa que sólo se trata de un golpe leve

¿CUÁLES SON LOS SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?
• Dolor o “presión” en la cabeza
• Náuseas (sentir que quieres vomitar)
• Problemas de equilibrio, mareo
• Visión doble o borrosa
• Molestia causada por la luz
• Molestia causada por el ruido
• Sentirse debilitado, confuso, aturdido o grogui
• Dificultad para concentrarse
• Problemas de memoria
• Confusión
• No “sentirse bien”

¿QUÉ DEBO HACER SI CREO QUE HE SUFRIDO UNA CONMOCIÓN CEREBRAL?
• Dile a tus entrenadores y a tus padres. Nunca ignores un golpe en la cabeza o una sacudida aun cuando te sientas bien. También dile al entrenador si crees que uno de tus compañeros de equipo sufrío una conmoción.
• Ve al médico para que te examine. Un médico u otro profesional de la salud podrá decirte si sufiste una conmoción cerebral y cuándo estarás listo para volver a jugar.
• Tómate el tiempo suficiente para curarte. Si sufiste una conmoción cerebral, tu cerebro necesitará tiempo para sanar. Es más probable que sufras una segunda conmoción mientras tu cerebro esté en proceso de curación. Las segundas conmociones y cualquier conmoción adicional pueden causar daños al cerebro. Por eso es importante que descanses hasta que un médico u otro profesional de la salud te permitan regresar al campo de juego.

¿CÓMO PUEDO PREVENIR UNA CONMOCIÓN CEREBRAL?
Aunque todo deporte es diferente, hay medidas que puedes tomar para protegerte.
• Sigue las reglas de seguridad del entrenador y las reglas del deporte que practicas.
• Mantén el espíritu deportivo en todo momento.
• Utiliza los implementos deportivos adecuados, incluido el equipo de protección personal. Para que este equipo te proteja, debe:
  > Ser adecuado para el deporte que practicas, tu posición en el juego y tipo de actividad
  > Usarse correctamente y ajustarse bien a tu cuerpo
  > Usarse en todo momento durante el juego
A Fact Sheet for Parents

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can’t see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just “doesn’t feel right.” Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

**SIGNS AND SYMPTOMS OF A CONCUSSION**

**SIGNS OBSERVED BY PARENTS OR GUARDIANS**

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can’t recall events prior to the hit, bump, or fall
- Can’t recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

**SYMPTOMS REPORTED BY YOUR CHILD OR TEEN**

**Thinking/Remembering:**
- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

**Physical:**
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not “feel right”

**Emotional:**
- Irritable
- Sad
- More emotional than usual
- Nervous

**Sleep:**
- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

*Only ask about sleep symptoms if the injury occurred on a prior day.*
**DANGER SIGNS**

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

**Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it’s OK to return to play. This means, until permitted, not returning to:**

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

---

**What should I do if my child or teen has a concussion?**

1. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).

2. **Help them take time to get better.** If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a health care professional.

3. **Together with your child or teen, learn more about concussions.** Talk about the potential long-term effects of concussion and the dangers of returning too soon to normal activities (especially physical activity and learning/concentration). For more information about concussion and free resources, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

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**How can I help my child return to school safely after a concussion?**

Help your child or teen get needed support when returning to school after a concussion. Talk with your child’s teachers, school nurse, coach, speech-language pathologist, or counselor about your child’s concussion and symptoms. Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child’s symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.
A Fact Sheet for Teachers, Counselors, and School Professionals

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Children and adolescents are among those at greatest risk for concussion. The potential for a concussion is greatest during activities where collisions can occur, such as during physical education (PE) class, playground time, or school-based sports activities. However, concussions can happen any time a student’s head comes into contact with a hard object, such as a floor, desk, or another student’s head or body. Proper recognition and response to concussion can prevent further injury and help with recovery.

THE FACTS:

* All concussions are serious.
* Most concussions occur without loss of consciousness.
* Recognition and proper response to concussions when they first occur can help aid recovery and prevent further injury, or even death.

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion.

Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.
What are the signs and symptoms of concussion?

The signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. Be alert for any of the following signs or symptoms. Also, watch for changes in how the student is acting or feeling, if symptoms are getting worse, or if the student just “doesn’t feel right.”

**SIGNS OBSERVED BY TEACHERS AND SCHOOL PROFESSIONALS**

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

**SYMPTOMS REPORTED BY THE STUDENT**

**Thinking/Remembering:**
- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

**Emotional:**
- Irritable
- Sad
- More emotional than usual
- Nervous

**Physical:**
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not “feel right”

**Sleep**:  
- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

*Only ask about sleep symptoms if the injury occurred on a prior day.
What are concussion danger signs?

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

For more information and tool kits for youth sports coaches and high school coaches, visit www.cdc.gov/Concussion.

How can I recognize a concussion?

Teachers and school counselors may be the first to notice changes in their students. The signs and symptoms can take time to appear and can become evident during concentration and learning activities in the classroom.

Send a student to the school nurse, or another professional designated to address health issues, if you notice or suspect that a student has:

1. *Any* kind of forceful blow to the head or to the body that results in rapid movement of the head,
   -and-
2. *Any* change in the student's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

What do I need to know about my students returning to school after a concussion?

Supporting a student recovering from a concussion requires a collaborative approach among school professionals, health care providers, and parents, as s/he may need accommodations during recovery. If symptoms persist, a 504 meeting may be called. Section 504 Plans are implemented when students have a disability (temporary or permanent) that affects their performance in any manner.
What to look for after a concussion

When students return to school after a concussion, school professionals should watch for:

- Increased problems paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time needed to complete tasks or assignments
- Difficulty organizing tasks
- Inappropriate or impulsive behavior during class
- Greater irritability
- Less ability to copy with stress or more emotional

Services and accommodations for students may include speech-language therapy, environmental adaptations, curriculum modifications, and behavioral strategies.

Students who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent on the computer, reading, or writing.

It is normal for students to feel frustrated, sad, and even angry because they cannot return to recreation or sports right away, or cannot keep up with their schoolwork. A student may also feel isolated from peers and social networks. Talk with the student about these issues and offer support and encouragement. As the student’s symptoms decrease, the extra help or support can be removed gradually.
What is a Concussion?

A concussion is a type of traumatic brain injury (TBI) that results from a bump, blow, or jolt to the head (or by a hit to the body) that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain.

While some research shows that the young brain can be resilient, it may also be more susceptible to the chemical changes that occur in the brain after a concussion. These changes can lead to a set of symptoms affecting the student’s cognitive, physical, emotional, and sleep functions.

Concussions affect people differently. Most students will have symptoms that last for a few days or a week. A more serious concussion can last for weeks, months or even longer.

Returning to School After a Concussion: A Fact Sheet for School Professionals

What role do I play in helping a student return to school after a concussion?

Each year hundreds of thousands of K-12 students sustain a concussion as a result of a fall, motor-vehicle crash, collision on the playground or sports field, or other activity. Most will recover quickly and fully. However, school professionals, like you, will often be challenged with helping return a student to school who may still be experiencing concussion symptoms—symptoms that can result in learning problems and poor academic performance.

Knowledge of a concussion’s potential effects on a student, and appropriate management of the return-to-school process, is critical for helping students recover from a concussion.

That’s where you come in. This fact sheet provides steps that school professionals can take to help facilitate a student’s return to school and recovery after a concussion. It emphasizes the importance of a collaborative approach by a team that includes not only school professionals, but also the student’s family and the health care professional(s) managing the medical aspects of the student’s recovery.
How can a concussion affect learning?

The effects of concussion on a student’s return-to-school experience are unique to each student. In most cases, a concussion will not significantly limit a student’s participation in school; however, in some cases, a concussion can affect multiple aspects of a student’s ability to participate, learn, and perform well in school. In turn, the experience of learning and engaging in academic activities that require concentration can actually cause a student’s concussion symptoms to reappear or worsen. Given this inter-relationship, and the way concussion effects can vary across students, academic adjustments need to be tailored to each student’s specific circumstances.

When is a student ready to return to school after a concussion?

A student with a concussion should be seen by a health care professional experienced in evaluating for concussion. A health care professional can make decisions about a student’s readiness to return to school based on the number, type and severity of symptoms experienced by the student. The health care professional should also offer guidance about when it is safe for a student to return to school and appropriate levels of cognitive and physical activity. Once a health care professional has given permission for the student to return to the classroom, school professionals can help monitor him/her closely. With proper permission, school professionals can confer on their observations and share those observations with the family and other professionals involved in the student’s recovery.

What to Look for After a Concussion

When students return to school after a concussion, school professionals should watch for:

- Increased problems paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time needed to complete tasks or assignments
- Difficulty organizing tasks or shifting between tasks
- Inappropriate or impulsive behavior during class
- Greater irritability
- Less ability to cope with stress
- More emotional than usual
- Fatigue
- Difficulties handling a stimulating school environment (lights, noise, etc.)
- Physical symptoms (headache, nausea, dizziness)
Who should be included as part of the team supporting the student?

Providing appropriate support for a student returning to school after a concussion requires a collaborative team approach. The team should include:

- **The student**: The affected student should be “in the loop,” and encouraged to share his/her thoughts about how things are going, and symptoms he or she is experiencing. The student should receive feedback from the rest of the team that is appropriate to his/her age, level of understanding, and emotional status.

- **Parents/Guardians**: Parents and guardians need to understand what a concussion is, that medical attention is required, that most students will get better, the potential effects on school learning and performance, and the importance of following guidance from their student’s health care provider in order to ensure the most rapid and complete recovery possible.

- **Other caregivers (i.e., sports coaches, after-school or day care providers)**: People who care for or are responsible for a student after school hours can play an important role in monitoring participation in after-school activities and observing any changes in symptoms.

- **Physician and/or other health care professional**: Health care professionals involved in the student’s diagnosis and recovery should provide an individualized plan for a student returning to school to help manage cognitive and physical exertion following a concussion. As a student recovers, health care professionals can help guide the gradual removal of academic adjustments or supports that may be instituted as part of the recovery process.

- **School nurse**: Periodic monitoring of the student’s symptoms by the school nurse should continue as long as symptoms are present. The school nurse is also a resource for other school professionals who may have questions about their own observations and may also be an important liaison to parents or concussion experts within the community.
With proper permission, members of the school team should meet together on a regular basis to:

- Share observations and any new information obtained from the family or health care professional.
- Work with the family to develop an appropriate program and timeline to meet the student’s needs and explain as necessary the reasons for the resulting plan.
- Continually reassess the student for symptoms and progress in healing. This information can help the team to make adjustments to the plan.

- **All teachers interacting with the student (including the physical education teacher):** Teachers can often help observe changes in a student, including symptoms that may be worsening. Teachers are also in a position to interact regularly with the student’s parents, thereby providing a channel to obtain and share information with them about the student’s progress and challenges.

- **School psychologist and/or school counselor:** School psychologists and/or school counselors can often help with identifying services and resources to help the student and parents or guardians and facilitate getting those services and resources for them, including a 504 Plan or IEP. School psychologists can also help assess a student’s current functioning and his/her academic needs for full recovery.

- **Speech language pathologists:** Speech-language pathologists can help monitor or identify students with a concussion who are having trouble in the classroom, as well as changes in how a student is communicating or interacting with others. Speech-language pathology services may include testing, providing classroom strategies or modifications, and direct services to a student.

- **School principal or other school administrator:** The school principal or administrator should appoint the internal members of the team as well as a “case manager” to ensure adequate communication and coordination within the team. The administrator will also be responsible for approving any adjustments to the student’s schedule and communicating policies on responding to students who have had a concussion (e.g., return to play policy).

If the student is an athlete, either inside or outside of school, the team should also include coaches and other athletic department staff (e.g., certified athletic trainer). Remember, a student with a concussion should NEVER return to sports, PE class, or other physical activity until a health care professional with experience in evaluating for concussion says the student is no longer experiencing symptoms and it is OK to return to play. Comprehensive information and training modules for athletic coaches and health care professionals are available from the **Heads Up** initiatives at [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).
It is important to identify someone on this team who will function as a case manager, such as a school nurse, school psychologist, school counselor, speech pathologist, teacher or other identified school professional. This person will have the role of advocating for the student’s needs and serve as the primary point of contact with the student, family, and all members of the team. A flexible set of materials to assist case managers and school professionals is available from the *Heads Up to Schools: Know Your Concussion ABCs* initiative at [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

**How can understanding concussion symptoms help with identifying a student’s individual needs?**

A school professional can best support a student’s return to school and recovery by understanding possible concussion effects and providing the student with needed accommodations and support. Understanding concussion symptoms can help the student and members of the team identify individual needs of the student, monitor changes, and with proper permission, take action when necessary. This will help facilitate a full recovery and discourage students from minimizing the symptoms due to embarrassment, shame, or pressure to return to activities.

### SIGNS AND SYMPTOMS OF A CONCUSSION

#### SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can’t recall events prior to the hit, bump, or fall
- Can’t recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

#### SYMPTOMS REPORTED BY STUDENTS

**Thinking/Remembering:**

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

**Physical:**

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not “feel right”

**Emotional:**

- Irritable
- Sad
- More emotional than usual
- Nervous

**Sleep***:

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

*Only ask about sleep symptoms if the injury occurred on a prior day.*
Signs and symptoms of concussion generally show up soon after the injury. However, a concussion is an evolving injury. The full effect of the injury may not be noticeable at first and some symptoms may not show up for hours or days.

In the classroom, concussion symptoms may translate into a variety of challenges with learning. Cognitive symptoms may result in problems with speed of reading, difficulties doing multi-step math problems, problems maintaining consistent attention throughout the class, and/or distractibility. Students’ complaints about physical symptoms such as headache, fatigue or increased sensitivity to the lights in the classroom or the noise in the hallways and cafeteria may impair the effectiveness of their learning. Problems with emotional control can also be evident. The student can become more easily irritated or agitated or may feel overwhelmed and frustrated by their learning challenges. These different symptoms can impact the student’s overall school performance.

**What roles do cognitive exertion and rest play in a student’s recovery?**

Resting after a concussion is *critical* because it helps the brain recover. Mental and cognitive exertion requires the brain’s energy, and when the brain’s energy is depleted due to injury, symptoms such as headaches and problems concentrating can worsen. For example, if a student with a concussion spends a lot of energy studying intensely for an exam, there will be less energy available to help the brain repair itself, which may delay recovery. These effects are referred to as *cognitive-exertional* effects.

Understanding the effect of cognitive exertion following a concussion is very important for a student because school engagement and learning requires active thinking. Therefore, the goal is to limit cognitive activity to a level that is tolerable for the student and that does not worsen or result in the reemergence of concussion symptoms. A plan for taking a break from intensive cognitive activity, known as *cognitive rest*, should
be included in the return to school management plan provided by the student's health care provider.

Cognitive rest may require a student to limit or refrain from activities, such as working on a computer, driving, watching television, studying for or taking an exam, using a cell phone, reading, playing video games, and text messaging or other activities that cause concussion symptoms to appear or worsen. Many students find limiting or completely avoiding cognitive activities difficult, because these activities are a routine part of their lives. Therefore, it is important to explain to students that ignoring concussion symptoms and trying to “tough it out” often makes symptoms worse and can make recovery take longer, sometimes for months.

Tolerance for cognitive activity increases as the student recovers, but the rate of recovery may vary from one student to another. For example, three days after their injury one student may be able to read for 30 minutes before experiencing fatigue, headache, and reduced concentration; whereas, another student may be able to tolerate only 10 minutes of this same activity three days following the injury. Thus regular monitoring of symptoms, including input from the student, is critical in any return-to-school plan.
How can I help identify problems and needs?

Based on the identification of symptoms and an analysis of how the student responds to various activities, interventions that are tailored to the specific needs of the student can be identified and implemented.

To start, identify the types of symptoms the student is experiencing. Next, try to identify specific factors that may worsen the student’s symptoms so steps can be taken to modify those factors. For example:

- Do some classes, subjects, or tasks appear to pose greater difficulty than others? (compared to pre-concussion performance)
- For each class, is there a specific time frame after which the student begins to appear unfocused or fatigued? (e.g., headaches worsen after 20 minutes)
- Is the student’s ability to concentrate, read or work at normal speed related to the time of day? (e.g., the student has increasing difficulty concentrating as the day progresses)
- Are there specific things in the school or classroom environment that seem to distract the student?
- Are any behavioral problems linked to a specific event, setting (bright lights in the cafeteria or loud noises in the hallway), task, or other activity?

Importantly, if a student has a history of concussions, medical condition at the time of the current concussion (such as a history of migraines), or developmental disorders (such as learning disabilities and ADHD), it may take longer to recover from the concussion. Anxiety and depression may also prolong recovery and make it harder for the student to adjust to the symptoms of a concussion.

It is normal for students to feel frustrated, sad, embarrassed, and even angry because they cannot keep up with their schoolwork or participate in their regular activities, such as driving or sports. A student may also feel isolated from peers and social networks. Talk with the student about these issues and offer support and encouragement. In consultation with the student’s health care professional, and as the student’s symptoms decrease, the extra help or support can be removed gradually.
Some Strategies for Addressing Concussion Symptoms at School

*(Please note: these strategies will vary based on the student’s age, level of understanding, and emotional status)*

**COGNITIVE**

- Concentrate first on general cognitive skills, such as flexible thinking and organization, rather than academic content.

- Focus on what the student does well and expand the curriculum to more challenging content as concussion symptoms subside.

- Adjust the student’s schedule as needed to avoid fatigue: shorten day, time most challenging classes with time when student is most alert, allow for rest breaks, reduced course load.

- Adjust the learning environment to reduce identified distractions or protect the student from irritations such as too-bright light or loud noises.

- Use self-paced, computer-assisted, or audio learning systems for the student having reading comprehension problems.

- Allow extra time for test/in-class assignment completion.

- Help the student create a list of tasks and/or daily organizer.

- Assign a peer to take notes for the student.

- Allow the student to record classes.

- Increase repetition in assignments to reinforce learning.

- Break assignments down into smaller chunks and offer recognition cues.

- Provide alternate methods for the student to demonstrate mastery, such as multiple-choice or allowing for spoken responses to questions rather than long essay responses.

**BEHAVIORAL/SOCIAL/EMOTIONAL**

- If the student is frustrated with failure in one area, redirect him/her to other elements of the curriculum associated with success.

- Provide reinforcement for positive behavior as well as for academic achievements.

- Acknowledge and empathize with the student’s sense of frustration, anger or emotional outburst: “I know it must be hard dealing with some things right now.”

- Provide structure and consistency; make sure all teachers are using the same strategies.

- Remove a student from a problem situation, but avoid characterizing it as a punishment and keep it as brief as possible.

- Establish a cooperative relationship with the student, engaging him/her in any decisions regarding schedule changes or task priority setting.

- Involve the family in any behavior management plan.

- Set reasonable expectations.

- Arrange preferential seating, such as moving the student away from the window (e.g. bright light), away from talkative peers, or closer to the teacher.
When symptoms persist: What types of formal support services are available?

For most students, only temporary, informal, academic adjustments are needed as they recover from a concussion. However, a variety of formal support services may be available to assist a student who is experiencing a prolonged recovery. These support services may vary widely among states and school districts. The type of support will differ depending on the specific needs of each student. Some of these support services may include:

- **Response to Intervention Protocol (RTI):** An RTI may be used for students who need academic adjustments for an extended period and/or need to increase the level of a particular intervention. An RTI allows for a multi-step, targeted approach that school professionals can use to monitor a student’s progress through increasing levels of an intervention. At each intervention level, a school professional assesses the students to determine whether additional instruction or support is needed.

- **504 Plan:** Students with persistent symptoms and who require assistance to be able to participate fully in school, may be candidates for a 504 plan. A 504 plan will describe modifications and accommodations to help a student return to pre-concussion performance levels. For example, a student recovering from a concussion might receive environmental adaptations, temporary curriculum modifications, and behavioral strategies.

- **Individualized Education Plan (IEP):** Students with certain classifications of disability that adversely impact educational performance may be eligible for an IEP. These students generally require significant help to access the curriculum. This help may include adjusting the student’s workload, adjusting methods or pace of instruction, or allowing the student to work in an environment other than an inclusive classroom. The majority of students with a concussion will not require an IEP; however, a small percentage of students with more chronic cognitive or emotional disabilities may require this level of support.
Concussion Signs and Symptoms

Checklist

Student’s Name: ___________________________________________ Student’s Grade: _______ Date/Time of Injury: ______________

Where and How Injury Occurred: (Be sure to include cause and force of the hit or blow to the head.) ____________________________________________________________

Description of Injury: (Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.) ____________________________________________________________

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

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<tr>
<th>OBSERVED SIGNS</th>
<th>0 MINUTES</th>
<th>15 MINUTES</th>
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<td>Appears dazed or stunned</td>
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PHYSICAL SYMPTOMS

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light
- Sensitivity to noise
- Numbness or tingling
- Does not “feel right”

COGNITIVE SYMPTOMS

- Difficulty thinking clearly
- Difficulty concentrating
- Difficulty remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

EMOTIONAL SYMPTOMS

- Irritable
- Sad
- More emotional than usual
- Nervous

To download this checklist in Spanish, please visit: www.cdc.gov/Concussion.
Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: www.cdc.gov/Concussion.
Danger Signs:
Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:
- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information About This Checklist:
This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals, and the student’s parent(s) or guardian(s).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: www.cdc.gov/Concussion.

Resolution of Injury:
- Student returned to class
- Student sent home
- Student referred to health care professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____________________________________________

TITLE: __________________________________________________________________________________________

COMMENTS:
“This document was developed from the public domain document: Heads Up: Concussion in High School Sports – U.S Department of Health and Human Services, Centers for Disease Control and Prevention.”