

Concussions in Athletics

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By definition a concussion is a trauma-induced alteration in mental status that may or may not involve loss of consciousness. It occurs due to a bump, blow, or jolt to the head. Symptoms of a concussion may include, but are not limited to, any combination of the following: headache, dizziness, slurred or incoherent speech, nausea, light-headedness, poor attention and concentration, easy fatigability, irritability, intolerance to bright lights and loud noises, confusion, memory dysfunction, anxiety, and emotions out of proportion to circumstances.

If someone shows concussion-like signs and reports symptoms after contact to the head during a sporting event, that person has, at the very least, sustained a mild concussion and should be treated for a concussion. This includes what is commonly called “getting your bell rung.” When a concussion is suspected, that person should be brought to the appropriate medical professional. A certified athletic trainer or physician, if present at the sporting event where the incident takes place, will help make an evaluation and give instructions on the appropriate plan of care.

The treatment for a concussion is rest. Acetaminophen (Tylenol) may be given for headaches. Every concussion has a different timetable for healing. Symptoms may clear in as little as a few minutes or may take several weeks. In cases where symptoms last longer than 20 minutes, or if the person has had a previous concussion, that person should be seen by a medical professional who will make the return to play decision. The important thing to remember is that **A PERSON WHO HAS SUSTAINED A CONCUSSION MUST NOT BE ALLOWED TO RETURN TO PLAY UNTIL ALL SYMPTOMS HAVE CLEARED.**

Returning to play too early after a concussion can lead to severe and life threatening conditions such as post-concussion syndrome and second-impact syndrome. Post-concussion syndrome is a syndrome characterized by fatigue, headaches, and trouble concentrating that may persist for weeks to months after the initial injury. Second-impact syndrome, although rare, occurs when a second concussion occurs before the initial concussion has healed. The second impact causes a vascular engorgement in the brain that is usually fatal. Thankfully much research has been done over the last couple decades that have lead to recommendations that make sports participation safer than in the past.

For example, recommendations made for football between 1976 and 1980 resulted in a significant reduction in the incidence of fatalities and nonfatal catastrophic injuries. In 1968, 36 brain and cervical spine fatalities occurred in high school and collegiate football. As a result of rule changes, player education, and a better awareness among clinicians to the dangers of returning an athlete to competition too early the number had dropped to zero in 1990 and has averaged 5 per year since.

For more information on concussions I strongly recommend that parents, coaches, and athletes visit:

The National Athletic Trainers’ Association’s Concussion Position Statement:

<http://www.nata.org/statements/position/concussion.pdf>

CDC National Center For Injury Prevention and Control “Heads Up” Information:

http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm