



Concussion Information

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A concussion is a disturbance in neurological function caused by a direct or indirect force to the head. This impairment usually resolves rapidly, however in some cases signs and symptoms may evolve over time after injury. It results in a variety of non-specific signs and/or symptoms (examples below) and most often does not involve loss of consciousness. Concussions should be expected in the presence of any of the following signs and/or symptoms post injury.

Symptoms

- Headache
- Pressure in head
- Neck pain
- Nausea or vomiting
- Dizziness
- Blurred vision
- Balance difficulties
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Feeling like “in a fog”
- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- Emotional change
- Irritability
- Sadness
- Nervous or anxious

Signs

- Drowsiness
- Can't be awakened
- Poor memory
- Repeated vomiting
- Confusion
- Seizures
- Weakness/numbness in arms or legs
- Slurred speech
- Balance disturbance
- Blank or vacant stare
- Clutching head

Basic Principles of Management

1. If an athlete sustains a significant impact to the head, face, neck or body and demonstrates any of the visual clues or reports any symptoms of a suspected concussion, it is the responsibility of all stakeholders - athletes, parents, coaches, officials and IST members to report their concerns to medical staff.



2. If concussion is suspected, the athlete must be removed from training/competition and evaluated as soon as possible. Even if the athlete becomes asymptomatic, they should not return to sport on the same day of injury.
3. Athletes suspected of concussion should not be left alone until medically assessed. Serial monitoring may be required as concussive symptoms can evolve over time.
4. More urgent assessment is required if any of the following “Red Flags” occur post injury – worsening headache, repeated vomiting, progressive drowsiness, inability to be awakened, unusual behavior, seizures, numbness in arms and legs, slurred speech, and neck pain.
5. Athletes require clearance to return to training/competition by a sport medicine physician familiar with the management of concussion. Allied health professionals are often included in this decision. Athletes cannot be cleared to return by coaches or paramedical staff.
6. Complete rest, both physical and cognitive is recommended in the first 48 hours post-concussion.
7. Avoid alcohol, sleeping tablets, ASA, anti-inflammatories, and other medications unless medically approved.
8. Swimming is considered a low risk sport, with relatively infrequent occurrence of concussion. At this time, baseline preseason screening is not recommended in swimming athletes.
9. Remember, it is better to be safe. Consult medical staff if concussion is suspected.

Return to Sport

It is beyond the scope of this document to provide a comprehensive RTP (return to play) protocol. Concussion recovery varies considerably for athletes and is influenced by many factors. A sport medicine practitioner with experience in this area should guide RTP decisions. Access to a multidisciplinary team may be required. A return to school strategy may be required prior to resumption of sport. Return to school and sport protocols often require an individualized plan depending on the athlete and sport. Appendix A and B provide a basic template to guide these decisions. Information on RTP can also be found on both the Child SCAT 5 and Adult SCAT 5.

It is recognized that concussion management and guidelines currently recommended may change over time as medical science evolves. Current management principles are well outlined in the 5th International Conference on Concussion in Sport, Berlin 2016.