

Parent Frequently Asked Questions

After a concussion parents play an important role in their child's recovery. No one knows your child better than you!

As parents, you are in the best position to monitor any cognitive, physical, and/or behavioral changes in your child, and to share this information with medical and school staff.

A concussion is a brain injury and should be taken seriously.

GET THE FACTS

Concussions are traumatic brain injuries (TBIs) that can happen to anyone of any age during any activity that jars the brain. Overall, the activities associated with the greatest number of TBI-related emergency department visits include biking, football, playground activities, basketball, and soccer.

High school athletes are one of the most at-risk groups for sustaining a concussion. It is estimated that more than 140,000 high school athletes across the United States suffer a concussion each year.

Concussions occur most frequently in football, but lacrosse, ice hockey, girls soccer, wrestling, and girls basketball follow closely behind. All athletes are at risk.

Sports and recreation activities with the greatest risk for concussion are listed below in order of risk:

<ul style="list-style-type: none"> • Bicycling • Football • Playground • Basketball • Soccer 	<ul style="list-style-type: none"> • All-terrain vehicle riding • Skateboarding • Swimming • Hockey • Miscellaneous ball games
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[Centers for Disease Control and Prevention, Nonfatal Traumatic Brain Injuries Related to Sports and Recreation Activities Among Persons Aged ≤19 Years --- United States, 2001--2009](#)

Concussion also occurs in non-sport activities. Falls are the leading cause of non-sports related concussions. Concussions can also occur from any incident that causes the head and brain to move quickly back and forth.

Below are answers to questions parents often have after their child sustains a concussion.

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Q. What is a concussion?

A. A concussion is a brain injury that results in a temporary or in some cases lasting disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Concussion symptoms may last from a few days to several months. Some may never go away. Concussions can cause symptoms that interfere with school, work, and social life.

Q. If my child has a concussion, will they be OK?

A. Most likely, your child will be fine. The vast majority of children who have sustained a concussion make a complete recovery with no complications. However, it's crucial that a child with a concussion is diagnosed and treated properly, and that they avoid physical and mental exertion for the period of time recommended by the doctor.

Some children with concussions do develop more serious complications. It might be months before they regain normal brain function and feel "like themselves" again. This is especially true of children who experience a second concussion before fully recovering from their first.

If your child has suffered a possible concussion, the most important thing you can do to maximize their chances of a full recovery is to seek immediate medical treatment. Always follow prescribed recommendations for rest, monitoring, and follow-up care. And, if your child plays sports, be sure to adhere to the restrictions and gradual schedule for return to play outlined by the doctor.

Q. Is there any way to prevent concussions? Do helmets and mouth guards help?

A. Nothing can prevent a concussion. Helmets were designed to guard against catastrophic brain injuries, not concussions. Mouth guards, although very good at protecting the mouth and teeth, do not lower the risk of concussions.

Neck-strengthening exercises may help reduce the chance of your child's head snapping forward or backward if they sustain a blow to the body. Talk to your doctor about recommended exercises for your child's age, size, and (if applicable) sport.

If your child has already suffered one concussion, the best way to prevent another is to make sure they have recovered fully (getting plenty of mental and physical rest) and been cleared by a doctor before returning to their normal routine, including athletics.

FALL SPORTS: REDUCING THE RISKS OF CONCUSSION

When it comes to concussion, any child playing a sport or participating in a recreational activity is at risk. Whether you're deciding if your child should be a linebacker or a member of the cycling peloton, there are going to be risks that need to be weighed — as well as rewards.

Q. I notice that some soccer players wear headbands to reduce the risk of concussions. Is there evidence to support these claims?

A. No headband or headgear, including helmets, can prevent a concussion. Although some headgear products may slightly disperse the force of the impact during a hit, they have little effect on the acceleration/deceleration forces the brain encounters and cannot eliminate the possibility of concussion. Coaches and parents should encourage safe play rather than rely on unproven safety gear.

Q. What is the appropriate age to allow kids to practice headers in soccer?

A. Recommended ages for practicing headers range from 8 years old to high school. The Centers for Disease Control and Prevention's Heads Up initiative says heading the ball "should only be taught to and used by players old enough to understand proper technique that allows dissipation of ball force." When heading the ball, an appropriately sized ball that meets the age specifications of the players should always be used. Physical development varies greatly between children, and coaches and parents should evaluate the individual readiness of each player before teaching or allowing the use of headers.

Q. Can mouth guards help prevent concussions?

A. Mouth guards, although very good at protecting the mouth and teeth, do not lower the risk of concussions.

Q. Do more expensive helmets or the extra padding that covers a regular football helmet protect against concussions?

A. Unfortunately, nothing can eliminate the risk of concussion, including purchasing an expensive new helmet. Helmets are designed to guard against skull fractures, not concussions.

Neck-strengthening exercises might help reduce the chance of your child's head snapping forward or backward if they sustain a blow to the body. Talk to your doctor about recommended exercises for your child's age, size, and (if applicable) sport.

Q. When can my child start playing tackle football?

A. Though controversial, many concussion experts believe that beginning tackle football at age 12 or 13 is most appropriate; flag football is best for younger kids. Given the many unknowns, medical experts and organizations that oversee football are erring on the side of caution and looking at ways to limit a football player's exposure to multiple hits during practice, while still maintaining the integrity and enjoyment of the game.

Q. Do most coaches know what to do if a player has a concussion? Where can they find information to help them?

A. If an athlete is suspected of having a concussion, they must immediately be removed from play, whether it is a game or practice. When in doubt, sit them out! Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk of further injury, and even death. Parents and coaches are not expected to be able to diagnose a concussion. That is the job of a medical professional.

All 50 states now have [concussion management laws](#). Most laws mandate training for coaches, immediate removal from play when a concussion is suspected, and specific requirements for when an athlete is allowed to return to activity.

Here are links to a few coach education programs: [What is a concussion?](#), [NFHS](#), [CDC](#).

Q. Are coaches required to perform certain tests on players before allowing them to return to the game after a suspected blow to the head or body?

A. In most states, the answer is no. Coaches are not expected to make medical decisions and should not be performing a medical evaluation. Coaches are required to remove an athlete from play if they suspect a concussion, and that athlete may not play or practice again that day. The athlete may only return to play after receiving clearance by a medical professional. It

is also important for coaches to watch for signs and symptoms of concussion when the athlete begins a return to play protocol. Specifics vary by state.

CONCUSSION: THE FIRST 24 HOURS

If you suspect your child has a concussion, it's important to take it seriously. There is a lot of misinformation about how to handle concussion. Our experts provide answers to common questions based on current evidence and best practice.

Q. How can I tell if my child has sustained a concussion?

A. Concussions can have many different symptoms. Some children experience many symptoms, whereas others have only a few. Every concussion is different!

Things you might observe or your child might experience following a concussion:

<ul style="list-style-type: none"> • Dizziness • Headaches • Balance problems • Disorientation • Nausea • Difficulty remembering • Confusion • Behavior or personality changes 	<ul style="list-style-type: none"> • Sensitivity to light • Sleep problems • Fatigue • Vision changes • Hearing changes • Decreased attention • Increased irritability • Feeling sluggish or foggy
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Signs (observed by others):

- Physical
 - Moves clumsily (altered coordination)
 - Exhibits balance problems
 - Loses consciousness (even briefly)
 - Less energetic
- Cognitive
 - Appears dazed or stunned
 - Seems confused
 - Forgets plays or instructions
 - Is unsure about game, score, opponent
 - Responds slowly to questions
 - Forgets events prior to hit or fall
 - Forgets events after the hit or fall
- Emotional
 - Shows changes in mood, behavior, or personality

Symptoms (reported by athlete):

- Physical
 - Headache or pressure in head
 - Nausea or vomiting
 - Double vision, blurry vision
 - Sensitivity to light or noise
 - Feeling sluggish, fatigued, or groggy
 - Balance problems or dizziness
 - Numbness or tingling
- Cognitive
 - Problems concentrating
 - Problems remembering
 - Foggy or hazy feeling
 - Emotional
 - Just not feeling right or feeling down
- Sleep problems
 - Difficulty falling or staying asleep
 - Sleeping less/more than usual

Q. My child did not lose consciousness. Does this mean my child did not have a concussion?

A. A child can have a concussion without losing consciousness. In fact, very few children lose consciousness when they sustain a concussion.

Q. My child did not get hit in the head. Could they still have a concussion?

A. It is possible to sustain a concussion without being directly hit in the head. A concussion is most often caused by a direct blow to the head, but it can also result from body actions that snap the head forward or back, shaking the brain around in the skull hard enough to cause brain injury, such as a whiplash injury. Any action that results in the brain being bounced around can cause a concussion.

Q. It didn't appear that my child got hit that hard. Could they have sustained a concussion?

A. Yes, a fairly light hit can result in a concussion, and a hit that appears to be hard or very forceful might not result in any symptoms at all. Many other factors affect the severity of injury (if any), including angle of hit, whether the athlete was prepared for the hit, etc.

Q. The coach pulled my child from the game after they collided with a teammate. They got up and stumbled and looked dazed, but said they felt fine except for a mild headache. Is it really necessary to take them out of the game?

A. If an athlete is suspected of having a concussion, they must immediately be removed from play, be it a game or practice. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death. Parents and coaches are not expected to be able to diagnose a concussion. That is the job of a medical professional. However, you must be aware of the signs and symptoms of a concussion, and if you or a coach is suspicious, then the child must stop playing: When in doubt, sit them out!

Q. Is a concussion always obvious right away?

A. Most of the time, signs or symptoms appear at the time of the injury. However, it's always possible that symptoms won't emerge until later, or that they will be subtle enough to be overlooked, especially if the child has also suffered a more visible injury such as a fracture or laceration.

For this reason, even if your child received immediate treatment from an athletic trainer, school nurse, EMT, or in the emergency room or urgent care, they must also see their regular doctor as soon as possible. They should be monitored closely for the next few days.

Q. My child sustained a concussion. Should I take them to see a doctor?

A. All athletes who sustain a concussion need to be evaluated by a health care professional who is familiar with sports concussions. You should call your child's physician and explain what has happened and follow your physician's instructions. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, they should be taken to the emergency department immediately.

Q. Do I need to wake my child up every hour when sleeping?

A. No. Sleep is the best treatment for a concussion. It is OK to let them sleep without interruption the night of the injury after evaluation by a health care professional, or if you have spoken with your child’s physician and they do not think your child needs further evaluation in the emergency department.

Q. Is it okay to give my child medicine for their headache?

A. Relieving headache pain is certainly appropriate, but it does not replace the need for cognitive and physical rest if symptoms are present. Be aware that symptom improvement with medication does not mean that the brain has recovered. After a concussion is diagnosed, talk to your physician about the use of medication — including type of medication and dose — for headache pain and other symptoms.

Q. What signs indicate a need for immediate emergency attention rather than waiting to see our pediatrician?

A. In the first 1–2 days after the injury, you should watch your child very carefully. You should get immediate medical help if your child:

- Loses consciousness
- Is extremely sleepy or drowsy and can’t be awakened
- Vomits repeatedly
- Gets a headache that worsens, lasts for a long time, or is severe
- Has weakness, numbness, trouble walking, or decreased coordination
- Has difficulty recognizing familiar people
- Is very confused
- Has trouble talking or slurred speech
- Has a seizure (arms or legs shake uncontrollably)

Q. My child wants to sleep all day long. Should I allow them to sleep as much as they want?

A. A concussion affects how the brain works, so resting the brain as much as possible is necessary for recovery. Large amounts of sleep are normal. When your child is sleeping, their brain is recovering. It is a good idea to track the amount your child is sleeping and report it to your medical professional.

Q. Does my child need to give up sports if they have suffered a concussion?

A. Athletes should not return to sports while still having symptoms from a concussion because they are at risk for prolonging symptoms and further injury. It is very rare that any child is told to give up playing sports after a single injury. However, if the recovery is quite prolonged (greater than 6 months), you should consult with a concussion specialist to further discuss the possible risks of return to playing sports. An evaluation with a concussion specialist should be considered in any child who has had more than one sports-related concussion.

Q. My doctor told my child to have mental rest. What exactly does “rest” mean? Can my child watch television, play video games, text, etc.?

A. Mental rest means avoiding activities that require the brain to work hard to process information. This includes critical thinking and problem-solving activities such as schoolwork, homework, and technology use.

Restrictions from the following should be considered, because these activities increase brain function and can therefore worsen symptoms and delay recovery:

- Computer work/Internet use
- Video games
- Television
- Text messaging/cell phone use
- Bright lights, such as strobe lights at school dances
- Listening to loud music or music through headphones
- Loud noises
- Parties, concerts, pep rallies, etc.
- Driving
- Work

Many thanks to our expert reviewers! Michael Koester, MD, ATC Slocum Center for Orthopedics & Sports Medicine Eugene, Oregon and Sondra Marshall, PhD Licensed Psychologist and Clinical Director of PEDAL St. Charles Health Systems, Bend, Oregon