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 and 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 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

#### 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.

Materials adapted from U.S. Dept of HHS Centers for Disease Control and Prevention
What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.** A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.

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 should limit activities while he/she is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or prolong concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.

3. **Together with your child or teen, learn more about concussions.** Talk about the potential long-term effects of concussion and the problems caused by returning too soon to daily activities to quickly (especially physical activity and learning/concentration).

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 school administrators, teachers, school nurse, coach, and counselor about your child’s concussion and symptoms. Your child may feel frustrated, sad, and even angry because he/she cannot keep up with schoolwork and learn as well after a concussion. 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.

To learn more about concussions go to:

[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion); www.wiaawi.org; [www.nfhs.org](http://www.nfhs.org)
Wisconsin Fact Sheet for Athletes

What are the signs and symptoms of a concussion?

Unlike a broken arm, you can't see a concussion. Most concussions occur without loss of consciousness. 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 you are feeling, if symptoms are getting worse, or if you just “don’t feel right.” If you think you or a teammate may have a concussion, it is important to tell someone.

SIGNS OBSERVED BY PARENTS OR GUARDIANS

COMMON SYMPTOMS OF A CONCUSSION:

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

Changes in your normal sleep patterns.

Tell someone if you see a teammate with any of these symptoms:
- Appears dazed or stunned
- Forgets sports plays
- Is confused about assignment or position
- Moves clumsily
- 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

Tell someone if you feel any of the following:
- Irritable
- Sad
- More emotional than usual
- Nervous

Changes in your normal sleep patterns.

Materials adapted from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention
Wear the proper equipment for each sport and make sure it fits well.

Follow the rules of the sport and the coach’s rule for safety.

Use proper technique.

If you have a suspected concussion, you should NEVER return to sports or recreational activities on the same day the injury occurred. You should not return to activities until you are symptom-free and a health care provider experienced in managing concussion provides written clearance allowing return to activity. This means, until permitted, not returning to:

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

What should you do if you think you have a concussion?

1. **Tell your coaches and parents right away.** Never ignore a bump or blow to the head even if you feel fine. If you experience symptoms of a concussion, you should immediately remove yourself from practice/play. Tell your coach right away if you think you or one of your teammates might have a concussion.

2. **Get evaluated by a health care provider.** A health care provider experienced in evaluating for concussion can determine if you have a concussion, help guide management and safe return to normal activities, including school (concentration and learning) and physical activity. If you have been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury you may not participate again until evaluated by a health care provider and you receive written clearance to return to activity. You must provide this written clearance to your coach.

3. **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. It is important to rest until you receive written clearance from a health care provider to return to practice and play.

Why should you tell someone about your symptoms?

1. Your chances of sustaining a life altering injury are greatly increased if you aren’t fully recovered from a concussion or head injury.

2. Practicing/playing with concussion symptoms can prolong your recovery.

3. Practicing/playing with a concussion can increase your chances of getting another concussion.

4. Telling someone could save your life or the life of a teammate!

Tell your teachers

Tell your teachers if you have suffered a concussion or head injury. Concussions often impair school performance. In order to properly rest, many students often need to miss a few days of school immediately following a concussion. When you return to school after a concussion you may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Have more time allowed to take tests or complete assignments,
- Suspend your physical activity (PE class and/or recess)
- Suspend your extracurricular activities (band, choir, dance, etc)
- Reduce time spent reading, writing, or on the computer.

To learn more about concussions, go to:

www.cdc.gov/Concussion;  www.wiaawi.org;  www.nfhs.org
A Fact Sheet for COACHES

It's better to miss one game than the whole season!

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**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

WHAT IS A CONCUSSION?
A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that caused the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or stationary objects.

The potential for concussion is greatest in athletic environments where collisions are common. However, concussions may occur in any sport or recreational activity. As many as 3.8 million sports-and recreation-related concussions occur in the United States each year.

RECOGNIZING A POSSIBLE CONCUSSION
“When in doubt, hold them out”.

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.
   - and -
2. Any change in the athlete’s behavior, judgment, or physical functioning. (See the signs and symptoms of concussion listed on the next page.)

To download the coaches fact sheet in Spanish, please visit [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports) Para descargar la hoja informativa para los entrenadores en español, por favor visite: [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)
<table>
<thead>
<tr>
<th>SIGNS OBSERVED BY COACHING STAFF</th>
<th>SYMPTOMS REPORTED BY ATHLETE</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
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<td>• Confusion</td>
</tr>
<tr>
<td>• Can’t recall events prior to hit or fall</td>
<td>• Does not feel “right”</td>
</tr>
<tr>
<td>• Can’t recall events after hit or fall</td>
<td></td>
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As an athletic coach, it is your responsibility to remove an athlete from the youth athletic activity if you determine the athlete exhibits signs, symptoms, or behavior consistent with a concussion or if you suspect the athlete has sustained a concussion. The athlete then needs to be evaluated by a health care provider to determine if he/she sustained a concussion. An athlete who has been removed because of a suspected concussion may not participate again until he/she is evaluated by a health care provider, is symptom free and has been provided written clearance to participate from a qualified health care provider.

Wisconsin Act 172 defines a “health care provider” as a person whom all of the following apply:
1. He or she holds a credential that authorizes the person to provide health care.
2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.
3. He or she is practicing within the scope of his or her credential.

Wisconsin Act 172 defines “credential” to mean a license or certificate of certification issued by the state.

It is recommended that persons operating a youth athletic activity provide recommendations to athletes and parents about potential health care providers.
Prevention and Preparation

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

- **Educate athletes and parents about concussion.** At the beginning of each sports season for a youth athletic activity, each person who wishes to participate should receive concussion and head injury information (such as) 1) ‘Know Your Concussion ABCs: A Fact Sheet for Parents’ and 2) ‘Know Your Concussion ABCs: A Fact Sheet for Athletes’. No person may participate in a youth athletic activity (practice or play) unless the person returns the ‘Parent/Athlete Agreement’ signed by the athlete and, if he or she is under the age of 19, by his or her parent or guardian.

  Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches.

- **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.
  - Make sure athletes 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.

- **Check with your youth athletic activity organizer about concussion guidelines and policies.** Concussion policy and/or management plans can be developed to include commitment to safety, emergency procedures, and a ‘Return to Play’ procedures.

- **Teach athletes and parents that it’s not smart to play with a concussion.** Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Know if players have ever had previous concussions. Never allow an athlete that has a confirmed or suspected concussion to return to activity until symptom free and provided with written clearance from a health care provider. Don’t let athletes persuade you that they are fine.

- **Prevent long-term problems.** A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in Second Impact Syndrome, which causes brain swelling, permanent brain damage, and even death. This more serious condition is called second impact syndrome. Keep athletes with known or suspected concussion from play until they have been evaluated by a health care provider with experience in evaluating for concussion. Remind your athletes: “It’s better to miss one game than the whole season.”
WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

1. **Remove the athlete from play.** Look for the signs, symptoms, and behaviors of a concussion if your athlete has experienced a bump or blow to the head.

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

3. **Inform the athlete’s parents or guardians about the possible concussion.** Make sure the injured athlete’s parent or guardian knows that the athlete is required be seen by a health care provider with experience in pediatric concussion management. Provide recommendations of potential health care providers in the area to the athlete, parents or guardian. Do not allow the athlete to be unsupervised at any time (return to the locker room or bus) if you suspect a concussion. Do not allow the athlete to drive home if you suspect a concussion.

4. An athlete who has been removed from any youth athletic activity because of a determined or suspected concussion **may not participate again until he/she is evaluated by a health care provider, is symptom free and provides written clearance from a health care provider to return to activity.**

*It is recommended that coaches participate in additional Concussion/Head Injury Training such as:*

**Free Concussion in Sports Course offered by NFHS:**


Course Objectives:
- Educate coaches, parents, officials, and students about concussions
- Identify the signs and symptoms of concussions
- Understand the problems associated with concussions
- Actions to take when a concussion is present
- Identify responsibilities of coaches, parents, officials, and students

The WIAA strongly encourages coaches at all levels to take this free course along with officials, parents and athletes so they have a better understanding of concussions and their effects on young, adolescent brain function.
Suggested Concussion Management:

WIAA and NFHS Suggested Concussion Management

1. Any athlete suspected of having a concussion should immediately be removed from participation. “When in doubt, hold them out.”

2. No athlete should return to play (RTP) or practice on the same day of a concussion.

3. Any athlete with a suspected concussion must be evaluated and medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.

4. Athletes should not be allowed to RTP while still having symptoms.

5. After medical clearance, athletes should follow an individualized, stepwise RTP protocol.

In order to resume activity, the athlete must be symptom free and off any pain control or headache medications, carrying a full academic load without any significant accommodations, and have clearance from an appropriate health care provider.

The program described below is a guideline for returning concussed athletes when they are symptom free. Athletes with multiple concussions and athletes with prolonged symptoms often require a very different return to activity program and should be managed by a health care professional with experience in treating concussion.

The following program allows for no more than one step per 24 hours. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify their healthcare provider before progressing to the next level.

**STEP ONE: About 15 minutes of light exercise: stationary biking or jogging**

**STEP TWO: More strenuous running and sprinting in the gym or field without equipment**

**STEP THREE: Begin non-contact drills in full uniform. May also resume weight lifting**

**STEP FOUR: Full practice with contact**

**STEP FIVE: Full game clearance**

Further Reading


A sample concussion management plan for use by schools:


(Note: Each school should consult with its own sports medicine staff, legal counsel and athletics staff during the development and implementation of a plan.)
Parent & Athlete Concussion Agreement

Appleton Parks, Recreation, and Facilities Management Department

CHILD ATHLETE’S NAME: __________________________________________________________

SPORT: ______________________________________________________________________

TEAM NAME: ___________________________________________     GRADE LEVEL: _______________________

It is important to recognize the signs, symptoms and behaviors of concussions. By signing this form you agree you understand the importance of recognizing and responding to concussions.

PARENT/GUARDIAN AGREEMENT:

I, ______________________________________ (print name), the parent/guardian of the above named athlete, have read the “Wisconsin Concussion Fact Sheet for Parents” provided by the City of Appleton and understand what a concussion is and how it may be caused. I also understand the signs, symptoms, and behaviors that indicate a potential concussion and agree to remove the athlete from practice/play if any of these signs, symptoms or behaviors are exhibited and/or if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment for the athlete if a suspected concussion is reported to me. I understand that the athlete cannot return to practice/play until written clearance from an appropriate health care provider is provided to the athlete’s coach.

I understand the possible consequences of the athlete returning to practice/play too soon.

Parent/Guardian:

Signature   ______________________________________________________        Date   ______________________

CHILD ATHLETE AGREEMENT:

(NOTE: The intent of this agreement is to initiate a discussion between parents/guardians and children to understand what a concussion is, who to tell, and what to do if/when a suspected concussion occurs. All youth athletes, regardless of age, are required to have an understanding of the nature and risk of a concussion. If the age of a child prevents them from reading or understanding the included concussion information or the acknowledgement statement below, a parent/guardian must read and explain the information to the child. Pursuant to Wis. Stat. § 118.293, the City of Appleton is required to obtain the child’s signature, or best representation, as acknowledgement of the child understanding this information.)

I have read the “Wisconsin Concussion Fact Sheet for Athletes” provided by the City of Appleton, or my parent/guardian has read the information to me. I know what a concussion is, what the signs of a concussion are, and I know that if I hurt my head in any way while playing sports I must tell my coach or my parent/guardian right away. I know that if my coach or parent/guardian thinks I might have a concussion I will have to stop playing and practicing sports right away and be checked by a health care provider. I know I might need time to heal and that I will not be able to play or practice sports until my health care provider says it is okay.

Child Athlete:

Signature   ______________________________________________________        Date   ______________________

Printed Name __________________________________________________________
Emergency Information Card

Athlete’s name ___________________________ Age ______

Address ____________________________________________

Home phone ___________ Cell phone _______________________

Sport ____________________________________________

List two persons to contact in case of emergency:

Parent’s or guardian’s name __________________________
Address ____________________________________________
Home phone ___________ Work phone _______________________

Second person’s name __________________________
Address ____________________________________________
Home phone ___________ Work phone _______________________

Relationship to athlete _______________________________________

Insurance co. ___________________________ Policy no. _____________

Physician’s name ___________________________ Phone _____________

Are you allergic to any drugs? ______ If so, what? ____________________

Do you have any allergies (e.g., bee stings or dust)? ____________________

Do you have ____ asthma, ____ diabetes, or ____ epilepsy?
(Check any that apply)

Do you take any medications? ____ If so, what? ____________________

Do you wear contact lenses? ______

Other ____________________________________________

Signature ____________________________________________

Date ____________