



Post-Concussion Guidelines

A concussion is a brain injury. Concussions are usually caused by a bump, blow, or shake to the head or body.

A concussion changes how the brain normally functions, and a concussion takes time to heal. Children who return to activity too soon, while the brain is still healing, risk a greater chance of having a second concussion. Second or later concussions can be very serious and they can cause permanent brain damage.

The facts

- a concussion is not always caused by a direct hit to the head. It may be caused by a direct hit to the head, face, neck, or elsewhere on the body with an 'impulse' force transmitted to the head;
- only 10% of concussions result in a loss of consciousness;
- a concussion typically results in a rapid onset of short-lived impairment of neurological (brain cognition) function that resolves spontaneously;
- there is no such thing as a mild concussion. Every child that is diagnosed with a concussion should follow the same guidelines;
- quick and correct response to concussions can help recovery and prevent further injury.

Common concussion symptoms

Physical

- headache;
- dizziness;
- balance problems;
- nausea/vomiting;
- fatigue;
- sensitivity to light;
- sensitivity to noise.

Cognitive

- feeling mentally foggy;
- feeling slowed down;
- difficulty concentrating;
- difficulty remembering;
- difficulty focusing.

Emotional

- irritability;
- sadness;
- nervousness;
- more emotional than usual.

Sleep

- trouble falling asleep;
- sleeping more than usual;
- sleeping less than usual.

When to seek urgent medical attention

- new persistent neck pain;
- increased confusion;
- repeated vomiting;
- seizures and convulsions;
- double vision;
- weakness or tingling/ burning in arms or legs;
- decreased levels of consciousness;
- bad or worsening headaches;
- unusual behavior changes.

Graduated return to school and sport protocol

A concussion affects a person's ability to think and move. To ensure a full recovery and get safely back to school and sport it's important to follow best practice. This means following the Graduated Return to Learn protocol and completing the Graduated Return to Play if returning to sport.

Your child's return to school following a concussion

It is recommended that your child should remain at home for the first 48-hours following a concussion doing nothing too important or strenuous. When physical symptoms have cleared children may be ready to return to school. School should be commenced on a part-time basis initially (e.g. half days). Classrooms are very busy environments!

Your child's return to activities and sport programme following a concussion

A minimum of 21 days stand down from sport is mandatory for all sports, including strenuous activity at school e.g. physical education class. Return to play should be staggered. New research shows that an increased heart rate is beneficial to recovery and can be implemented without delay, however it important to note that on a scale of 1–10, symptoms do not increase more than 2 points (2pt rule). It is also vital that your child has fully returned to school before fully returning to play.

2pt Rule – Rebuild your child's brain and strength

Research has shown that people who do too much too soon **and** those who do too little are slower to recover.

Ask your child to keep a note of how they are experiencing symptoms on a scale between 0 and 10. If an activity causes an increase of their symptoms of three points, they have done too much. They should stop the activity for now and try again later for a shorter time.



NO SYMPTOMS
0/10

MODERATE SYMPTOMS
5/10



WORST SYMPTOMS
10/10

Concussion guidelines for return to school and sport

Follow the 2pt Rule to manage symptoms.

Stage 1 Day 1–2	We recommend your child stays at home during this time.	Relative rest for 24–48 hours (i.e. light activities of daily living that do not provoke symptoms are okay). <ul style="list-style-type: none"> • minimise screen time; • gentle exercise (i.e. walking around the house).
Stage 2	Minimum of 24 hours between stages before progressing.	Gradually introduce daily activities. <ul style="list-style-type: none"> • activities away from school (introduce TV, increase reading, games etc); • exercise – light physical activity (e.g. short walks outside).
Stage 3 Day 2–13	Symptoms should be progressively improving.	Increase tolerance for mental and exercise activities. <ul style="list-style-type: none"> • increase study-related activities with rest periods (full-time return to school can be implemented at any stage, symptoms permitting); • increase intensity of exercise guided by symptoms.
Stage 4	If symptoms worsen drop back a stage.	Return to study and sport training. <ul style="list-style-type: none"> • part-time or full-time return to school; • start training activity without risk of head impact.
Stage 5 Earliest Day 21	If symptoms worsen drop back a stage.	Return to sports competition. <ul style="list-style-type: none"> • fully returned to school and study; • symptom free during sports training; • and over Day 21 post-injury; • and the player has received medical clearance from a qualified medical professional.

Summary

1. Keep your child at home for 24–48 hours.
2. Follow the return to school and play guidelines using the 2pt Rule.
3. Book your child in to see your GP for clearance to return to sports competition after Day 21 post-injury.
4. Provide copy of the medical clearance to school.

If you have any further questions, please contact the College Registered Nurses, Josie Gunning and Rebecca Keen, on **+64 29 200 4189** or email nurse@stac.school.nz.

Current research and information provided by The Headache Clinic and ACC.



The Headache Clinic

FREE 15 min phone consultation

Headache – Migraine – Concussion

☎ 0800 HEADACHE 🌐 headacheclinic.co.nz