



Concussion Management: Return to Play

OVERVIEW

Sports-related concussions in youth athletes are underreported. Coaches, parents, and teachers often fail to recognize the signs of concussions in young athletes.

Proper management of concussions, including cognitive and physical rest, is imperative to ensure that the student athlete does not suffer long-lasting effects of injury.

A coalition of physicians organizations including AAP chapters, athletic trainers, youth sports associations, and professional sports teams have led efforts to pass state laws requiring coaches, teachers, and athletic trainers to have training in the identification of concussion in youth athletes and athletes suspected of concussion to be cleared for play by the child or adolescent athlete's pediatrician and medical team prior to returning to the field.

AAP POSITION

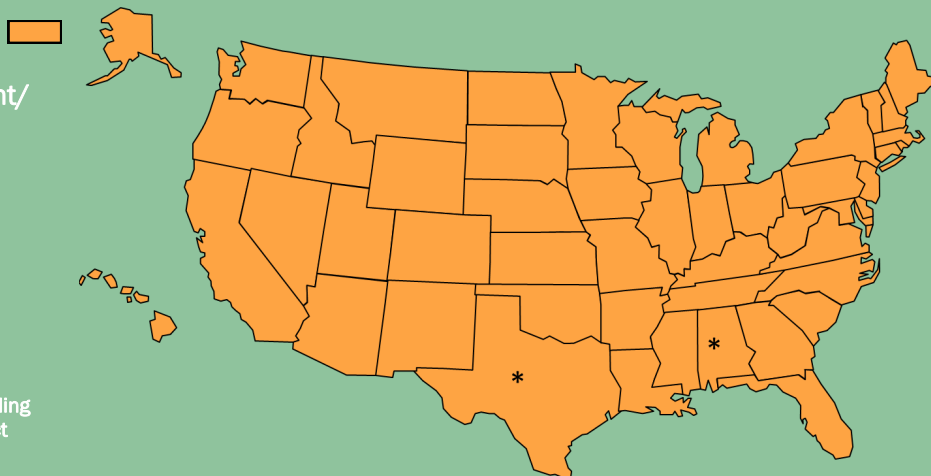
- Coaches and athletic trainers should be trained in the identification of concussions, and refer any student athlete suspected of sustaining a concussion to a licensed physician, such as a pediatrician, neurologist, primary care sports medicine specialist, or neurosurgeon with expanded knowledge and experience in pediatric concussion management for evaluation.
- All athletes with a suspected concussion should be immediately removed from play and not returned to full sports participation until they have returned to their baseline level of symptoms and functioning and completed a full stepwise return-to-sport progression without a return of concussion symptoms. If injury recovery occurs during the academic year, a return to the full academic workload is expected before a return to full sports participation.
- Although all concussions cannot be prevented, reducing the risk through rule changes, educational programs, equipment design, and cervical strengthening programs may be of benefit. Prevention efforts should be focused on reducing the risk of long-term injury after a concussion.

FACTS

- Almost 500,000 emergency department visits for traumatic brain injury are made annually by children ages 0 to 14 years.
- 40% of sports-related concussions involved children between the ages of 8 and 13 years.
- 50% of "second impact syndrome" incidents—brain injury caused from a premature return to activity after suffering initial concussion—result in death.
- Concussions affect child athletes beyond impact sports like football and hockey; sports less commonly considered potential sources of head injury include volleyball, soccer, and cheerleading.
- Football has the highest rate of concussion in sports.
- Girls have higher concussion rates than boys in similar sports.

PROGRESS

- 50 states—laws addressing concussion management/return to play



For information on current law or pending legislation in your state, please contact AAP State Advocacy at stgov@aap.org.

**Alabama and Texas have return to play laws that requires a physician to provide clearance for return to play.*

MORE

- [AAP Clinical Report—Sports-Related Concussion in Children and Adolescents](http://pediatrics.aappublications.org/content/142/6/e20183074) – <http://pediatrics.aappublications.org/content/142/6/e20183074>
- [AAP Clinical Report—Returning To Learning Following a Concussion](http://pediatrics.aappublications.org/content/132/5/948.full) – <http://pediatrics.aappublications.org/content/132/5/948.full>
- [American Medical Association \(AMA\) Policy—Reducing the Risk of Concussion and Other Injuries in Youth Sports](https://assets.ama-assn.org/sub/meeting/documents/i16-resolution-905.pdf) – <https://assets.ama-assn.org/sub/meeting/documents/i16-resolution-905.pdf>