

Concussion; Beyond the Injury

Jennifer King DO, FAAP, CAQSM
Kapi'olani Orthopedic Associates
Assistant Clinical Professor in Pediatrics
JABSOM

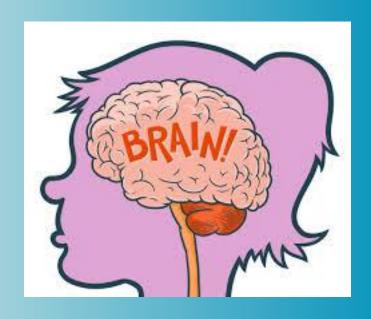
Treatment of concussions

- Concussion recovery is highly individualized.
- No grading of concussions in sports
- Rest initially and careful management of physical and cognitive exertion are the keys to recovery
- Middle school vs. high school vs. college
- Return to learn
- Return to play



Every Brain is different

- No set protocol for management
- Pieces of the puzzle
 - Symptomatology
 - Initial symptoms
 - Symptoms first 72 hours
 - Predisposing factors
 - Physical Exam
 - Neuro
 - VOMS
 - Neurocognitive testing
 - Balance testing



Tips

- Relative rest for 48-72 hours is crucial
- School notification
 - Middle school (PE)
 - Club sports/non school sports
 - Open communication
- School accommodations
- Dizziness at time of injury or being in a "fog" the first 72 after injury are not good
- Testing with ImPACT in the first 72 hours may be helpful
- Should be turning the corner after 3-4 weeks
- Medications may be beneficial for prolonged recovery



What about prevention

- Protective gear; must fit properly and be maintained and worn the right way at all times.
- Helmets are NOT designed to prevent concussions.
- Rules must be enforced for helmet contact in football.
- Proper technique in sports is important in concussion prevention.
- Playing smart with discipline and control goes a long way.





More on prevention

- Helmet (VT helmet rating)
- Helmet covers
- Mouthguards
- Soccer headgear (goalie)
- Rule changes (kick off rule)
- Behavior modification
- Visual performance
- Cervical strengthening





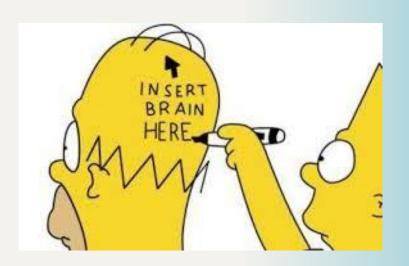
Beyond concussions



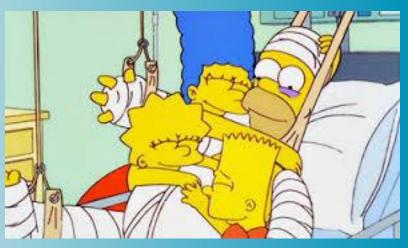


Additional injuries

- Seizures
- Head bleeds
- Skull fractures







Worsening of Symptoms

- Majority have symptoms on impact/at the time of injury.
- Small percentage are delayed
 - especially if they continue play.
- · After rest, symptoms usually improve.
- Worsening of symptoms after improvement (minutes to hours) should be a red flag

- -epidural hematoma.
- More likely if there is skull fracture



Skull fracture

- May be subtle or obvious
- Otorrhea
- Rhinorrhea
- Battle sign
- Raccoon eyes
- · Mechanism of injury; severity of the impact





Worsening of Symptoms

- Close observation especially 1-2 hours of injury.
- If going home,
 - Athletic trainer or coach is to counsel caregiver
 - Ensure someone will be with the athlete.
- If worrisome for hemorrhage
 - Immediate referral to emergency room.
- RTP for worsening symptoms without epidural hematoma/skull fracture is the same protocol.



Seizures

- Uncommon
 - in Rugby 1/70 concussion had seizure at the time of impact.
- Seizures that occur minutes to hours after the event is worrisome
- No increased risk in developing epilepsy after having seizure at the time of concussion.
- RTP
 - no change in protocol if convulsions occur at the time of the impact
 - if occurs later, neurological consult to clear.



Multiple Concussions

- No rule for # of concussions and retiring from sport.
- Longer recovery time
- Short intervals between concussions
- Less impact to cause symptoms
- Not returning to normal/baseline



It's been 3 weeks...still not better...now what?!?!

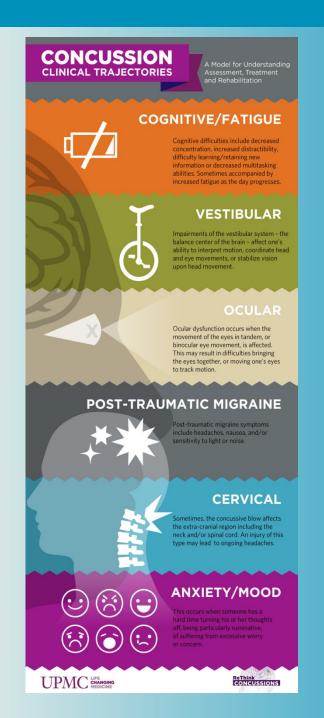


Prolonged symptoms

- After 2-3 weeks, must determine if symptoms are from concussion or outlying factors.
 - Mood changes
 - Sleeping problems **
 - Psychological problems
 - Depression
 - Chronic fatigue and pain
 - Neck injury
 - Vestibular problems
 - Visual problems



UPMC model



PACIFIC HEALTH

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Cognitive/fatigue

- Grandma/Toddler therapy
- Sleep hygiene +/- melatonin
- Academic adjustments



Get Schooled on Concussions





Vestibular

- Vestibular therapy
- Gradual exposure to busy environments



Ocular

- Ocular therapy-controversial
- Prism glasses
- Guided reading
- Increasing font
- Thorough eye exam



Post-traumatic migraine

- Family history puts them at higher risk
- Treat the same as migraine without history of concussion
- If daily consider prophylactic medication





Cervical

- Whiplash mechanism common
- Occipital headaches
- Neck pain/tightness
- Therapeutic exercises



Anxiety/Mood

- Support system
- May need psych
- Academic adjustments



Concussion verses life

- Symptoms worse with exertion and made better with rest, then likely to be related to the initial concussion
 - ?visual system
 - ?balance system
- If symptoms are exacerbated by minimal activity and not improved by rest, likely a secondary reason for symptoms.



Who is at risk for PCS?

- History of prior concussions
- Female sex
- Younger age
- History of cognitive dysfunction
- History of affective disorders



 There has been no association thus far with severity of injury and post concussion syndrome.

Prolonged rest

- Physical deconditioning
- Metabolic disturbance
- Fatigue
- Reactive depression



 No evidence that rest beyond several weeks is beneficial

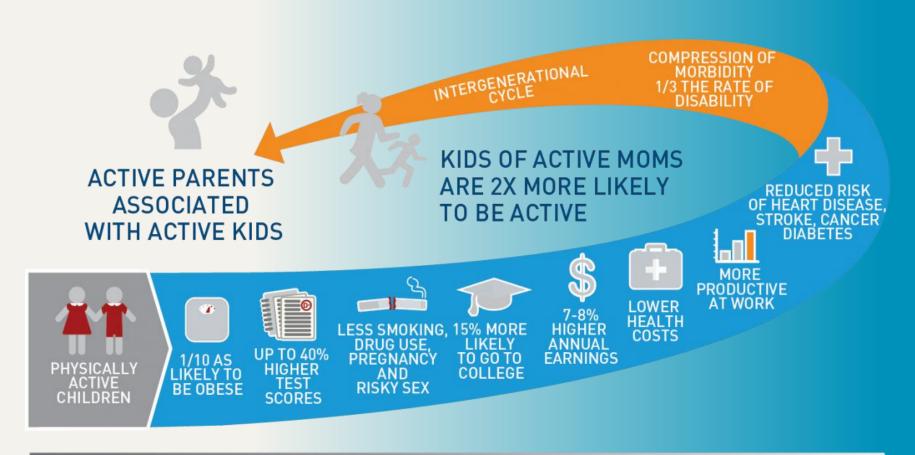
Road to recovery

- Once each portion addressed, full recovery anticipated
- If still symptomatic at 4 weeks, time to push the envelope
- Many benefits to sports/activity participation



ACTIVE KIDS DO BETTER IN LIFE

WHAT THE RESEARCH SHOWS ON THE COMPOUNDING BENEFITS



EARLY CHILDHOOD

ADOLESCENCE

ADULTHOOD

HAWAII KAPI'OLANI
PACIFIC PALI MOMI
STRAUB
HEALTH WILCOX

Our Team



Dr. Robert Durkin **Pediatric Orthopedic** Surgeon



Dr. William Burkhalter **Pediatric Orthopedic** Surgeon



Dr. Jennifer King Pediatric and Adolescent Pediatric Orthopedics **Sports Medicine**



Pam Chan PA-C



Pediatric and Adolescent diatric Physical Medicine





Jason Ishikawa ATC **Clinic Supervisor**



Sheri Shido ATC, RN **Athletic Trainer**



Jessica Oshiro MSATC Athletic Trainer



Matthew Jones MSATC Athletic Trainer





Nohe Octubre Medical Assistant Extrodinaire



Michelle Ferrer **Medical Assistant Surgical Coordinator**



Jennifer Mohika Referral and Scheduling Coordinator



Kelly Meyer PT, DPT Kimberly Aina PT, DPT







Resources

- Hawai'l Concussion Awareness and Management Program: http://www.hawaiiconcussion.com/
- UPMC Rethink Concussions: http://rethinkconcussions.com/
- Brain 101: Concussion Handbook: http://brain101.orcasinc.com/1000
- REAP (Reduce/Educate/Accommodate/Pace) Program: a community-based concussion management program: http://www.rockymountainhospital-forchildren.com/sports-medicine/concussion-management/reap-guidelines.htm
- CDC Foundation Online Training for Clinicians: http://preventingconcussions.org/
- Centers for Disease Control and Prevention: Fact Sheet for School Professionals on Returning to School after a Concussion: http://www.cdc.gov/concussion/pdfTBL_Returningto-School
- Centers for Disease Control and Prevention: Heads Up for Schools: <u>http://www.cdc.gov/concussion/HeadsUp/schools.html</u>
- Centers for Disease Control and Prevention: Online Coaches Training: <u>http://www.cdc.gov/concussion/HeadsUp/</u>online_training.html
- Dr. Mike Evans Concussions 101 Video:http://www.myfavouritemedicine.com/concussions-101/
- Frequently Asked Questions about 504 Plans: http://www2.ed.gov/about/offices/list/ocr/504faq.html
- Sample Return to Learning Note for Physicians: http://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-sports-medicine-and-fitness/Documents/returntoschool.pdf

