



JACKSON HOLE YOUTH CONCUSSION INFORMATION

Designed for Directors, Board Members, Coaches, Safety Agents, Parents/Guardians, and Volunteers, for the purpose of providing optimal safety for our JH youth athletes.

◆ **A concussion is a traumatic brain injury.**

- ◆ A concussion can be classified as with or without a loss of consciousness. Both incidences constitute a brain injury.
 - ◆ A concussion can occur as the result of a blow to the head, neck, or body. Whiplash-type injuries can cause concussions.
 - ◆ Youth athletes are more susceptible to concussions, and youth and adolescent brains take longer to heal than adults. A concussion in a young athlete may be difficult to diagnose, takes longer to recover, and is more likely to reoccur and be associated with serious long-term effects.
 - ◆ Players, coaches, parents, and health care providers should be able to recognize the symptoms and signs of a concussion:
 - ◆ Student and parent acknowledgement of education and established protocol dictating pull from play and return to play, must be signed both by parent and athlete.
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SYMPTOMS:

- Headache
 - Nausea
 - Poor Balance
 - Dizziness
 - Double Vision
 - Blurred Vision
 - Poor Concentration
 - Impaired Memory
 - Light and/or Noise Sensitivity
 - Sluggishness
 - Feeling “Foggy” or “Groggy”
 - Confusion
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SIGNS:

- Appears Dazed or Stunned
- Appears Confused About Simple or Multi-Level Assignments
- Moves in a Clumsy Manner
- Answers Slowly
- Behavior or Personality Changes
- Unsure About Whereabouts or Unclear Response to Day/Time/Year
- Can't Recall Events Following an Injury
- Can't Recall Events Prior to Injury



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JACKSON, WY YOUTH CONCUSSION MANAGEMENT PROTOCOL:

- 1. IF AN ATHLETE IS UNRESPONSIVE, CALL 911 AND ASK FOR AVAILABLE HELP**
- 2. IF AN ATHLETE IS NOT BREATHING, START CPR**
 - DO NOT move the athlete
 - DO NOT remove any helmet
- 3. ASSUME A NECK INJURY UNTIL PROVEN OTHERWISE • DO NOT HAVE THE ATHLETE SIT OR STAND UP UNTIL YOU HAVE DETERMINED:**
 - There is no neck pain
 - There is no pain, numbness or tingling down the athlete's extremities
 - There is no midline neck tenderness
 - There is normal strength with a manual muscle test
 - There is normal sensation to light touch
- 4. IF THE ATHLETE IS CONSCIOUS AND RESPONSIVE, WITHOUT SIGNS & SYMPTOMS OF A NECK OR BACK INJURY,**
 - Help the player off the field, hill, or ice to the locker room
 - Perform an evaluation
 - Do not leave the athlete alone
- 5. EVALUATE THE ATHLETE, ONCE THEY ARE IN A SAFE, WARM, & CONTROLLED ENVIRONMENT.**
 - Ask about any concussion symptoms
 - Examine for any concussion signs
 - Verify orientation—what day is it? what team are we playing? Who is president?
 - Check immediate memory—Have player repeat a list of 5 words
 - Test concentration—List months of the year in reverse order
 - Test balance—Have the athlete stand with both feet together (Romberg), in tandem (Heel to toe), and in single leg stance, with eyes open and eyes closed for 20 seconds each.
 - Check delayed recall—Have athlete repeat the previous 5 words after 5-10 minutes



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6. A PLAYER WITH ANY SIGNS OR SYMPTOMS, DISORIENTATION, IMPAIRED MEMORY, CONCENTRATION, BALANCE OR RECALL DEFICIT HAS A CONCUSSION.

- WHEN IN DOUBT, SIT THEM OUT!
- Remove athlete immediately from play or activity training, practice, or game)
- Inform the player's parents
- Refer the athlete to a qualified health-care professional
- Medical clearance, by a qualified health care professional is required for return to sport.
- There is no same day return to play for athletes pulled from their sport, with signs and symptoms of suspected concussion.

7. IF THE FOLLOWING SYMPTOMS DEVELOP OR WORSEN, IT COULD SIGNIFY A POTENTIAL EMERGENCY, AND THE ATHLETE NEEDS TO GO DIRECTLY TO THE EMERGENCY DEPARTMENT, OR PARENT/GUARDIAN/COACH/SAFETY AGENT SHOULD CALL 911:

- Severe, throbbing headache
- Dizziness or loss of coordination
- Memory loss or confusion
- Ringing in the ears (tinnitus)
- Blurred or double vision
- Unequal pupil size
- No pupil reaction to light
- Nausea and/or vomiting
- Slurred speech
- Concussions or tremors
- Sleepiness or grogginess
- Clear fluid running from the nose and/or ears
- Numbness or paralysis (partial or complete)
- Difficulty to waken

8. AN ATHLETE, WHO IS SYMPTOMATIC FOLLOWING A CONCUSSION REQUIRES COMPLETE AND COGNITIVE REST FOR A MINIMUM OF 48 HOURS.

Within that timeframe, the athlete should be evaluated by an appropriate healthcare provider, who will determine the next course of action, whether that is continued rest, or referral for appropriate follow-up rehabilitation, based on the athlete's signs and symptoms.

- A concussed athlete should not participate in any physical activity, return to school, play video games, or text message, if he or she is having symptoms at rest
- Concussion signs and symptoms can change and evolve over time. The severity of the injury and estimated time to return to play are unpredictable, and will vary from athlete to athlete, and injury to injury.



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RETURN TO PLAY:

Return to play should not be initiated until after the athlete has been released to participate in the functional return to play protocol by a qualified health care provider, including but not limited to, a physician, physical therapist with concussion expertise, cognitive or behavioral therapist, or neuropsychologist with concussion expertise. If symptoms appear during a functional test, the test should be stopped and the athlete monitored until symptoms resolve. No further functional testing should be performed for 24 hours. Functional testing may resume the following day at the previously asymptomatic level if the athlete remains symptom-free. If symptoms do not resolve, appropriate medical attention should be obtained. After each phase of functional testing, the presence of post-concussive symptoms should be assessed and progression to the next phase of functional testing will require the absence of post-concussive symptoms. Each phase requires a minimum of 24 hours before progressing to the next phase. Once a player is cleared with appropriate functional testing and is symptom free, he or she can return to their sport.

6-STEP RETURN TO ACTIVITY GUIDELINE:

This guideline is implemented as an athlete, following concussion, moves through his or her recovery toward full return to play. The activity guideline is based on symptom provocation, with progression monitored, and timelines prescribed by an appropriate health care professional.

LEVEL 1: Physical and cognitive rest.

LEVEL 2: Light aerobic exercise such as walking or stationary cycling. No resistance training.
May read 20% of normal volume. TV ok. No video games.

LEVEL 3: Sport-specific exercises. No resistance training.
May read 40% of normal volume. No video games.

LEVEL 4: Non-contact practice. Resistance training ok.
May read 60% of normal volume. No video games.

LEVEL 5: Full contact practice. May read 80% of normal volume. Video games ok.

LEVEL 6: Return to unrestricted competition and cognitive activities if medical clearance is provided by a qualified health care provider