A Concussion is a Traumatic Brain Injury (TBI) caused by a direct blow to the head, neck, or body, that may cause the brain to move rapidly back and forth in the skull, resulting in a brain injury. This disturbance in normal brain function causes a metabolic crisis rather than a specific structural brain injury that may affect a child’s learning and performance. If suspected, a concussion should be reported to a medical professional right away to ensure the proper steps are taken to support a prompt and full recovery.

Signs and symptoms of a concussion may appear immediately after the injury or become apparent over the next couple of hours or days. Diagnostic testing, including CT and MRI scans, are rarely needed following a concussion. While these are helpful in identifying life- threatening brain injuries, like bleeding in the brain, a concussion does not “show up” on standard CT or MRI. Concussions are diagnosed based on the student-athlete's description of the injury or event, the student-athlete’s reported symptoms, and the licensed healthcare provider’s examination. Continue to monitor the child and use the checklists below to assist in identifying a possible brain injury and seek medical care when indicated. *Adapted from CDC Heads Up/Concussion Signs and Symptoms and https://concussion.gmu.edu*

# Concussion Signs and Symptoms:

**Physical**

Fatigue/Drowsiness Balance Problems Headache

## Nausea/Vomiting

Fatigue

Visual Problems

Dizziness

Sensitivity to Light/Noise

Dazed

Difficulty Remembering

Difficulty Concentrating

Mentally Foggy Feeling Slowed Down

**Emotional**

**Cognitive**

Unable to Recall Events

Slow to Respond Repeated Questioning

|  |  |  |  |
| --- | --- | --- | --- |
| Increased irritability | Sadness | Anxiousness | Dwelling on Negative Feelings |
| Nervousness | Emotional reactivity | Nervous | More emotional |

Sleeping More/Less Daytime Fatigue

**Sleep**

Drowsiness

Trouble falling asleep or staying asleep

**DO NOT drive while you have symptoms until cleared by an approved, licensed healthcare professional (HCP).**

\*Headache, pressure in the head, sensitivity to light, dizziness, difficulty focusing or concentrating, sad, and irritable are all symptoms associated with poor driving performance after a concussion. In addition to this, attention, processing speed, and reaction time are all impeded. We recommend the student athlete refrains from driving for 48-72 hours after the injury due to lane excursions (percent of time out of their lane and centerline crossings) and driving speed variability challenges (speed exceedances) that can be caused by a concussion.

**DO NOT participate in sports or recreational physical activities until cleared by an approved, licensed HCP.**

**When to Immediately Seek Medical Care**

*Adapted from* [*https://www.cdc.gov/heads-up/signs-symptoms/index.html#cdc\_symptoms\_sign\_symp-concussion-danger-signs*](https://www.cdc.gov/heads-up/signs-symptoms/index.html#cdc_symptoms_sign_symp-concussion-danger-signs)

If you observe any of the symptoms below, go to the emergency department **immediately:**

\*Loss of consciousness

\*Convulsions or seizures

\*Headache that worsens or does not go away

\*Increased drowsiness or unable to wake up

\*Double Vision

\*Repeated vomiting

\*Increasing confusion

\*Neck pain, numbness, or tingling

\*Slurred speech

\*Decreased coordination

\*Unusual behavior changes and increased confusion

\*Cannot recognize people or places

\*Significant irritability

\*Less responsive than usual

# Returning to School

## Should a concussion be suspected or diagnosed, the concussion management team (CMT) may create an individualized student support plan (SSP) based on feedback from you as well as your child’s teachers, coaches, and school-based healthcare professionals to support your student’s successful return to school. The CMT may provide your student with support such as extra time or help with classwork, homework, quizzes, exams, and mental rest breaks during the day as needed. We will advance your student as tolerated based on observed physical and cognitive progress and information provided from you, your student, and school staff. The CMT lead will keep you updated on your student's progress.

*\*All suspected brain injuries should be evaluated, diagnosed, and supervised by an* ***approved, licensed HCP*** *such as a Certified Athletic Trainer (ATC), Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Certified Nurse Practitioner (CNP), Neuropsychologist, or Physical Therapist (PT). The (CMT) and appropriate school personnel will be notified of all suspected or diagnosed brain injuries in students.*

2025-2026 Created and updated by the LCPS Athletic Training Department in collaboration with the Virginia Concussion Initiative [(www.concussion.gmu.edu)](http://www.concussion.gmu.edu/) and INOVA Concussion Program [(www.inova.org/concussions)](http://www.inova.org/concussions))

**Home Support Checklist**

*Please, use this checklist to coordinate your child’s care and recovery.*

|  |  |  |
| --- | --- | --- |
| **Communicate** | **Monitor using the “Expose-Recover Method”** | **Advocate**  Encourage your child to speak up when |
| Coordinate communication between healthcare providers and your school teams. Keeping everyone updated on your child’s progress is crucial to ensuring a full recovery. | Expose your child to normal, non-risk activities. Pay attention to symptoms and suggest “stimulus breaks” of 10-15 minutes when symptoms are 5 or more on a scale of 0-10 or if they are increasing by 2 or more with the activity. | they are having difficulties. Discuss your child’s recovery concerns with your healthcare provider and school concussion management team (CMT). |
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|  |  |  |
| **Nutrition** | **Hydration** | **Sleep** |
| Support your child in eating a healthy diet | Encourage your child to drink plenty | Stick to a consistent sleep schedule, |
| of at least three meals daily. Food | of water. Having too little water can | with regular bedtime and waketime. |
| provides the energy needed to support recovery. Protein and Omega 3’s are necessary for brain health. | contribute to their symptoms. Have them bring a water bottle to school for adequate hydration (drink half of their body weight in ounces.) | Aim for 7-9 hours a night in a quiet, controlled setting. If they are having issues with sleeping, talk to a healthcare professional. |
|  |  |  |
| **Physical Activity** | **Stress** | **Connect** |
| Light aerobic activity has been shown to | Try to reduce your child's stress by | Social connections can play a |
| help recovery from injury. Start with a | not focusing on symptoms. | significant role in supporting mental |
| daily leisurely walk and progress | Celebrate wins such as completing | wellness. Encourage a friend to visit |
| gradually as tolerated under the | assignments or projects and be | or have your child attend light social |
| supervision of your healthcare professional | proactive in meeting your school team to ensure your child doesn’t fall too far behind in school. | gatherings and continue going to and participating per their Athletic Trainers directions in after-school sports or activities as tolerated. |
|  |  |  |
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**Returning to Sports (RTS)**

The student-athlete should **NEVER** return to sports or recreational physical activity until they have been evaluated by an approved licensed healthcare professional (HCP). A student may return to full activities when they have completed the Concussion in Sport Group Graduated Return-to-Sport (RTS) Strategy below AND have received **MEDICAL CLEARANCE** from an approved HCP. The school-based Athletic Trainer is the approved HCP within LCPS who will determine when the student- athlete can initiate and progress with physical activity, including when the student-athlete may return to sport competition. The LCPS Athletic Trainer has the final say in all LCPS return to sport decisions.

***\*There should be at least 24 hours (or longer) for each step of the RTS progression below***. If any symptoms worsen during exercise, the student-athlete should report this change in symptoms to the Athletic Trainer.

|  |  |  |  |
| --- | --- | --- | --- |
| **Graduated Return-to-Sport (RTS) Strategy** | | | |
| **Stage** | **Aim** | **Activity** | **Goal** |
| 1 | Symptom-limited activity | Daily activities that do not provoke symptoms | Gradual reintroduction of work/school activities. |
| 2 | Aerobic exercise | Walking or stationary cycling at a slow to medium pace. Light resistance training. | Increased heart rate. |
| 3 | Sport-specific exercise | Running, change of direction, and/or resistance training. No head impact activities. | Add movement and increased resistance |
| 4 | Planned contact training drills | Higher intensity and more challenging training drills in a team environment. Known or planned contact drills that are athlete initiated. | Exercise, coordination, and increased thinking. |
| 5 | Full contact practice | Full Participation: Unknown or unplanned contact drills allowed | Restore confidence and assess functional skills by coaching staff. |
| 6 | Return to sport | Normal game play upon clearance from HCP. |  |

EPatricios JS, Schneider KJ, Dvorak J, et al. Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022. British Journal of Sports Medicine 2023;57:695-711. ***If you have any questions or concerns, please contact the Athletic Trainer or CMT lead for your school.*** 2025-2026 Created and updated by the LCPS Athletic Training Department in collaboration with the Virginia Concussion Initiative [(www.concussion.gmu.edu)](http://www.concussion.gmu.edu/) and INOVA Concussion Program [(www.inova.org/concussions)](http://www.inova.org/concussions))