



Concussion – Coaches Guide

Definition

A concussion is an injury resulting from trauma to the brain resulting in a change in how the brain functions¹⁻³. Any hit or fall causing the brain to ‘shake’ within the skull can lead to a concussion. These traumatic events can be from a collision between two players, hitting an obstacle (such as the ground or goal post) or even from a hit to the body causing the head to suddenly change direction. Descriptions such as “dings” and “getting one’s bell rung” should be avoided, as they minimize the injury severity¹. According to the Center for Disease Control and Prevention, more than 3.5 million sports-and-related concussions occur each year in the United States⁴.

Zackery Lystedt Law

Seattle United follows the Zackery Lystedt Law (House Bill 1824), signed in 2009. This law requires:

1. An informed consent must be signed by parents and youth athletes acknowledging the risk of head injury prior to practice or competition.
2. A youth athlete who is suspected of sustaining a concussion or head injury in practice or a game must be removed from play at that time, and may not return to the game. (The athlete should not be asked if he feels ready to return to the game).
3. A youth athlete who has been removed from the play for a head injury or suspected concussion must receive written clearance from a licensed health care provider trained in the evaluation and management of concussion before returning to play
 - a. It is not appropriate for any athlete to return to play on the same day as the concussion (or possible concussion)

Signs and Symptoms

A concussion should be suspected if one or more of the following visible clues, signs or symptoms are present:

- Loss of consciousness or responsiveness
- Lying motionless on the ground
- Unsteady on feet
- Balance problems
- Incoordination
- Grabbing/Clutching head
- Dazed/bland/vacant look on face
- Confused/not aware of plays or events
- Loss of consciousness
- Seizure or convulsion
- Balance Problems
- Nausea or vomiting
- Drowsiness
- More emotional

- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- “Don’t feel right”
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- “Pressure in head”
- Blurred Vision
- Sensitivity to light
- Amnesia
- Feeling in a “fog”
- Neck pain
- Sensitivity to noise
- Difficulty concentrating

Any athlete with a suspected concussion should be removed from play and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle. As a coach, recording the following information can help health care professionals in assessing the athlete after injury:

- Cause of the injury
- Any loss of consciousness (if so, how long)
- Any memory loss immediately following the injury
- Any seizures immediately following the injury
- Number of previous concussions (if any)

Once the athlete is removed from play, have them sit on the sideline in your (or another adult’s) view. If any of the following develop, the athlete should be taken to the emergency room:

- New headache or headache gets worse
- Persistent or increasing neck pain
- Becomes drowsy or can’t be woken up
- Cannot recognize people or places
- Behaving unusually, seems confused
- Has seizures
- Has weakness, numbness or tingling (arms, legs, face)
- Is unsteady walking or standing
- Has slurred speech
- Has difficulty understanding speech or directions
- Pupils become unequal in size
- Repeated vomiting

Inform the athlete's parents or guardians about the possible concussion and make sure they know the athlete needs to be seen by a health care professional.

In order for the athlete to return to play, they must have permission from a licensed health care professional.

What to do if you suspect a concussion

1. Remove the athlete from play
 - a. Look for signs and symptoms of a concussion
 - b. When in doubt, sit them out
2. Inform the athlete's parents or guardians
 - a. Discuss the return to sport protocol with the parents (seeing a licensed health care professional)
 - b. Encourage parents to monitor symptoms and go to ER if symptoms get increasingly worse
3. Ensure the athlete is evaluated by a licensed health care professional
4. Keep athlete out of play until a SIGNED note from a licensed health care professional clearing athlete for return to play

References

1. Broglio SP, Cantu RC, Guskiewicz KM, et. al. National Athletic Trainers' Association position statement: management of sport concussion. *J Athletic Training*.2014;(2):245-265.
2. Harmon KG, Drezner JA, Gammons M, et. al. American Medical Society for Sports Medicine position statement: concussion in sport. *Br J Sport Med*. 2013;(1):15-26.
3. McCrory P, Meeuwisse WH, Aubry M, et. al. Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012. *Br J Sports Med*. 2013;47(4):250-8.
4. Centers for Disease Control and Prevention (CDC). Sports-related recurrent brain injuries-United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-227. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm.