

Concussion Best Practices

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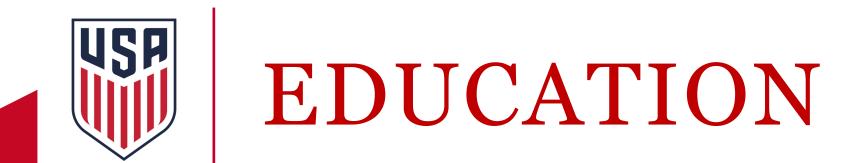
ONE NATION. ONE TEAM.

8/17/22



KEY ELEMENTS OF A CONCUSSION PROGRAM:

- 1. Education
- 2. Designated person to report to
- 3. Remove from play if injury is suspected
- 4. Creation & practice of emergency action plan
- 5. Assessment by appropriately trained healthcare professional
- 6. No return to play without clearance from physician or other permitted professional based on your state laws



Everyone needs education on concussions:

- 1. Players
- 2. Coaches
- 3. Parents
- 4. Administrators
- 5. Officials



SIGNS (observable by others)

- Appears stunned/dazed
- Confused about assignment
- Forgets an instruction
- Moves clumsily
- Answer questions slowly
- Loses consciousness
- Shows mood, behavior or personality changes

SYMPTOMS (reported by athlete)

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurred vision
- Sensitivity to light or noise
- Ringing in the ears
- Feelings hazy, foggy, slowed
- Feels confused
- Unable to concentration or reporting memory problems

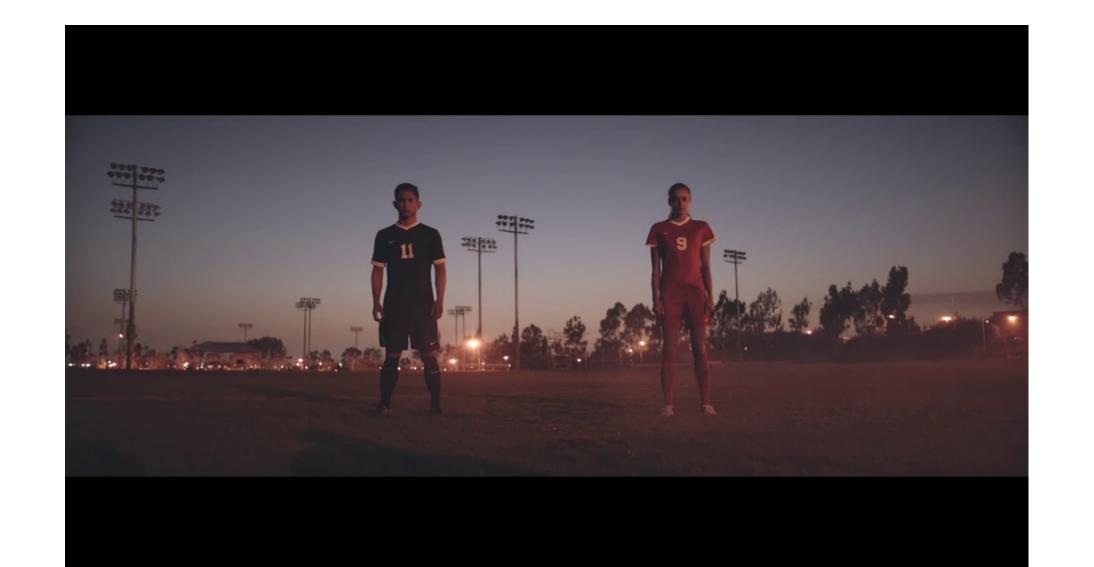


EDUCATION

www.recognizetorecover.org Information on concussions, EAP and more



https://www.youtube.com/watch?v=ZbiFxxIGt4E





DESIGNATE A PERSON TO REPORT INJURIES

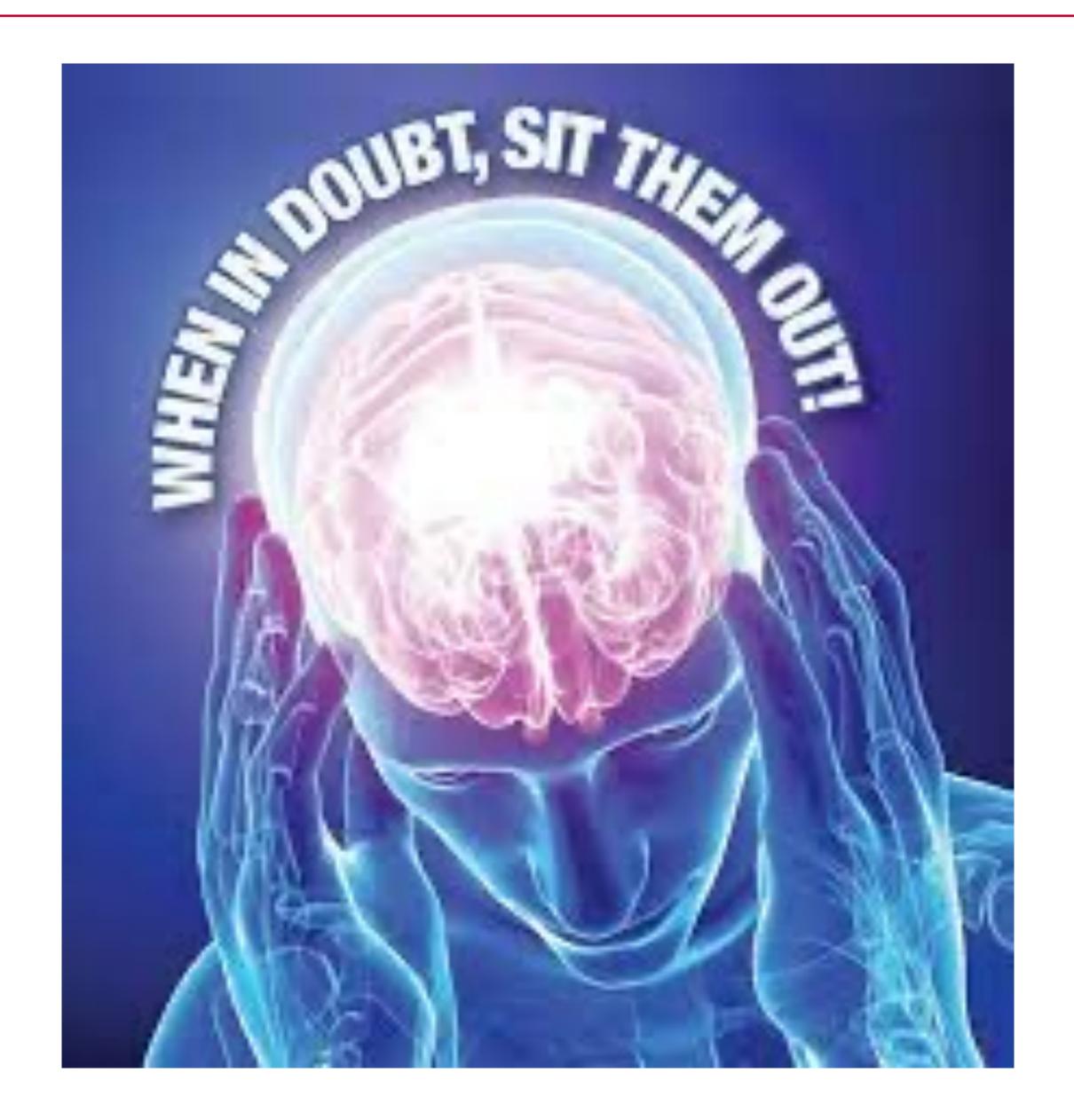
Who should the player or teammate report to about a suspected concussion?

The goal is to create an "environment of safety"





REMOVE FROM PLAY IF CONCUSSION IS SUSPECTED



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DO YOU HAVE AN EMERGENCY ACTION PLAN?



- Any loss of consciousness
- Possible seizure activity
- · Loss of sensation in extremities





- 1. Is the athlete without symptoms at rest and with exertion?
- 2. Is their neurologic exam normal?
- 3. Any evidence of persistent cognitive deficits?



5 Steps:

- 1. Relative rest
- 2. Low level activity- walking, stationary bicycle
- 3. Increased exertion- running, elliptical, stationary bicycle
- 4. Increased exertion with turning of the head- non-contact practice
- 5. Contact practice
- 6. Return to full play



Thank you!

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