Concussions 101

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Coaching Staff Observations

ANY loss of consciousness (even briefly)

Appears dazed or stunned

Confused about assignment or position

Forgets plays

Unsure of game, score or opponent

Moved clumsily

Answers questions slowly

Noticeable chance in personality or behavior

Cannot recall events leading up to or after the hit/fall





Listening to the Player

Headaches or "pressure" in head

Nausea or vomiting

Balance problems or dizziness

Blurry or double vision

Sensitivity to light/noise

Feeling sluggish, hazy, foggy or groggy Concentration/memory problems

Confusion

Not "feeling right"





On Field Medical Emergencies

The following require emergent medical attention:

- Prolonged unconsciousness/trouble staying awake
- Seizures (even if player has a history of seizures)
- Severe headache
- Trouble walking or talking
- Confusion
- Weakness or numbness of any extremity
- Vomiting two or more times

CALL 911 FOR ANY OF THESE MEDICAL EMERGENCIES





Returning to Play Once a player is <u>symptom free</u> and <u>cleared by a physician</u>, they can SLOWLY return to play

This is a 5 step process:

- 1. Light Aerobic Exercise
- 2. Moderate Exercise
- 3. Non-contact Exercise
- Practice 4.
- 5. Play

Miss a game, not the season!



Second Impact Syndrome

Rare, **but often fatal**

Occurs when the player sustains a second concussion before the first concussion is fully healed

Neither impact has to be severe for the syndrome to occur

Severe brain swelling and herniation occur rapidly (seconds to minutes)

Severe brain damage *if* the player survives



The Wrap Up

A concussion is a brain injury, period

ANY hit to the body that causes the brain to move can cause a concussion

A slow return to play is the ONLY way to return to play

There are life long consequences if a player returns to play too quickly

If you're concerned about the player, they need to be removed from play

It's better to miss a game, than miss the season



Questions?

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