

Concussion *Guide*

For parents and coaches — recognize, remove, refer.

THE
FOUNDRY
PHYSICAL THERAPY
& PERFORMANCE

01

Recognize

A hit to the head, neck or body — plus any sign or symptom below.

NO BLACKOUT NEEDED

02

Remove

Out of the game or practice. No return to play that day.

ANYONE CAN MAKE THE CALL

03

Refer

Assessed by a health care provider within 24 to 48 hours.

DON'T WAIT IT OUT

SIGNS

What you see

- ☐ Dazed or blank stare
- ☐ Slow to get up, clumsy
- ☐ Can't recall the hit
- ☐ Answers slowly, forgets plays
- ☐ Vomiting
- ☐ Emotional, irritable or flat

SYMPTOMS

What they tell you

■ Dizzy or off balance

- ☐ Headache or pressure
- ☐ Foggy, "not right"
- ☐ Nauseous
- ☐ Light or noise hurts
- ☐ Blurry vision, neck pain

44 vs 22

DAYS TO RECOVER

Athletes who finished the game, versus those pulled immediately.

6x

THE RISK

Of still having symptoms at three weeks if they were dizzy right after the hit.

Wisconsin
law

Pulled for a suspected concussion? No practice and no games until a provider gives *written clearance*. WIS. STAT. 118.293

EMERGENCY

Call 911 if you see any of these

- One pupil bigger than the other
- Can't be woken
- Headache getting worse
- Repeated vomiting
- Slurred speech or weakness
- Seizure
- Growing confusion or agitation
- Knocked out

Neck pain? Don't move them. Leave the helmet on and wait for EMS.

The first *two weeks*.

FIRST 24-48 HOURS

Get evaluated right away — *even if they seem fine*.

Rule it out

A clinician clears the neck and screens for anything needing imaging or an ER visit.

Find the driver

Balance, eyes, neck and symptom load tested — a real exam, not a sideline glance.

Leave with a plan

School, screens, sleep and sport — dosed from day one instead of guessed at.

AT HOME

Do

- ✓ Quiet first 24 to 48 hours, then start moving
- ✓ Short walks from day one
- ✓ Let them sleep normally
- ✓ Tell the school and the coach
- ✓ Note symptoms morning and night

SKIP IT

Don't

- ✗ Dark room for days
- ✗ Hourly wake-ups overnight
- ✗ Hours of screens
- ✗ Driving, gym or contact

BENEFIT OF EARLY REHAB

Waiting is not *treatment*.

A few days of relative rest, then get assessed and treated.

13 vs 17

Median days to recovery — prescribed aerobic exercise vs. placebo. JAMA Pediatrics, 2019

73% vs 7%

Cleared within 8 weeks — neck and vestibular rehab vs. usual care. BJSM, 2014

WHAT THAT LOOKS LIKE HERE

Rehabbed, not *waited out*.

- We find which profile is driving the symptoms
- Treat the neck, balance system and eyes directly
- Exercise dosed just under the symptom threshold
- A staged return to school, practice and contact
- Written clearance handled for school or league

Ready isn't a date on the calendar. *It's something we test for.*

SIX PROFILES

Not all concussions are *the same*.

Vestibular

Dizzy, off balance

Ocular

Blurry, hard to track

Cervical

Neck-driven headache

Migraine

Light and noise

Cognitive

Foggy, drained

Mood

Anxious, poor sleep

RETURN TO LEARN & RETURN TO SPORT

School first. *Then sport.*

STEP BACK TO SPORT

- 1 Relative rest 24-48h. Light walking, few screens.
- 2 Light then moderate aerobic. Bike or walk.
- 3 Individual sport drills with no risk of head contact.

BACK TO SCHOOL

- Same step. Home, social contact, easy activity.
- Reading and school work, back in the building.
- Part-time or full days with accommodations as needed.

WRITTEN MEDICAL CLEARANCE AND FULL SCHOOL DAYS BEFORE STEP 4

- 4 Non-contact team training at full intensity. Full days, no concussion accommodations.
- 5 Full-contact practice. No games yet.
- 6 Unrestricted game play.



Don't wait it *out*.

Book a concussion assessment. We identify the profile, treat it directly, and handle the return-to-play clearance.

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