Concussion
‘Recognition and Management’

Disclaimer

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Concussion ‘Basic Facts’

- Develop educational programs to:
  - RAISE AWARENESS AND CHANGE BEHAVIOR towards understanding good concussion management in order to..
  - REDUCE PREVENTABLE CONCUSSIONS AND DECREASE THE TIME REQUIRED TO SAFELY RETURN concussed swimmers to full competition

Concussion Task Force ‘Goals’
Concussion Task Force

‘Goals’

➢ To help coaches answer 2 simple questions:

➢ How will the concussion impact my swimmer’s training?

➢ When can my swimmer resume training?

Concussion

‘Basic Facts’
Concussion Definition

➢ Is a Traumatic Brain Injury:
  ➢ Which results from either a **direct** or **indirect** contact to the head or body (e.g. whiplash)
  ➢ Often results in short-lived changes in normal brain function

Basic Facts

➢ Swimmers with a suspected concussion should not resume activity on the same day
➢ Concussion treatment should be supervised by a qualified healthcare provider (as defined by various state laws)
➢ Following recommendations of the healthcare provider is important to good recovery
➢ Coaches should communicate with the healthcare provider, athletes, and family - ‘The Team Approach’
The Team that Takes Care of the Teams

- Health Care Providers
- Teachers Coaches & Other Support Staff
- Individuals Parents / Family

More Basic Facts

- Swimmers are susceptible to repeat concussion during recovery
- Multiple concussions may lead to longer recovery for subsequent concussions
- Younger swimmers may have prolonged symptoms and recovery
- EARLY recognition and initiation of appropriate treatment is critical to good and timely recovery
Early Recognition of Concussion

Concussion Symptoms Can Vary!

**Affective / Energy**
- Mental Fatigue
- Sleep Disturbances

**Physical**
- Headache
- Balance problems
- Eye, ear, and stomach symptoms

**Emotional**
- Depression
- Anxiety
- Behavior
- Personality

**Cognitive**
- Difficulty concentrating
- Memory Problems
- Mentally ‘foggy’
- Slowed processing
Concussion Recognition
‘Signs versus Symptoms’

www.cdc.gov/concussion

Thorough Concussion Management
Why?
Post-Concussion Syndrome

➢ Swimmers who delay reporting concussion symptoms are at risk for longer recovery

➢ Not engaging the medical staff AND continuing to participate in athletic activity during the immediate post-concussion period may lead to longer recoveries for swimmers

Post-Concussion Syndrome

➢ Typical recovery from concussion symptoms takes about 1 week

➢ Longer recovery can take weeks to months

Sequential evaluation and thorough follow-up are the keys to prevention
Two Rare Conditions

➢ There is controversy and a lot of media coverage of two rare and serious conditions

➢ ‘Second Impact Syndrome’

➢ ‘Chronic Traumatic Encephalopathy’ (CTE)

➢ These two conditions are thought to be preventable with proper recognition and management of an initial concussion

Current Concussion Management Guidelines
Concussion Management

“The 3 Basic Steps”

RFP & E

➢ Remove From Play & Educate

R-R-R

➢ Rest and Reduce - Physical Exercise & Cognitive Tasks

➢ Refer to specialists (as needed)

A-A-A

➢ Academic Adjustments and Accommodations at School

Current Standard of Care
## Return-To-School Activities

### Consensus Statement on Concussion in Sport: the 5th International Conference on Concussion in Sport, Berlin 2016

#### Table 2: Graduated return-to-school strategy

<table>
<thead>
<tr>
<th>Stage</th>
<th>Aim</th>
<th>Activity</th>
<th>Goal of each step</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Daily activities at home that do not give the child symptoms</td>
<td>Typical activities of the child during the day as long as they do not increase symptoms (e.g., reading, batting, screen time). Start with 5-15 min at a time and gradually build up</td>
<td>Gradual return to typical activities</td>
</tr>
<tr>
<td>2</td>
<td>School activities</td>
<td>Homework, reading or other cognitive activities outside of the classroom.</td>
<td>Increase tolerance to cognitive work</td>
</tr>
<tr>
<td>3</td>
<td>Return to school part-time</td>
<td>Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.</td>
<td>Increase academic activities</td>
</tr>
<tr>
<td>4</td>
<td>Return to school full-time</td>
<td>Gradually progress school activities until a full day can be tolerated.</td>
<td>Return to full academic activities and catch up on missed work</td>
</tr>
</tbody>
</table>

#### Graduated return-to-sport (RTS) strategy

<table>
<thead>
<tr>
<th>Stage</th>
<th>Aim</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Symptom-limited activity</td>
<td>Daily activities that do not provoke symptoms</td>
<td>Gradual reintroduction of work/school activities</td>
</tr>
<tr>
<td>2</td>
<td>Light aerobic exercise</td>
<td>Walking or stationary cycling at slow to medium pace. No resistance training</td>
<td>Increase heart rate</td>
</tr>
<tr>
<td>3</td>
<td>Sport-specific exercise</td>
<td>Running or skating drills. No head impact activities</td>
<td>Add movement</td>
</tr>
<tr>
<td>4</td>
<td>Non-contact training drills</td>
<td>Harder training drills, e.g., passing drills. May start progressive resistance training</td>
<td>Exercise, coordination and increased thinking</td>
</tr>
<tr>
<td>5</td>
<td>Full contact practice</td>
<td>Following medical clearance, participate in normal training activities</td>
<td>Restore confidence and assess functional skills by coaching staff</td>
</tr>
<tr>
<td>6</td>
<td>Return to sport</td>
<td>Normal game play</td>
<td></td>
</tr>
</tbody>
</table>

**Consensus Statement on Concussion in Sport: the 5th International Conference on Concussion in Sport, Berlin 2016**
RTS strategy – Key Points

➢ Initial period of 24–48 hours of both relative physical and cognitive rest is recommended before beginning the RTS progression
➢ At least 24 hours (or longer) for each step of the progression; go back to the previous step if any symptoms worsen during exercise
➢ Resistance training added only in the later stages (stage 3 or 4 at the earliest)
➢ If symptoms persist (> than 10–14 days in adults or more than 1 month in children), refer to healthcare professional who is an expert in the management of concussion


Adapted Guidelines for ‘Return-To-Swim’
Return-To-Swim (RTSw) Guidelines

### Physical
- LOC
- Headache
- Neck Pain
- Dizziness
- Seizures
- Nausea
- Mental Status
- Incoherence
- Hyperacusis
- Difficulty Focusing
- Light Headedness
- Seizure
- Incoherence
- Balance
- Difficulties with
- Emotional
- Gait
- Difficulty Rising
- Slurred Speech
- Difficulty with
- Sleep
- Difficulty falling asleep
- Difficulty waking up or
- Difficulty maintaining
- Energy Level
- Weakened Fatigue
- Depression

### Cognitive
- Mental Status
- Gait difficulties
- Difficulty focusing
- Light headedness
- Seizure
- Incoherence
- Emotional
- Gait
- Difficulty Rising
- Slurred Speech
- Difficulty with
- Sleep
- Difficulty falling asleep
- Difficulty waking up or
- Difficulty maintaining
- Energy Level
- Weakened

### Return Protocol
- Return To Swim Protocol:
  - Return from Dizziness
  - Return from Seizure
  - Return from Light Headedness
  - Return from Slurred Speech
  - Return from Dizziness

### Return To School Protocol:
- Return from School:
  - Return from Dizziness
  - Return from Seizure
  - Return from Light Headedness
  - Return from Slurred Speech
  - Return from Dizziness

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**Return-To-School Guidelines**

*Key Points*

- The decision to keep the athlete out of school should be made by the healthcare provider.
- There is no evidence to say that keeping the athlete out of school is useful.
- Determination of school absence should be made on an individualized basis depending on symptoms and signs, **not as a specific prescribed time frame**.
Return-To-Swim (RTSw) Guidelines

➢ Stage 2 of RTSw requires the athlete be 100% symptom-free or back to pre-concussion functioning

➢ This means that before a healthcare provider ‘approves’ the start of Stage 2 RTSw, they must be sure that ‘ALL FIVE’ points of ‘recovery’ at home, school, and medical have been satisfied
Return-To-Swim (RTSw) Guidelines

‘When will Healthcare Provider Clear for Stage 2?’
‘The Five Points of Recovery’

1. Home (Parent / Guardian)
   ✓ Confirms symptom-free and tolerates 100% pre-concussion stimulation (i.e. texting, computers, video games, homework, chores)

2. School (Teachers / Counselor) – ‘Teacher Feedback Form’
   ✓ Documents symptom-free and tolerates 100% pre-concussion school demands (classroom and homework)

3. Neurocognitive Testing (Eg: SCAT-3; Child SCAT-5; ImPACT®)
   ✓ Documentation that athlete is 100% back to baseline neurocognitive testing and/or at estimated pre-concussion scores

4. Physical Therapy (PT) &/or Athletic Trainer (AT)
   ✓ Documentation from PT &/or AT that athlete has been checking in and/or has completed therapy goals

5. Medications
   ✓ Confirmation and documentation that athlete is off all OTC and prescription medications for treatment of concussion symptoms and sleep aids

Return-To-Swim (RTSw) Guidelines

‘Key Points’

➢ ‘RTSw progression’ and ultimate ‘medical clearance for full return to competition’ is the responsibility of the healthcare professional designated by state law

➢ ‘Symptom-limited activity’ in Stage 1 of RTSw protocol should be medically supervised
Return-To-Swim (RTSw) Guidelines
‘Key Points’

➢ There is no single right or wrong timeline for progression through the various ‘stages’

➢ Important to recognize the difference between exercise programs being used to rehabilitate athlete’s with injuries and the RTSw exercises

Return-To-Swim (RTSw) Guidelines
‘Where and When’

➢ **In water RTSw** is recommended if **adequate pool space** is available AND **appropriate supervision** is available for changing signs and symptoms

➢ If unavailable recommend **land based RTSw**

➢ The athlete progresses to the next stage provided they have **no symptoms for 24 hours after the previous stage**
Return-To-Swim (RTSw) Guidelines

‘Stage 1’

➢ Symptom limited activity

Return-To-Swim (RTSw) Guidelines

‘Stage 2 – Light Aerobic Exercise’

➢ 20 minutes
  ➢ Age appropriate max heart rate (55-65%)
    ➢ Pool/workout speed slower than warm-up/warm-down speed or no faster than 65% of 100 time
  ➢ Kicking recommended with a kickboard
    ➢ Increases cardiovascular function
    ➢ Swimmer can see around them
    ➢ Need to assess influence of exertional activity on symptoms
    ➢ Start with front kicking and progress to back kicking
  ➢ If land based, recommend use of bike or elliptical
    ➢ Avoid treadmill
Return-To-Swim (RTSw) Guidelines
‘Stage 3 – Sport-specific Exercise’

➢ 30 minutes
  ➢ Age appropriate max heart rate (65-70%)
    ➢ Pool/workout speed similar to warm-up/warm-down speed or no faster than 70% of 100 time
  ➢ Add limited head movement
    ➢ Use sports cord on land to practice freestyle with side breathing and assess if signs and symptoms recur
    ➢ Use a snorkel first in water
  ➢ All 4 strokes (in order)
    ➢ Breast, Back, Free, Fly
  ➢ OPEN TURNS ONLY

Return-To-Swim (RTSw) Guidelines
‘Stage 4 – Non-Contact Training Drills’

➢ 30 minutes
  ➢ Age appropriate max heart rate (70-80%)
    ➢ Pool/workout speed should be no faster than aerobic speed or 75% of 100 time
  ➢ More complex interval training
  ➢ All 4 strokes
    ➢ No particular order
  ➢ Add coordination and cognitive load
  ➢ OPEN TURNS ONLY
Return-To-Swim (RTSw) Guidelines
‘Stage 5’

➢ Full Practice
  ➢ Pool/workout speed should be no faster than 80% of 100 time
  ➢ Introduce ‘STARTS’ at this Stage
  ➢ Introduce ‘FLIP TURNS’ at this Stage

Return-To-Swim (RTSw) Guidelines
‘Stage 6’

➢ Return to competition without restrictions
### Return-To-Swim (RTS) Guidelines

<table>
<thead>
<tr>
<th>Symptom &amp; Sign</th>
<th>Return to Swim (RST) Protocol</th>
<th>Return to Practice (RTP) Protocol</th>
<th>Return to Activity (RTA) Protocol</th>
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<tr>
<td>Physical</td>
<td>Return to Practice</td>
<td>Return to Practice</td>
<td>Return to Activity</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Return to Practice</td>
<td>Return to Practice</td>
<td>Return to Activity</td>
</tr>
<tr>
<td>Emotional</td>
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<td>Return to Practice</td>
<td>Return to Activity</td>
</tr>
<tr>
<td>Sleep</td>
<td>Return to Practice</td>
<td>Return to Practice</td>
<td>Return to Activity</td>
</tr>
<tr>
<td>Energy Levels</td>
<td>Return to Practice</td>
<td>Return to Practice</td>
<td>Return to Activity</td>
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</tbody>
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#### Club Swim Coaches’ Knowledge, Attitudes, and Beliefs of Pediatric Athletic Concussion (BAKPAC-SWIMCOACH)

Tamara McLeod et al.
Influence of Prior Concussion Education on Club Swim Coaches’ Perceived Importance, Knowledge, and Confidence Regarding Sport-Related Concussion

➢ Coaches are aware of the importance regarding concussion recognition and management

➢ Perceived knowledge and confidence in their knowledge is more notable in club swim coaches who have been educated on concussions recognition and management

➢ Therefore concussion education is important even if some state laws do not require education for club coaches

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Influence of Athletic Trainer Access on Club Swim Coaches’ Perceived Importance, Knowledge, and Confidence Regarding Sport-Related Concussion

➢ Perceived knowledge and confidence in their knowledge is more notable in club swim coaches who have access to Athletic Trainers

➢ Therefore access to Athletic Trainers serves a dual role—providing athletic training services and sharing of concussion knowledge via regular communication
Club Swim Coaches’ Access to and Collaboration with Healthcare Providers

Most clubs do not have established relationships with athletic trainers and other healthcare providers

Developing partnerships between swim clubs and healthcare providers may be beneficial!!

➢ Improve access following concussions
➢ Timely referrals
➢ Dependable and steady communication

Suggestions to Improve Communication between Coaches and the Rest of Concussion Treatment Team?

➢ Change attitude and culture regarding concussions in swimming
➢ Lack of designated concussion management team
➢ Parent / swimmer point person for concussion management teams
➢ Access to reliable and knowledgeable healthcare providers
➢ Communications directly with healthcare providers
Suggestions to Improve Communication between Coaches and the Rest of Concussion Treatment Team?

- Better communication between ALL concussion management team members
- Group communication via technology
- Standardized checklists and forms
- Standardized guidelines, policies, and procedures
- Education

Successful Concussion Recovery

= Education + Thorough Management + Communication
“We always hope for the easy fix: the one simple change that will erase a problem in a stroke. But few things in life work this way. Instead, success requires making a hundred small steps go right - one after the other, no slipups, no goofs, everyone pitching in.”

— Atul Gawande, Better: A Surgeon's Notes on Performance

“Better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try.”

— Atul Gawande, Better: A Surgeon's Notes on Performance
Questions?

Selected References

Selected References


