

Concussion Q & A

What is Second Impact Syndrome?

Second Impact Syndrome is a dangerous condition that can occur if an athlete returns to sports before full recovery. If you receive a second blow to the head (even a relatively minor one) before the symptoms of the initial concussion have cleared, the consequences can be deadly. A second blow to the head after a concussion can cause the brain to lose its ability to regulate blood flow properly. Engorgement of the blood vessels occurs which places excessive pressure on the brain. This pressure can result in rapid respiratory failure, coma and even death.

How can it be prevented?

Don't return to sports after a concussion until your symptoms have completely resolved and you have been cleared by your physician or athletic trainer.

What are the most common signs and symptoms of a concussion?

According to one study, the top 3 signs/symptoms among 396 concussed athletes were headache (40%), dizziness (15%) and confusion (9%). Loss of consciousness and amnesia occurred in only 4% and 6% of the cases, respectively. This is supported by another study which found that headaches were the most commonly reported symptom following concussion, occurring in 70% to 86% of athletes.

Can my son or daughter take something for the headache?

Concussed athletes should avoid medications containing aspirin or nonsteroidal anti-inflammatories (ie: Advil, Motrin), since these medicines thin the blood and may potentially increase the risk of intracranial bleeding. It is generally OK to take acetaminophen (Tylenol), but check with your physician before giving any medication.

Do I need to wake my son or daughter every few hours during the night?

There is still some considerable debate about the necessity of nighttime wake-ups. Wake-ups disrupt the athlete's normal sleep pattern, which can lead to increased symptoms the next day due the combination of sleep deprivation and the concussion itself. However, you should wake your son or daughter to check for a decreased level of consciousness and persistent or worsening symptoms if: the athlete experienced any loss of consciousness, had a period of amnesia (memory loss or difficulty), he or she still has symptoms at bedtime, or advised to do by your physician or athletic trainer.

When can my son or daughter return to play?

Return to play decisions are based on concussion severity and the athlete's history of prior head injuries. For most minor concussions, return to play may occur once the athlete meets the following criteria: he/she has completed a symptom-free period (and not taking any medications to mask headache and other symptoms), has completed the stepwise activity progression, passed their ImPACT test (if applicable) and has been cleared by an appropriate medical professional. Adolescents are generally managed more conservatively than college-aged and professional athletes since they appear to be at a higher risk for Second Impact Syndrome. More severe head injuries and those who have had more than one concussion may need a longer recovery period. Concussed athletes should not return to activity until they have been cleared to do so by the physician or athletic trainer.

Does age affect how fast an athlete recovers from a concussion?

Yes. One study that compared recovery rates between NFL football players and high school football players found that high school players took longer to recover from a concussion than the NFL players. A brain that is still developing may be more sensitive to trauma, which likely affects recovery time.

Head Injury Report To Parent/Guardian

This is to inform you that your child, _____ has suffered a suspected head injury today. He/she was seen in the athletic trainer's office and was found to have no problems at that time.

The following events occurred: _____

Area of the head affected: _____ Time: _____

Most head injuries are minor and not associated with serious after effects. It is important to watch your child for 24-48 hours after a head injury for signs that may indicate a serious after effect. Please watch for any of the following signs/symptoms:

1. Severe headache
2. Nausea and/or vomiting
3. Double vision, blurred vision, or pupils (round black center of eye) of different sizes
4. Loss of muscle coordination, such as falling down, walking strangely or staggering
5. Any unusual behavior such as being confused, breathing irregularly, or dizziness
6. Convulsion
7. Clear or bloody drainage from nose or ears
8. If you child was a little dizzy or foggy, vomited, or showed any other signs of brain injury listed above, your child should be checked carefully at 8pm and awakened at midnight (just to be sure he/she can be awakened and seems normal).

Contact your doctor or emergency room immediately if you notice any of the above symptoms. Your son/daughter will need physician's clearance and to complete RPS Return to Play Guidelines before returning to their sport. Your child should also return to the athletic trainer daily (if possible) to report any symptoms.

Do not give aspirin, Advil, or any other painkillers for at least 24 hours as the medication could mask a severe headache.

Please do not hesitate to contact me if you have any questions.

Rutgers Preparatory School Athletic Training
Tim Seminerio, ATC
Susan Paterson, ATC
Phone: (732) 545-5600 x275
Fax: (732) 435-8448