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CONCUSSION UPDATE

1. No symptomatic person should ever return to athletic play or contact risk. When in doubt, sit them out!
2. Only return to physical exercise activity or sport after having been cleared to do so by a licensed healthcare professional with expertise in concussion...follow your state's law!
3. Grading of a concussion is no longer of use. Grading systems have not been validated.
4. Loss of consciousness may not be present at the time of concussion.
5. Concussion can result in a variety of signs at the time of the event, and a variety of symptoms after the concussion. Each concussion is unique.
6. Return to play, school, or work decisions should be made on an individualized basis.
7. Rest is the best treatment for acute concussion. Continued mental/physical exertion in the immediate period after a concussion is likely to prolong recovery or worsen symptoms.
8. A course of rest immediately after concussion will include: a) more sleep and rest than usual, b) avoidance/reduction of mental and physical exertion, c) avoidance of screen time or other visual stressors, d) avoidance of trips outside of the home, parties, busy social occasions, visits to the mall, travel, e) short medical leave from school/work, f) no school gym classes or physical exercise.
9. During the recovery period, individuals benefit from a plan of academic or work adjustments.
10. "COCOON THERAPY" or "COCOON REST" or "bed rest" can actually make symptoms worse. Engage in reasonable rest and "unplug" from devices.
11. Recovery in youth is different from recovery in adults. Youth athletes may take a longer time to heal, may have greater symptoms, and may exhibit symptoms more strongly a day or more after the concussion.
12. Youth are expected to recover within a month, whereas adults are expected to recover sooner, when there are no complicating factors. Research indicates that about 80% of concussions fully resolve.
13. Second impact syndrome, although a very infrequent yet catastrophic event, may occur in youth who sustain a second head impact before fully healing from the first concussion.
14. The strongest predictor of severity or recovery time appears to be the magnitude of symptoms in the acute phase of concussion.
15. There are a number of variables that can affect concussion recovery, such as: gender, age, history of migraine, history of learning or attention disorder, history of emotional distress, and number of previous concussions.
16. Once the individual has taken time to rest, physical exertional testing may be conducted and a well-supervised reconditioning plan put in place (preferably by an athletic trainer or physical therapist with concussion expertise) with care not to aggravate symptoms or make them worse.
17. Individuals with persisting symptoms may benefit from vestibular therapy and ocular-motor-vision therapy.
18. Those who administer baseline or post-concussion testing should provide a testing environment that is distraction free and should be sure that the results of the testing are valid. Testing programs should have oversight and consultation by a neuropsychologist.
19. Baseline/Concussion testing is only one screening tool that aids in the overall decision-making regarding return to work, school, or sports. This testing is not diagnostic of learning or attentional disorders and does not measure intelligence or achievement skills. Such testing assesses factors that are often affected by concussion, such as memory, attention, speed of processing, and reaction time.
20. Numerous professional sports, colleges, high schools, middle schools and organized youth sports teams have mandated baseline testing and concussion programs. There is a variety of state and federal legislation proposing the mandating of such programs.
21. Ultimately, concussion treatment requires a health care team approach.

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