PRACTICAL PEARL: Concussion

INTRODUCTION	• Concussion is common and underreported. Football produces the highest rate of sports-related concussion, followed by soccer, basketball, rugby, ice hockey, and lacrosse. • Girls typically have higher concussion rates than boys in similar sports. • A concussion typically results in the rapid onset of brief, self-resolving impairment in neurologic function, which may include physical, cognitive, emotional, and/or sleep sx. • Loss of consciousness is not necessary to produce a concussion, and only occurs in about 10% of concussions. LOC >30 seconds may indicate more significant intracranial injury.
INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE	• History of the injury, including details of any previous head injury. Thorough HEENT, neck, and neurologic exams, including gait and balance. The CDC offers the ACE (Acute Concussion Evaluation), an excellent and practical guide for clinicians. https://www.cdc.gov/headsup/pdfs/providers/ace_v2-a.pdf • Neuroimaging should only be considered for suspicion of intracranial structural injury. • Even if symptoms resolve on the day of the injury, the athlete should NOT return to play that day. • Cognitive and physical rest is recommended until symptoms **improve**. • Athletes should not return to play until all symptoms are resolved at rest and with exertion. A graded return-to-play protocol should be utilized before full competition.

WHEN TO REFER	• Referral to a concussion specialist should be considered if:
	  ○ Lack of solid improvement within one week of injury.
	  ○ Prior history of concussive injuries.
	  ○ Preexisting risk factors that can complicate recovery/determination of recovery (e.g. ADHD, LD, depression, anxiety, migraine).
	https://www.baystatehealth.org/locations/tolosky-center/sports-concussion-clinic

HOW TO REFER	• Referrals to the Baystate Sports Concussion Clinic:
	  ○ Contact Kathy in Central Intake at 413-794-1039.
	  ○ Internal referrals via CIS request (Consult Behavioral Health Central Intake).

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