

Concussion Management for Athletic Trainers

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- It is important for the athletic trainer or any member of the training staff who suspects a concussion to remove the athlete from athletic participation pending further evaluation. If the athlete exhibits any signs, symptoms or behaviors suspicious for a concussion then the athlete will be removed from participation for no less than 24 hrs to be further evaluated the next day by a certified trainer who is educated in concussion management. No same day return to play is acceptable if a concussion is suspected. If a concussion is still suspected then an appointment with a trained medical professional in concussion management should be arranged in the next 48-72 hrs.
- The goal of concussion treatment is to allow the brain injury to heal. The athlete will be given complete athletic rest until cleared by a certified physician.
- Athlete is to avoid high stimulus activities until evaluated by physician such as texting, computer work, movies, video games, headphones, loud noise environments, bright lights, and large crowds.
- The athlete may also warrant relative or absolute brain rest depending on the severity and quality of symptoms at least until evaluated by the physician. The physician may extend the academic rest until symptoms begin to improve.
- Athlete may take Tylenol or omega-3 fatty acid supplements at dosage of 1000mg per day following injury to help with pain and inflammation but no other medications are acceptable without approval of physician.
- IMPACT testing or other neuropsychological testing should be employed as an additional measure of concussion and recovery rather than an absolute decision on return to play.

Return to Play

- Return to participation following a concussion is a medical decision that should be made by a certified medical expert with experience in concussion management. The athlete should meet ALL of the criteria in order to begin a return to play protocol:
 - Asymptomatic at rest and with mental exertion for at least 24 hours
 - Return to acceptable baseline measures on neuropsychological testing as reviewed by physician if available
 - Discontinuation of PRN medications, unless recommended by physician, that may have been used to control symptoms of concussion.
- A return to play protocol may be started when physician and trainer are in agreement on resolution of symptoms. A typical program involves a graduated increase in activities with each step taking 24 hrs to progress and monitor. Ex:
 - No activity until asymptomatic at rest
 - Light aerobic exercise
 - Sport-specific training
 - Non-contact drills
 - Full-contact drills
 - Gameplay



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