




SUPPORTING AN ATHLETE WITH CONCUSSION: Your role as a coach

Helping athletes with their concussion care and returning to school, play, sport, and daily life activities requires the support of many. As a coach, you have an important role to play!

CONCUSSION RECOGNITION: Identify a suspected concussion

A concussion is a brain injury caused by sudden shaking of the head. Any hit to the head, face, neck or body can cause a concussion. Concussions can happen from a fall, during a motor vehicle collision or sports, or during play at school, camp or in the neighbourhood..

 **If the athlete has a significant impact to the head, face, neck, or body and reports any symptoms or shows any of the visual signs of a concussion, you should suspect a concussion.**

Concussion symptoms: Symptoms describe how someone feels after they are injured. Some symptoms may not appear until the next day. Common concussion symptoms:

- Headaches or head pressure
- Blurred or fuzzy vision
- Dizziness
- Sensitivity to light or sound
- Sadness
- Sleeping more or less
- Having a hard time falling asleep
- Feeling slow, tired or having no energy
- Nausea and vomiting
- Balance problems
- Easily upset or angered
- Feeling more emotional
- Nervous or anxious
- Difficulty working on a computer
- Not thinking clearly
- Difficulty reading or remembering

Concussion signs: Signs describe how an athlete looks or acts when they are injured. Common concussion signs:

- Lying still on the ground or ice
- Slow to get up
- Confusion or can't answer questions
- Blank stare
- Difficulty standing or walking
- Injury to the face or holding their head

TAKE ACTION: First steps

If you think the athlete has a concussion:

- Remove them from the activity
- If the person has any 'red flag symptoms' this may indicate a more serious head or neck injury and an emergency medical assessment is required. Call an ambulance immediately.
- **RED FLAG SYMPTOMS:** severe or worsening headache, neck pain or tenderness, double vision, seizures or convulsions, loss of consciousness, increase in confusion, restlessness, agitation, or aggressive behaviours, repeated vomiting, or slurred speech. These red flag symptoms may appear immediately or within a few hours or days after injury.
- Contact the parents immediately and do not leave the athlete alone.
- For a suspected concussion, recommend that the student be seen by a medical doctor or nurse practitioner as soon as possible.

**IF IN DOUBT,
SIT THEM OUT!**





CONCUSSION RECOVERY:

Understand the steps involved

- First 1-2 days after concussion: Relative rest with activities of daily living.
- After this short rest, and even if the athlete is still experiencing concussion symptoms, they should start activities (physical and thinking) that can be tolerated, increasing the intensity gradually as part of the initial treatment for concussion.
- **Resting for more than 1-2 days can delay recovery**



Steps for returning to school and sports or activities should happen at the same time.

It is important that athletes returns to school full-time at a full academic load (i.e. writing exams without accommodations in place as a result of the concussion) before returning to full-contact sport or high-risk activities.



Avoid any activity with a risk of a fall or hit to the head or body that could cause another concussion (e.g. contact sports, game play) until medically cleared. A person returning to an activity where they can fall or get hit in the head too soon after a concussion may complicate the injury further and result in a longer recovery

Return-to-Activity/Sport/Play Steps:

Steps	Activity	Example
1	Activities of daily living and relative rest (max 1-2 days)	Activities at home such as social interactions and light walking that do not result in more than mild and brief exacerbation (worsening) of concussion symptoms. Minimize screentime.
2	Aerobic Exercise: Gradually increase intensity as tolerated	Walking, stationary cycling, or jogging. Take a break and modify activities as needed with the aim of gradually increasing tolerance and the intensity. Light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms. Goal is to increase the heart rate.
3	Individual sport-specific activities that do not have a risk of inadvertent head impact	Sport-specific training (e.g., running, change of direction, and/or individual training drills and individual gym class activities that do not have a risk of head impact and are supervised by a teacher or coach). Goal is to increase the intensity of aerobic activities and introduce low-risk sport-specific movements and changing of directions.
Medical clearance and full return to school required before progress to Step 4		
4	Non-contact training drills and activities	Exercise to high intensity including more challenging training drills and activities (e.g., passing drills, multiplayer training, supervised non-contact gym class activities, and practices without body contact). Goal: Resume usual intensity of exercise, coordination, and activity-related cognitive skills
5	Return to all non-competitive activities, all gym class activities, and full-contact practices	Participate in higher-risk activities including normal training activities, all school gym-class activities, and full-contact sports practices and scrimmages. Avoid competitive gameplay. Goal: return to activities that have a risk of falling or body contact, restore game-play confidence, and have coaches assess functional skills.
6	Return to Sport	Normal, unrestricted competitive gameplay, school gym class, and physical activities.



Begin Step 1 (i.e., relative rest) within 24 hours of injury, with progression through each subsequent step taking a minimum of 24 hours. If more than mild exacerbation (worsening) of symptoms occurs during Steps 1-3, stop or modify the activity and attempt to exercise the next day. People experiencing concussion-related symptoms during Steps 4-6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of medical clearance should be provided before unrestricted Return to Sport as directed by local laws and/or sporting regulations.



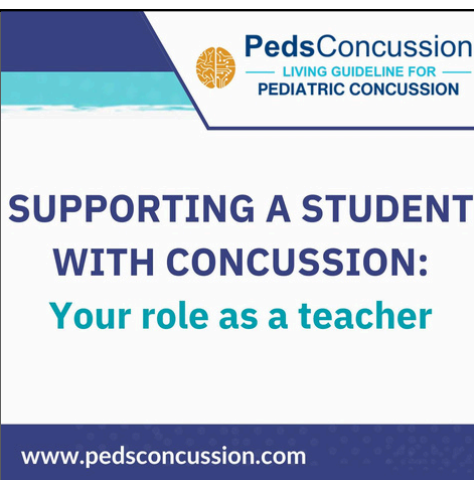
STAY CONNECTED:

Communicate with the athlete, family and teachers

- If an athlete tells you that they have had a concussion, ask if they have been to see a doctor or nurse practitioner for a medical examination.
- Suggest that highly-active or competitive athletes ask for a referral to a medically supervised interdisciplinary team with the ability to individually assess aerobic exercise tolerance and to prescribe aerobic exercise treatment. This exercise tolerance assessment can be as early as 24-48 hours following acute injury.
- Have ongoing conversations about concussion symptoms, medical management, and recovery so that you can best support the athlete through the concussion recovery process.
- If the athlete is not improving after 2-4 weeks, recommend that they go back to their doctor and ask for a referral to an interdisciplinary concussion care team. Specialized interdisciplinary concussion care is ideally initiated within the first two weeks post-injury.
- Ask if the athlete has returned to school.
- If you notice that the athlete is developing new concussion-like symptoms or sustains a new suspected concussion, recommend that the athlete be seen by a medical doctor or nurse practitioner.

LEARN MORE: Click on the images to access other printable handouts that are available at www.pedsconcussion.com

[Guide for Teachers](#)



[Guide for Parents](#)



[Patient Information Sheet](#)



About this resource: The information shared in this resource is based on the [Living Guideline for Pediatric Concussion](#). Date of last update: July 2024