

MURILLO MINOR ATHLETIC ASSOCIATION
SOFTBALL CONCUSSION AWARENESS SHEET – ADAPTED FROM SOFTBALL CANADA

WHAT IS A CONCUSSION?

A concussion is a brain injury that can't be seen on x-rays, CT or MRI scans. It affects the way an athlete thinks and can cause a variety of symptoms.

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or somewhere else on the body that causes a sudden jarring of the head may cause a concussion. Examples include getting body-checked in hockey or hitting one's head on the floor in gym class.

WHEN SHOULD I SUSPECT A CONCUSSION?

A concussion should be suspected in any athlete who sustains a significant impact to the head, face, neck, or body and reports ANY symptoms or demonstrates ANY visual signs of a concussion. A concussion should also be suspected if an athlete reports ANY concussion symptoms to one of their peers, parents, teachers, or coaches or if anyone witnesses an athlete exhibiting ANY of the visual signs of concussion. Some athletes will develop symptoms immediately while others will develop delayed symptoms (beginning 24-48 hours after the injury).

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

A person does not need to be knocked out (lose consciousness) to have had a concussion. Common symptoms include:

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| • Headaches or head pressure | • Not thinking clearly | • Sleeping more or sleeping less |
| • Dizziness | • Feeling slowed down | • Having a hard time falling asleep |
| • Nausea and vomiting | • Sadness | • Difficulty working on a computer |
| • Blurred or fuzzy vision | • Nervousness or anxiety | • Difficulty reading |
| • Sensitivity to light or sound | • Feeling more emotional | • Difficulty learning new information |
| • Balance problems | • Easily upset or angered | • Feeling tired or having no energy |

WHAT ARE THE VISUAL SIGNS OF A CONCUSSION?

Visual signs of a concussion may include:

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| • Lying motionless on the playing surface | • Blank or vacant stare |
| • Slow to get up after a direct or indirect hit to the head | • Balance, gait difficulties, motor incoordination, stumbling, slow labored movements |
| • Disorientation or confusion or inability to respond appropriately to questions | • Facial injury after head trauma |
| | • Clutching head |

WHAT SHOULD I DO IF I SUSPECT A CONCUSSION?

If any athlete is suspected of sustaining a concussion during sports they should be immediately removed from play. Any athlete who is suspected of having sustained a concussion during sports must not be allowed to return to the same game or practice.

It is important that ALL athletes with a suspected concussion undergo medical assessment by a medical doctor or nurse practitioner, as soon as possible. It is also important that ALL athletes with a suspected concussion receive written medical clearance from a medical doctor or nurse practitioner before returning to sport activities.

HOW LONG WILL IT TAKE FOR THE ATHLETE TO RECOVER?

Most athletes who sustain a concussion will make a complete recovery within 1-2 weeks while most youth athletes will recover within 1-4 weeks. Approximately 15-30% of patients will experience persistent symptoms (>2 weeks for adults; >4 weeks for youth) that may require additional medical assessment and management.

WHEN CAN THE ATHLETE RETURN TO SCHOOL AND SPORTS?

It is important that all athletes diagnosed with a concussion follow a step-wise return to school and sports-related

activities that includes the following Return-to-School and Return-to-Sport Strategies. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the Return-to-Sport Strategy.

Return-to-School Strategy

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4	Return to school full-time	Gradually progress.	Return to full academic activities and catch up on missed school work.

Sport-Specific Return-to-Sport Strategy

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms	Gradual re-introduction of work/school activities
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate
3	Sport-specific exercise	Low to moderate intensity individual running, throwing and outfield catching. No in-field, catching or pitcher position practice	Add movement
4	Non-contact training drills	High intensity running (including non-contact base running), throwing, out-field and in-field catching. Non-contact individual and team drills. Batting cage or taking pitches from a coach. May start progressive resistance training. Individual catcher and pitching position practice	Exercise, coordination and increased thinking
5	Full contact practice	Following medical clearance High intensity full contact practice and scrimmage	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	

HOW CAN I HELP PREVENT CONCUSSIONS AND THEIR CONSEQUENCES?

Concussion prevention, recognition and management require athletes to follow the rules and regulations of their sport, respect their opponents, avoid head contact, and report suspected concussions.

TO LEARN MORE ABOUT CONCUSSIONS PLEASE VISIT:

www.parachutecanada.org/concussion

www.Ontario.ca/concussions