

SUPPORTING A CHILD/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! If your child/adolescent has never had a concussion, use this information to build your knowledge. For parents whose child/adolescent has had a concussion, use this information to advocate for the care and support your child/adolescent may need.

About this resource: The information in this resource is based on the [Living Guideline for Pediatric Concussion Care](#). Parent experience in concussion informed the development of this resource, which involved reviewing and selecting recommendations from this Guideline that families should be aware of.



EDUCATION: Know about 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 the child/adolescent has a significant impact to the head, face, neck, or body and reports any symptoms or shows any of the visual signs of a concussion, you should suspect a concussion.
- **'Red flag symptoms'** including 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 may indicate a more serious injury- call an ambulance as soon as possible. Symptoms may appear right away or up to a couple of days after the injury.

✓ Take action: Know the school and sports organization's role in concussion!

Enquire if your child/adolescent's school or sports organization has a concussion policy/protocol and refer to it. Determine if:

- concussion education is provided and staff are oriented to the policies/protocols
- policies/protocols are reviewed and updated regularly

If the school or sports organization does not have a concussion policy/protocol, talk to the administration about putting one in place.

Concussion symptoms: Symptoms describe how someone feels after they are injured. Some symptoms may not appear until the next day. Common concussion symptoms your child/adolescent may experience are:

- Headaches or head pressure
- Easily upset or angered
- Feeling slow, tired or having no energy
- Blurred or fuzzy vision
- Feeling more emotional
- Difficulty working on a computer
- Dizziness
- Nervous or anxious
- Not thinking clearly
- Sensitivity to light or sound
- Sadness
- Difficulty reading or remembering
- Nausea and vomiting
- Sleeping more or less
- Balance problems
- Having a hard time falling asleep

Concussion signs: Signs describe how a child/adolescent looks or acts when they are injured. Common concussion signs your child/adolescent may show are:

- 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:

If anyone suspects that your child/adolescent has a concussion, take your child/adolescent to a physician or nurse practitioner right away to confirm the diagnosis of concussion. Ask them for information on:

- strategies to promote concussion recovery
- length of concussion recovery
- steps to take to return-to-school, sport, and play
- communicating concussion recovery needs and required supports to the school and/or coach (e.g. letters)
- If your child/adolescent has any red flag symptoms they need an emergency medical assessment
- It is important that your child/adolescent's healthcare team (e.g. physician) uses up to date evidence to inform concussion care. Ask if they are aware of the guideline. Refer them to: www.pedsconcussion.com



CONCUSSION RECOVERY: Understand the steps involved

- **Complete rest for the first 1-2 days after a concussion (but not longer) is key!**
- After this short period of complete rest, even if your child/adolescent is still experiencing concussion symptoms, they should start activities (physical and thinking) that **do not**:
 - make symptoms worse
 - bring on new symptoms
 - increase the risk of a fall or hit to the head or body that could cause another concussion
 - increase the risk for another concussion (e.g. contact sport, full game play)

Returning to School and Sport

- Teachers and coaches can play an active role in supporting your child/adolescent with a concussion to make a *gradual and individualized* (step-by-step) return-to-school and sport. Here are the different steps that you and your child/adolescent can follow:

Return-to-School Steps:

Steps*	Activity	Example
1	Complete rest (Maximum 1-2 days)	Mental and physical rest. Schoolwork, screened devices, and driving should be avoided. Avoid activities that may increase the heart rate.
2	Activities at home that do not make the child/ adolescent feel worse	Reading, texting, screen time and other activities that do not make symptoms worse. Start at 5-15 minutes at a time and gradually increase.
3	School activities	Homework, reading or other activities outside of the classroom.
4	Return-to-school part-time	Getting back to school for a few hours or half days. Gradual increase in school activities with academic accommodations as needed..
5	Return-to-school full-time	Gradual return to full days at school (<i>No medical clearance from a Doctor is required</i>)

Return-to-Activity/Sport/Play Steps:

Steps*	Activity	Example
1	Complete rest (Maximum 1-2 days)	Limit activities that may increase the heart rate or make symptoms worse. Light gentle activities around the house are ok.
2	Light physical activity	Jogging or stationary cycling at slow to medium speed. No weight training
3	Sport-specific exercise	Running or skating drills. No drills with risk of head injury
4	Non-contact activities	Practice without body contact. Gym class activities without risk of head injury
5	Full-contact activities	Full activities/sports practices after doing full-time school and getting a medical doctor's note that states the person is cleared to return to full-contact sport or high-risk activity
6	Return to all activities and sports	Normal full-contact game play (<i>Medical clearance from a doctor is required</i>)

* Your child/adolescent **should** start these steps 1-2 days after a concussion, even with symptoms. Each step should take about one day. If symptoms get worse, the child/ adolescent should go back to the last step. Try it again until the child/adolescent can do it without bringing on new symptoms or making symptoms worse. It is important to receive a note from the medical doctor or nurse practitioner that states the child/adolescent is cleared to return to full-contact sport or high-risk activity. No medical clearance note is required from a Doctor to return to school.

Take action:

Every child/adolescent's experience with concussion is **different**. If you're not sure what your child/adolescent can do during the recovery process, ask the medical doctor or nurse practitioner. Things you may want to ask about are:

- When to return to school
- Importance of sleep
- Driving safety
- Maintaining social interactions
- Avoidance of alcohol and recreational drugs
- Physical activities that are safe to do during recovery from concussion
- Use of computers, phones and screen devices
- Use of over-the-counter medications for headaches

- Steps to return-to-school and sport should begin at the same time.
- Missing in-person school for more than one week is not suggested. Returning to school and activities (without a risk of re-injury) is an important part of recovery from concussion.
- It is important for your child/adolescent to return-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, high-risk activities, or work.



Take action:

Work with your child/adolescent's teacher and school to help put these steps into practice. Your child/adolescent's healthcare provider can advise on what supports might be needed in the classroom to help with return-to-school such as:

- Environment 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)





STAY CONNECTED: Communicate with your child/adolescent, their teacher, coach and healthcare provider

- All children/adolescents with suspected concussion require a medical examination by a doctor or nurse practitioner
- Returning to high speed or full-contact activities too soon after a concussion can lead to another injury resulting in worse symptoms that last longer or a more severe brain injury.
- If you notice that your child/adolescent is developing new concussion-like symptoms or sustains a new suspected concussion, take them back to a medical doctor or nurse practitioner.
- Having ongoing conversations about concussion symptoms, medical management and recovery are important so that you can best support your child/adolescent through the concussion recovery process.
- Concussion recovery takes time, so it is important to have patience with your child/adolescent during this process.



Looking for resources?

Here are examples of resources that might be helpful and that you can share with other parents or your child/adolescent's teacher or coach:

- [Concussion Recognition Tool 5: To help identify concussion in children, adolescents, and adults](#)
- [Parachute Concussion Guidelines for Parents & Caregivers](#)
- [Concussion Ed – Parachute Concussion Education](#)
- [CATT: Concussion Resources for Parents or Caregivers](#)
- [CATT: Student Return to Learn Plan](#)
- [CATT: Return to Activity Strategy](#)

The screenshot shows a table titled "Return to Activity" with columns for "STAGE 1", "STAGE 2", "STAGE 3", "STAGE 4", and "STAGE 5". Each stage lists specific criteria and instructions for returning to various activities like walking, school, and sports.

- [CATT: Return to School Strategy](#)

The screenshot shows a table titled "Return to School" with columns for "STAGE 1" through "STAGE 6". It details the steps for returning to school activities, including classroom participation and homework.

- [CATT: Return to Sport Strategy](#)

The screenshot shows a table titled "Return to Sport" with columns for "STAGE 1" through "STAGE 5". It outlines the process of returning to sports, from walking to full participation in contact sports.



PedsConcussion
— LIVING GUIDELINE FOR —
PEDIATRIC CONCUSSION CARE

www.pedsconcussion.com