



SUPPORTING A CHILD OR ADOLESCENT WITH CONCUSSION:

Your role as a parent

Helping children and adolescents with their concussion care and returning to school, play, sport and daily life activities requires the support of many. As a parent, you have an important role to play! Use this information to build your knowledge and advocate for the care and support your child/adolescent may need.

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 there is an impact to the head, face, neck, or body and the person 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
- Nausea and vomiting
- Balance problems
- Easily upset or angered
- Feeling more emotional
- Nervous or anxious
- Sadness
- Sleeping more or less
- Having a hard time falling asleep
- Feeling slow, tired or having no energy
- Difficulty working on a computer
- Not thinking clearly
- Difficulty reading or remembering

Concussion signs: Signs describe how a person 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 someone 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 or caregivers immediately if it is not your child and do not leave the person alone.
- For a suspected concussion, bring the person to see 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 person 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 the person 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.



Clearance from a doctor or a doctor's note is not required to return to school for in-person or at-home academic activities but students should avoid any school activity that has a risk of a fall or hit to the head until medically cleared.

Return-to-School 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	School activities with encouragement to return to school as soon as possible (as tolerated)	Reading or other cognitive activities at school or at home. Goal: increase tolerance to cognitive work, and connect socially with peers. Take breaks and adapt activities if concussion symptom exacerbation (worsening) is more than mild and brief.
3	Part-time or full days at school with academic accommodations if needed	Gradual reintroduction of school work. May require partial school days with access to breaks throughout the day, or with academic accommodations to tolerate the classroom or school environment. Gradually reduce accommodations and increase workload until full days without concussion-related accommodations are tolerated.
4	Return-to-school full-time (no academic accommodations related to concussion)	Return to full days at school and academic activities without requiring concussion-related accommodations. Medical clearance is NOT required to return to school.



**Students should begin a gradual increase in their cognitive load with the goal of minimizing time away from the school environment. The return to school should not be restricted if the student is tolerating full days. Progression through the strategy may be slowed when there is more than a mild and brief symptom exacerbation; however, missing more than one week of school is not generally recommended.*

Work with the school to help put these steps into practice. Your healthcare provider can advise what supports may be needed to return to school such as:

- Environmental supports (e.g. alternate workspace, reducing noise, rest breaks)
- Instruction supports (e.g. extra help, alternatives for screen-based instruction)
- Assessment and evaluation supports (e.g. extra time for tests, quiet workspace for test taking)



CONCUSSION RECOVERY: Understand the steps involved

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.



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

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.



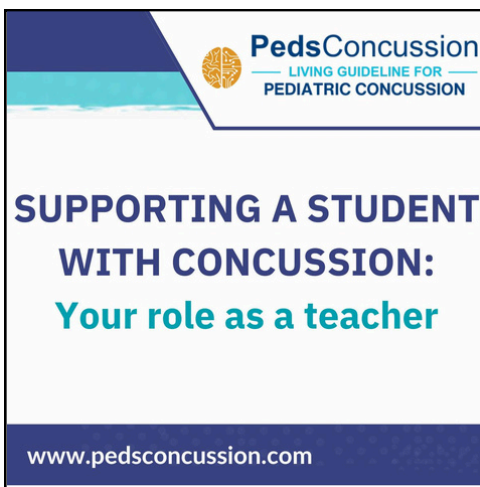
TAKE ACTION: Recovery

- Understand the importance of returning to school and safe physical activities for recovery.
- Discuss other considerations for recovery with your doctor including sleep, driving safety, and maintaining social interactions.
- If your child is highly-active or a competitive athlete it is suggested to 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.
- Monitor how your child/adolescent is feeling (e.g. emotions, headache, decreased attention). Encourage them to avoid drugs and alcohol.
- Talk to your doctor about over-the-counter medications for headaches.
- If the person is not improving after 2-4 weeks or has not returned to school, bring them back to see 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.
- If you notice that the person is developing new concussion-like symptoms or sustains a new suspected concussion, recommend that the student be seen by a medical doctor or nurse practitioner.

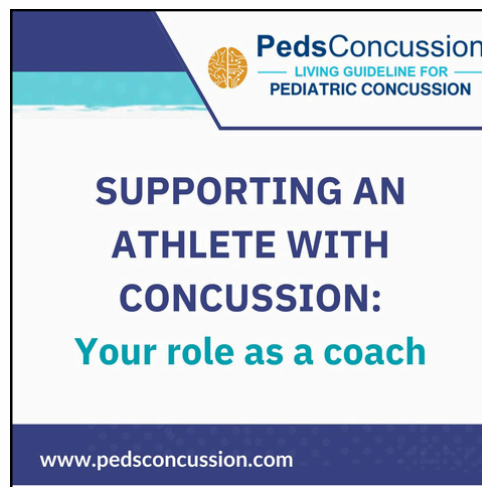
LEARN MORE:

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

[Guide for Teachers](#)



[Guide for Coaches](#)



[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