Concussion Information and Treatment

A concussion is a closed-head injury that disrupts the normal functioning of the brain. It is a brain injury defined as “a complex pathophysiological process affecting the brain, induced by biomechanical forces.” A concussion is NOT a “bruising of the brain.”

A concussion can be the result of a direct blow to the head, face, neck, or elsewhere on the body with an impulsive force transmitted to the head. It can also result from small repetitive blows to the head.

There is no such thing as a “bell-ringer” or “ding”—those are actually concussions.

Any athlete demonstrating signs or symptoms of a concussion should be removed from physical activity immediately and evaluated by a medical professional experienced in concussion evaluation (physician, certified athletic trainer, etc). He/she should not return to play until being cleared by trained medical professional, after completing a gradual step-wise progression into activity.

The athlete should NOT be left alone during the acute stage of injury (1st 24 hrs). He/she should be monitored by an athletic trainer, coach, teammate, roommate, etc to determine if signs or symptoms worsen.

Treatment after a concussion is evaluated includes physical and mental rest. This means abstaining from all physical activity and avoiding mental stresses like reading, TV watching, video games, texting, etc. Resting both physically and mentally will allow the post-concussion symptoms to resolve more promptly.

The majority of concussions (80-90%) resolve in a relatively short period of time (7-10 days), but may take longer in children and adolescents. Some post-concussion symptoms may last weeks at a time.

Most concussions (90%) do not involve loss of consciousness (LOC) or being “knocked out.”

Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) scans contribute little to concussion evaluation and are usually unnecessary. They are useful, though, if there is suspicion of an intra-cerebral lesion or subdural hematoma (bleeding between the brain and skull) or if post-concussion symptoms do not resolve within the typical timeframe.

There are NO helmets or mouthguards that prevent concussions. Helmets are meant to prevent skull fractures (which they do), and mouthguards are meant to prevent dental injuries (which they do).  

Post-evaluation treatment “DO’s” and “DON’Ts”:

DO: allow the athlete to rest physically AND mentally, this may mean being excused from classes if needed.
DO: monitor the athlete for worsening of signs and symptoms, and refer to an ER if rapid worsening occurs.
DO: be honest about any signs and symptoms. Hiding them can seriously put your health at risk.
DO: report your symptoms to trained medical personnel as directed to help manage your injury properly.
DO NOT: wake the athlete every 2 hrs at night (this is an old-school practice; the athlete NEEDS rest and will feel worse the next day if not allowed to get quality sleep).
DO NOT: take NSAIDs (ibuprofen, naproxen, etc) after a head injury. Tylenol (acetaminophen) may be taken as a sleep aid if OK’d by a medical professional. It is best not to mask the symptoms of a head injury.
DO NOT: consume alcohol if experiencing signs and symptoms of a concussion.
DO NOT: return to physical activity without first being cleared by trained medical personnel.

See more at www.snc.edu/athletics/sportsmedicine