



Just a Bump on the Head? Think Again!

After a long winter, spring sports can be a welcome relief to both children and parents. Yet, these sports are not without their risks. One of the most under-recognized risks is a concussion, specifically, "second impact syndrome." A concussion is any mental alteration after a blow to the head. There are an estimated 300,000 sports-related concussions every year in the United States. "Second impact syndrome" is when a person sustains a second concussion shortly (hours, days, weeks) after the first concussion. Receiving two or more blows to the head in a short time period can harm a person's thinking ability for years and can even be fatal. Children who participate in spring sports, such as baseball and soccer, as well as other seasonal sports, such as hockey, football, and basketball, are all at risk. Parents and coaches all need to be aware of the serious effect of concussions and know what to look for before returning their kids to athletic play.

The only time a child **may** return to the game after a concussion is if a



child experiences a Grade 1 Concussion: the child does not lose consciousness, but experiences temporary confusion—i.e. inattention, inability to maintain a coherent stream of thought—which on examination resolves in less than 15 minutes. For a Grade 1 Concussion, the child should be removed from the contest and examined immediately and at 5 minute intervals for the development of post-concussive symptoms at rest and with exertion. The child may return to the contest if post-concussion symptoms clear within 15 minutes. For all other grades of concussion (Grade 2 is defined as temporary confusion, no loss of consciousness, and concussion symptoms on examination last more than 15 minutes, while Grade 3 is any loss of consciousness, either brief

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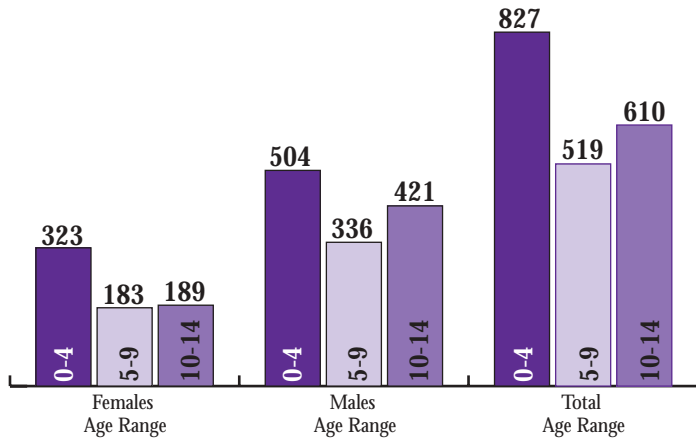
Frequently Observed Features of Concussions

1. Vacant stare (befuddled facial expression)
2. Delayed verbal and motor responses (slow to answer questions or follow instructions)
3. Confusion and inability to focus attention (easily distracted and unable to follow through with normal activities)
4. Disorientation (walking in the wrong direction, unaware of time/place/date)
5. Slurred or incoherent speech (making disjointed or incomprehensible statements)
6. Gross observable incoordination (stumbling, inability to walk in a straight line)
7. Emotions out of proportion to circumstances (distracted, crying for no apparent reason)
8. Memory deficits (athlete repeatedly asks same question already answered, inability to memorize and recall 3 of 3 words, or 3 of 3 objects, in 5 minutes)
9. Any period of loss of consciousness (paralytic coma, unresponsiveness to arousal)

Preventing poisoning from carbon monoxide and other gases

Garry Lapidus, PA-C, MPH

Director, Injury Prevention Center, Connecticut Children's Medical Center; Associate Professor of Pediatrics and Public Health, University of Connecticut School of Medicine



Head Injuries in Connecticut, 1995-1999, based on hospital admissions

Source: Injury Prevention Center, Connecticut Children's Medical Center

In very young children, the head is proportionally larger and heavier than in older children and adults, making it a prominent point of injury. Head injury is associated with a large percentage of injury hospitalizations and deaths in children. In Connecticut, from 1995-99, there were 1,956 hospitalizations (391 per year) due to head injury among persons under the age of 15. Head injury hospitalizations in each age group were higher among boys than girls.

The leading causes of head injury are injuries from falls (41%), bicycles (16%), motor vehicle crashes (occupant) (13%), and pedestrian injuries (10%). Children who survive head injuries may experience long-term cognitive and neurologic impairments and may, in fact, be more vulnerable to these impairments than adults are. Although severe injuries often lead to well-recognized problems, mild injuries can also result in lingering physical, psychosocial, and behavioral changes. Head injury prevention measures (e.g., helmets, occupant restraint devices, window guards, stairway gates), if universally adopted, would have an immediate effect on reducing the magnitude of this problem. ■

It's that time of year again!

Don't forget to change the batteries in your smoke and carbon monoxide detectors when we change the time on April 6th. Daylight Saving Time is the perfect time to make sure all detectors are in working order! •



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(seconds) or prolonged (minutes), the child should not return to sports for **at least** a full week of no symptoms while at rest or play.

Thank you to the Brain Injury Association of Connecticut, Inc. (BIAC) for this information. For more information on brain injuries and this syndrome, please visit www.biact.org. To receive a laminated card on the "Management of Concussions in Sports," please contact Barbara Nadeau at BIAC at 860-721-8111 x102. ■

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Connecticut SAFE KIDS Coalition
Connecticut Children's Medical Center
282 Washington Street
Hartford, Connecticut 06106
(860) 545-9988 TEL • (860) 545-9975 FAX
www.ctsafekids.org

Editor
Karen Brock, MPH
Director, Connecticut SAFE KIDS

Contributor
Garry Lapidus, PA-C, MPH
Director, Injury Prevention Center, Connecticut Children's Medical Center

Honorary Chairman
Senator Christopher J. Dodd

