

Prosper ISD Concussion Information

What is a concussion?

A concussion is defined as a brain injury that changes the way the brain normally functions. A concussion is caused by a minor bump, direct blow, or abrupt jolt of the head causing the brain to move rapidly back and forth against the inside of the skull. It is important to realize that what seems like a minor bump to the head can quickly become a life-threatening situation if not treated properly. Most concussions occur **WITHOUT** the loss of consciousness, and proper recognition and treatment can help to prevent further injury and even death.

Who is most at risk?

A concussion can be experienced by any individual who has sustained trauma to the head, including those involved in car accidents, or during accidents occurring in the home. However, children and adolescents are those among the greatest risk for concussion. Their risk is the greatest during physical activities such as sporting events, in a physical education class, or while on the playground. Adolescents may also require a longer recovery time, so early and accurate recognition is essential to proper treatment and recovery.

What are the signs of a concussion?

- Individual appears dazed or stunned
- Confusion relating to events or information processing
- Slow answers to questions, or repeats questions frequently
- Inability to recall events prior to or after the injury
- Loss of consciousness
- Behavior or a personality change

What are the Symptoms of Concussion?

- Difficulty thinking, concentrating or remembering
- Feeling sluggish, hazy, foggy, or groggy
- Emotional changes such as irritability, sadness, nervousness, etc.
- Headache or “pressure” in head
- Difficulty balancing
- Fatigue or overall feeling of “Tiredness”
- Drowsiness
- Blurry or double vision
- Changes in sleep such as sleeping MORE or LESS than usual
- Difficulty falling asleep
- Sensitivity to light or noise

What are the risks for playing with a concussion or returning to play too soon?

Research has indicated that student-athletes who return to athletic participation before completely recovering from an initial concussion have an increased risk of sustaining a second concussion. The re-injury is typically caused by a seemingly insignificant injury to the head, but can cause a longer recovery period and have catastrophic consequences such as “Second Impact Syndrome”. Second Impact Syndrome results in rapid brain swelling, brain damage and in some cases death. For this reason, it is important to properly follow each detail of the return to play protocol as prescribed by your physician and carried out by the Athletic Trainer. It is also essential to report any and all symptoms of concussion to the physician and Athletic Trainer throughout the recovery process.

What to do if your athlete has suffered a concussion

First 24 hours:

- It is preferred that athlete **does not** take pain medicines in first 24 hours as they can mask symptoms. However, if the athlete needs to take something for pain and after being instructed by the Athletic Trainer or physician to do so, Tylenol may be given as directed.
- Eliminate excess stimuli such as TV, cell phones, computer, video games. Have athlete rest in a dark, quiet room, and sleep. It is not necessary to wake the athlete every 2 hours. This interrupts the sleep cycle and can delay healing.
- If the athlete is awake, check in on them periodically to determine any severe increases in symptoms, such as increases in headache (despite rest), vomiting, slurred speech, etc. (see below for red flags)
- Athlete will need to check in with the Athletic Trainer.
- It is not necessary to go to the emergency room unless the athlete has the following symptoms or “red flags”:
 - Loss of Consciousness greater than 60 seconds during initial injury
 - Increasing headache (despite rest)
 - Repeated vomiting
 - Difference in pupil size
 - Slurred or confused speech

24 – 48 hours after injury:

- Visit the doctor.
- Continue to monitor symptoms for any changes. Athletes must check in with the Athletic Trainer on school days during athletic periods.
- Athlete may take medications at this time after instructed by physician.
- Athlete may need to take excused absences from school as determined by the physician in order to get appropriate rest and decrease symptoms. **Physician will need to send a note to be given to the Athletic Trainer to appropriately document absences and academic accommodations (if given).**
- The athlete may resume stimuli such as TV, cell phones, computers and video games and is encouraged to take frequent breaks to rest the brain and to avoid return of symptoms.

48+ hours after injury:

- Athlete will continue to check in with athletic trainer daily.
- Athlete may begin the 5 phase Return to Play progression only with written approval from physician.

- Athletes will continue through the progression, supervised by the Concussion Oversight Team.
- Upon the completion of the progression, the UIL/Prosper ISD Return to Play form will need to be completed with signatures from the athlete's parent/guardian and the Prosper ISD Athletic Trainers.

Please contact one of our Athletic Trainers or Team Physician with any questions:

Michael Henry LAT, ATC
Prosper High School
469-219-2180 ext: 80631
mdhenry@prosper-isd.net

Sarah Tutton MS, LAT, ATC
Prosper High School
469-219-2180 ext: 80632
satutton@prosper-isd.net

Amelia Easley MS, LAT, ATC
Prosper High School
469-219-2180 ext: 80629
afeasley@prosper-isd.net

Tyler Fox MS, LAT, ATC
Rock Hill High School
469-219-2300 ext. 81627
tjfox@prosper-isd.net

Keshia Williams MS, LAT, ATC
Rock Hill High School
469-219-2300 ext: 81498
knwilliams2@prosper-isd.net

Emily Karns MS, LAT, ATC
Rock Hill High School
469-219-2300 ext: 81605
efkarns@prosper-isd.net

Tara Humphrey MPA, LAT, ATC
Walnut Grove High School
469-219-2000
thumphrey@prosper-isd.net

Matthew Wiggins LAT, ATC
Walnut Grove High School
469-219-2000
mwwiggins@prosper-isd.net