

Understanding Concussion In Sport

Did You Know...

- A professional soccer player will take 2,000 blows to the head in a 300 game period.
- 51% of high school/college football players will sustain multiple concussions in their play career leading to an increased risk of dementia, mental illness and drug abuse.
- That you can have a concussion without a loss of consciousness.
- That 51% of concussions in hockey are caused by violent acts (32% are hits from behind, 8% are hits to the head and 7% are cross-checks).
- Second Impact Syndrome (SIS) occurs when an individual sustains a second head injury prior to full recovery of first concussion symptoms.
- Chronic traumatic brain injury occurs in approximately 20% of professional boxers.
- Professional soccer players have increased abnormalities and impairments in memory and planning from heading the ball.
- Players who return to play prior to the one week recovery time are 4 – 6 times at risk for Second Impact Syndrome.
- Taking medications after a concussion is not recommended as it can often interact with signs and symptoms of concussion.
- Second Impact Syndrome can cause permanent cognitive problems and in some cases, even cause severe disability and death.
- There are 3 grades of concussion, all which are determined by levels of consciousness, post-traumatic amnesia and symptomology.



References: 1999, BC Brain Injury Association. 2010 Dr. Mark McDonough, PhD, Neuropsychologist, Scripps Memorial Hospital. 2009 Williamson IJS, Goodman D, Concussion in Youth Hockey; Prevalence, Risk Factors and Management across Observation Strategies. 2008 Cifu D, Repetitive Head Injury Syndrome. Dr. Jamie Kissick, MD, CCFP, Dip. Sport Med, ThinkFirst-SportSmart Concussion Education and Awareness Program.

Block Building Therapies Rehabilitation Team specializes in assessment and treatment of those suffering from concussions and brain injury. Post-Concussion Syndrome symptoms can include:

- Any period of loss of consciousness.
- Vacant / blank stare.
- Delayed motor or verbal responses.
- Confusion and decreased ability to focus.
- Disorientation (time, place, date).
- Difficulty with speech or walking.
- Memory (immediate recall).
- Headaches, dizziness, ringing in the ears, nausea/vomiting and impaired vision.

Management of concussion should always include consulting with clients, families and coaches about the risks to play or not to play. Education and prevention is the key to better understanding concussion symptoms and making informed return to play decisions. A typical return to play protocol should always include a series of steps that only proceed ahead if the athlete is without symptoms for at least one day at each level. An example of this is as follows:

1. No Activity.
2. Light Activity.
3. Aerobic Exercise.
4. Sport (no contact).
5. Drills (without contact).
6. Drills (with contact).
7. Game Play.



For further assessment, therapy, consultation and/or education on managing concussions in sport, contact Block Building Therapies at:

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Referral forms for new assessments are also available online at our website: www.blockbuilding.ca

Block Building Therapies thanks you for your continued business.

Sincerely,

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