

# Sport-Related Concussions in Youth Ice Hockey Players

*ELITE*<sup>+</sup> SPORTS MEDICINE

Connecticut Children's Medical Center



# Concussion Bombardment

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- Concussions are in the media



WALL STREET JOURNAL



- Concussion Protocols



# Objectives

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- Better understanding of concussions
- Identification & Management
- Neurocognitive Testing
- Return to activity protocol & Protective equipment



# What is a concussion

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- *Concussion* Latin word: means to shake violently
- “A transient alteration in brain function caused by trauma”
  - Direct or Indirect
    - Direct Trauma - a blow to the head, face or neck
    - Indirect Trauma – a blow to the body that sends a force up to the head (i.e. whiplash)



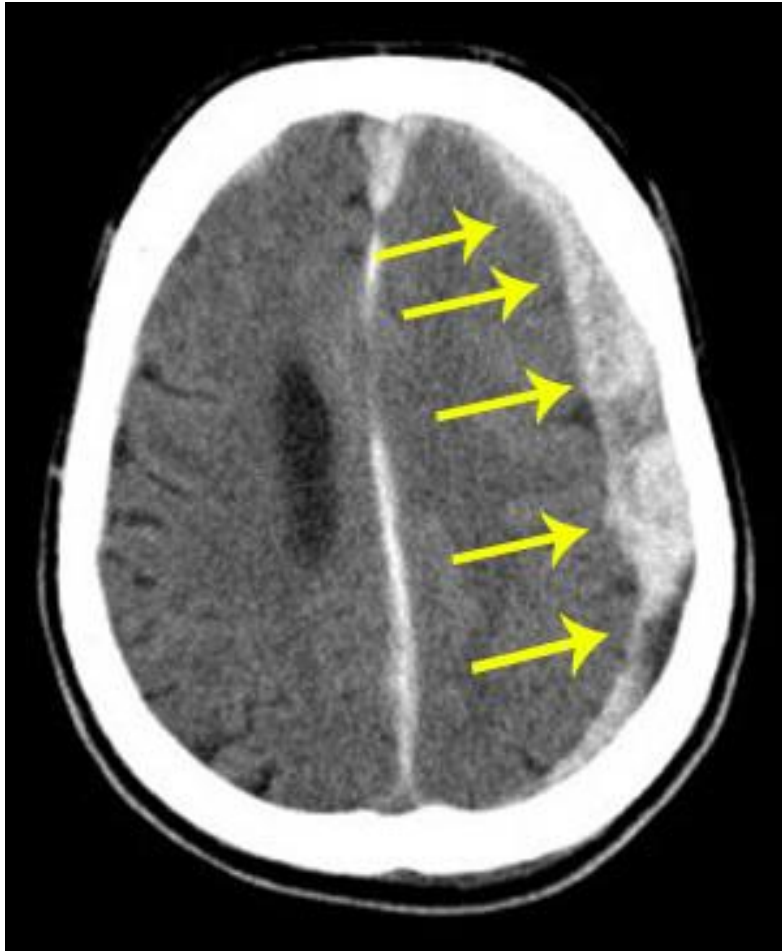
# Concussion affects brain function...

*ELITE* Injury to brain  
cells...

*ELITE* Results in problems  
with brain  
functioning...



# ...and is not a structural injury



*ELITE* Concussions are not “bruises” of the brain, and do not result in injury to the structure of the brain

*ELITE* CT & MRI identify bleeding or other injury in the brain

# Clinical Signs

## Things you will observe

- ✓ Confused about position or assignment
- ✓ Forgets instructions
- ✓ Appears dazed or stunned
- ✓ Answers questions slowly
- ✓ Shows mood or personality changes
- ✓ Can't recall events after hit or fall



# Clinical Symptoms

Things your players will report



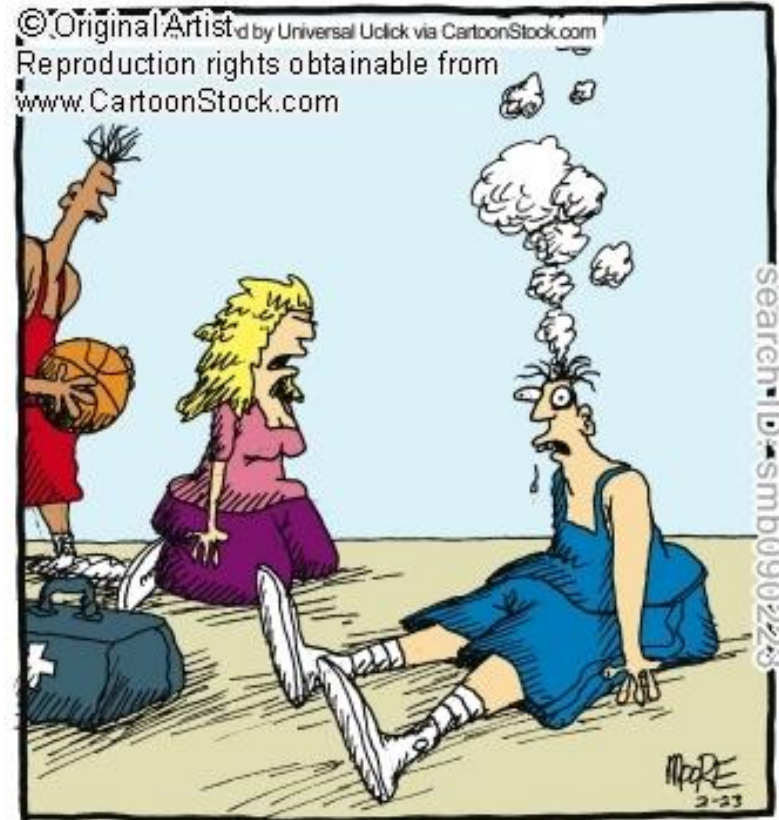
- ✓ Headache/pressure
- ✓ Nausea/vomiting
- ✓ Dizziness/balance problems
- ✓ Blurry/double vision
- ✓ Sensitivity to light or noise
- ✓ Feeling sluggish/foggy
- ✓ Concentration/memory problems
- ✓ Just not “feeling right”





# Acute Management

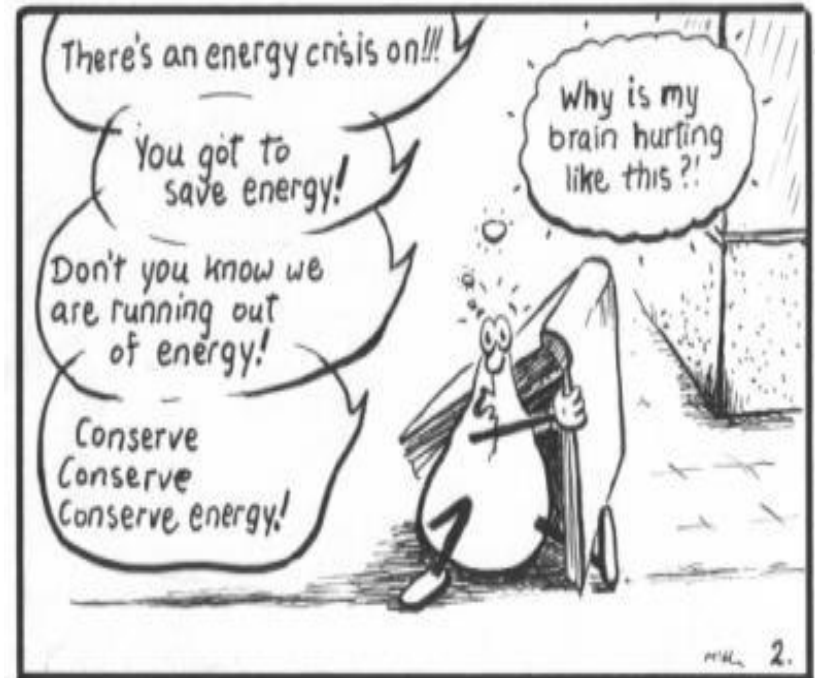
- ELITE** Remove from activity immediately!
- ELITE** No return to physical activity until symptoms resolve & the individual has been evaluated medically.
- ELITE** Remember: Sometimes symptoms may not be present for 24-48 hours after injury



"I don't think it's a concussion ... although the smoke has me a little concerned."

# Initial Management

- “The cornerstone of concussion management is physical and cognitive rest until symptoms resolve”
- **Protect and Rest**
  - **Reduce potential for a second hit to the head**
    - Takes only a minimal impact to cause a catastrophic injury
  - **Reduce physical and cognitive demands**
    - Brain is responsible for managing physical and cognitive functions of the body



# Recovery from Concussion

- ELITE* All concussions are different
- ELITE* Concussion treatment should be individualized
- ELITE* Everyone recovers in a different time frame



# Adolescents Recovery from a Concussion



*ELITE* Studies have shown that adolescent and pre-adolescent athletes take **longer** to recover from concussion than adults.

Lovell MR, et al. 2003

*ELITE* Not uncommon for adolescents to take 3 weeks to 3 months to recover

# Protracted Recovery

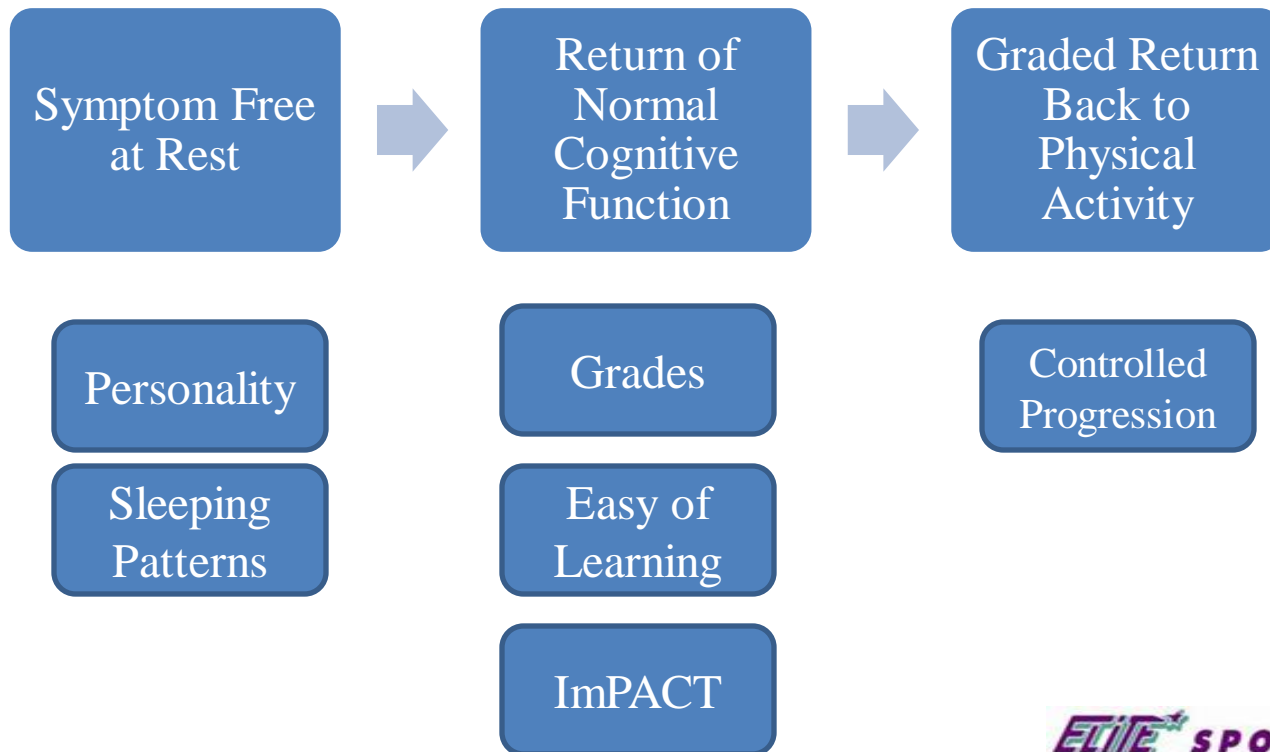
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- Adequate rest not implemented
- Athlete pushes through injury
  
- Previous Medical History
  - Concussion History
  - ADD/ADHA
  - Migraines
  - Hormone
  - Learning Disabilities
  - Gender?



# Best Practice Models

- Our brain is responsible for all facets of our life
- Concussion evaluation must be multi-faceted



# Return to Activity Following Concussion

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Low Aerobic, Non-Pounding Activities

Walking, Stationary bike



Low Aerobic, Pounding Activities

Jogging, Elliptical, Skating



Practice, No Contact

Skills/Drills & Conditioning



Practice, Contact

Controlled Situations / Scrimmages



Full Competition



# Neurocognitive Testing (NCT)

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*ELITE* One more tool in measuring recovery

*ELITE* Is NOT a standalone tool!

*ELITE* Objective measure vs. athlete's self-report of symptoms or a random timeline

*ELITE* Has become a standard of care in sport-related concussion management





Exam Type	Baseline	Post-Injury 1	Post-Injury 2
Date Tested	06/09/2009	10/14/2009	11/16/2009
Last Concussion	11/05/2006	10/02/2009	10/02/2009
Exam Language	English	English	English
Test Version	2.0	2.0	2.0

Composite Scores	Percentile scores if available are listed in small type.					
Memory composite (verbal)	74	16%	<b>56</b>	<1%	85	52%
Memory composite (visual)	70	32%	59	11%	63	15%
Visual motor speed composite	40.55	57%	<b>31.63</b>	12%	45.9	80%
Reaction time composite	0.54	69%	<b>0.73</b>	7%	0.59	44%
Impulse control composite	7		9		2	
Total Symptom Score	4		<b>45</b>		9	

# Protective Equipment

*ELITE* Helmets are designed to prevent skull fractures

*ELITE* They will **NOT** prevent concussions

- Remember: A concussion is the brain “shaking” inside the skull



The BEST helmet on the market...

A helmet that is **FIT AND WORN PROPERLY**



# Protective Equipment: Helmets

## Helmets

*ECIE* Millions of dollars go into helmet research and design

*ECIE* Yet helmeted sports, football and ice hockey, have the highest number of diagnosed concussion

– Is it because athletes feel invincible?



Look Like  
←

But Feel Like  
→



# Prevention

## *ELITE* EDUCATION & RECOGNITION

A concussion can occur in any sport

Centers for Disease Control

<http://www.cdc.gov/concussion/HeadsUp/youth.html>



## *ELITE* PROPER MANAGEMENT

Follow a Concussion Protocol prescribed by a doctor for safe return to play



# Prevention

*ELITE* Talk about concussions with your athletes

*ELITE* Proper understanding of the game

*ELITE* Being prepared for unexpected hits



# Summary

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- Concussion is a functional injury to the brain
- REST best treatment
  - Physically and cognitively
  - Decrease change of serious injury
- Incorporate large safety net to prove athlete's cognitive function is normal
- Recovery time is different with every athlete

