



## Concussion Information Sheet for Parent/Family

Your son/daughter sustained a concussion and to optimize their recovery we will need your help. The following important recommendations will guide their recovery whether they are at home, when they return to school, as well as help ensure a safe return to play.

**What is a concussion?** A concussion is a brain injury. Concussions are caused by a bump, blow or jolt to the head or body but may also occur with whiplash or when the head strikes the ground. This trauma causes the brain to not function normally for a period of time. It is important to note that only 5-10% of people with concussions are knocked unconscious. The past decade has seen a revolution in the management of sports-related concussions. What was once considered a relatively benign condition is now recognized as an injury with the potential for permanent complications. Having one's "bell rung" or being "dinged" has far more serious consequences than were previously suspected.

In 2014, Oregon Passed "**Jenna's Law**" (ORS 417-875) named for Jenna Sneva an Oregon adolescent on her way to be an Olympic Skier until post concussion syndrome changed her life forever. The law requires coaches, referees, athletes and parents receive education on concussions. It also specifies that athletes that exhibit signs, symptoms, or behaviors consistent with a concussion following an observed or suspected blow to the head or body and those diagnosed with a concussion can not return to play the same day. Furthermore it requires athletes be symptom free and be cleared by a healthcare professional prior to returning to play. Washington has a similar law – **Zachery Lystedt Law** (WA HB 1824)

Athletes with the signs and symptoms of a concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves athletes especially vulnerable to greater injury. When an athlete suffers another blow to the head before completely recovering, it can lead to not only a prolonged recovery, but also severe brain swelling or second impact syndrome. These secondary injuries can have devastating and even fatal consequences. Therefore, it is especially prudent to monitor concussed athlete for a deteriorating condition.



**RED FLAGS: Go to the emergency department immediately if they appear to be getting worse than when they were evaluated or experience any of the following:**

Headaches that worsen  
Repeated vomiting  
Look very drowsy  
Can't be awakened

Increased confusion  
Seizures/ Convulsions  
Garbled/Slurred speech  
Loss of consciousness

Can't recognize people/places  
Unusual behavior changes  
Weakness/numbness  
Trouble using arm/legs

Each concussion is unique and may cause multiple symptoms. Some symptoms will appear immediately, while others may develop over the following days or weeks. Symptoms may be subtle and are often difficult to fully recognize. **Attached you will see a symptom scale.**

Keep in mind athletes may complain of any or all of the symptoms listed. Please use this sheet to help gauge whether they are feeling better or worse. Initially you might need to monitor them more frequently as their symptoms might be unstable. As a general rule, the less the athlete does the better they will feel. Lastly, remember the only time the brain is truly resting is when it is asleep.

**It is OK to:**

Use acetaminophen (Tylenol) for headaches                      Use ice pack on head and neck as needed for comfort  
Eat a light balanced diet and drink plenty of water              Rest and go to sleep.

Return to school (when tolerate 30 min. of mental exertion)  
Gradually return to normal daily activities as they begin to feel better.

**There is NO need to:**

Check eyes with flashlight    Wake up every hour  
Test reflexes    Stay in bed

**Do NOT:**

Participate in activities that increase symptoms such as: TV, computer screens, video games, text messaging, reading, loud music, and homework. Everyone is different but if it increases symptoms it should be avoided.

Leave athlete alone without a responsible adult present

Take other medications especially aspirin, Advil/Motrin/ibuprofen, Aleve/Naproxen, or other anti-inflammatories

Consume large amounts of sugar                                      Drink caffeine or other stimulants

Drive until medically cleared    Drink Alcohol

**Do I need to see a doctor?** Prior to returning to play rugby your athlete will need a medical release. Athletes with access to their school's athletic trainer, that are steadily recovering within the normal 2-3 week time frame usually do not need to see their doctor until they are symptom free and ready to be cleared. Athletes that do not have access to their athletic trainer should schedule with a sports medicine trained physician skilled in ImPact test administration and interpretation within a few days of their injury. In addition, athletes that do not return in a linear fashion or experience symptoms past the three week time frame can also be referred to a similar practitioner.

**Do I need a CT or an MRI?** A concussion is not a structural problem in the brain that can be visualized by most diagnostic imaging. It is best described as a functional problem where the brain is simply not working correctly. If it is determined that it is safe for you to return home after the injury these types of tests are not necessary. If your athlete receives a normal CT or MRI exam, it is good news that they did not see a bleed or any swelling but this does not mean that they do not have a concussion.

**If your school permits access to athletic training services, please remind your son/daughter to report to the athletic training room the next day that they are at school or practice for a follow-up evaluation and continued care.**

No athlete will return to play until they are sign and symptom free at rest and exertion, scoring within a normal range of their baseline ImPact test, have rested the mandatory two week period, been cleared by a healthcare professional, and have completed a graduated return to play.

**For further information** we suggest the following documents:

"Concussion in the Classroom" complete document can be downloaded at:

[www.upstate.edu/pmr/healthcare/programs/concussion/classroom.php](http://www.upstate.edu/pmr/healthcare/programs/concussion/classroom.php)

"Cognitive Rest: The Often Neglected Aspect of Concussion Management" Athletic Therapy Today, March 2010, by John Parsons, PhD, AT/L

[www.childrensnational.org/files/PDF/DepartmentsandPrograms/Neuroscience/Neuropsychology/SCORE/Cognitive-Rest.pdf](http://www.childrensnational.org/files/PDF/DepartmentsandPrograms/Neuroscience/Neuropsychology/SCORE/Cognitive-Rest.pdf)

"Summary and Agreement Statements of International Conferences of Concussion is Sport", from Vienna in 2001, Prague in 2004, and Zurich in 2008 & 2012. These documents summarize the most current research and treatment techniques in head injuries.

Please contact your physician, athletic trainer, or Rugby Oregon president Jenn Heinrich if you have any questions. Jenn can be reached at: 503 493 0707 or via email at [jenn@rugbyoregon.com](mailto:jenn@rugbyoregon.com)



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## Return to Academics Progression

When your child is symptomatic they might need extra help or temporary academic accommodations while they recover. The district can provide this assistance when you coordinate with your child's counselor. As the symptoms decrease, the extra help and support can be gradually removed. In order to return to play, all temporary accommodations must be removed. It is suggested that you keep in contact with your child's counselor throughout their recovery so they can help progress your student through this stepwise protocol.

1. **Home—Total rest:** stay home; no driving; no mental exertion---computer, texting, video, games, homework
2. **Home—Light mental activity:** stay home; no driving; up to 30 min mental exertion; no prolonged concentration

***Progress to step 3 when student handles up to 30 minutes of sustained mental exertion without worsening of symptoms.***

3. **School—Part time: Maximum accommodations, shortened day/schedule, built-in breaks:** Provide quiet place for scheduled mental rest; lunch in quiet environment; no significant classroom or standardized testing; modify rather than postpone academics; provide extra time, help and modified assignments

***Progress to step 4 when student handles 30-40 minutes of sustained mental exertion without worsening of symptoms.***

4. **School—Part time 2: Moderate accommodations; shortened day/schedule:** No standardized testing; modified classroom testing; moderate decrease of extra time, help and modification of assignments

***Progress to step 5 when student handles 60 minutes of sustained mental exertion without worsening of symptoms.***

5. **School—Full time 1: Minimal accommodations:** No standardized testing—routine test ok; continued decrease of extra time, help and modification of assignments; may require more support in academically challenging subjects

***Progress to step 6 when student handles all class periods in succession without worsening of symptoms.***

6. **School—Full time 2: Full academics, no accommodations:** Attends all classes; full homework and testing

## Mandatory Rest Periods & Return to Play Progression

Return to play in rugby starts AFTER the mandatory minimum rest period. All Youth and High School Players MUST rest for 2 weeks (14 full days) AND be symptom free before beginning the 5 day Graduated Return to Play Protocols. Not returning to contact rugby before GRTP is fully complete and symptom free. Pay careful attention to your symptoms and your thinking and concentration skills at each stage of activity. Move to the next level of activity only if you do not experience any symptoms at rest and while doing physical activity for 24 hours at each level. If your symptoms return, notify your physician or athletic trainer, return to the first level, and restart the program gradually.

1. Low levels of physical activity with no symptoms during or after. This includes moderate walking, swimming, moderate intensity stationary biking, and light weight lifting (low weight, higher reps, no bench, no squat).
2. Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity stationary biking, moderate-intensity weightlifting (reduced time and/or weight).
3. Heavy non-contact physical activity. This includes springing/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drill (in 3 planes of movement).
4. Full contact in controlled practice.
5. Full contact in game play.