

A GUIDE FOR PARENTS & CAREGIVERS

Understanding Concussion in *Young Athletes.*

Plain language. Practical answers. Everything you need to know if it happens to your child.

Your child plays hard. They fall, they collide, they get back up and carry on because that is what kids do. But sometimes that knock to the head is more than it looks. Concussion is one of the most common and most misunderstood injuries in young sport, and **the single biggest mistake parents make is not taking it seriously because their child seems fine.**

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A brain injury you *cannot see*.

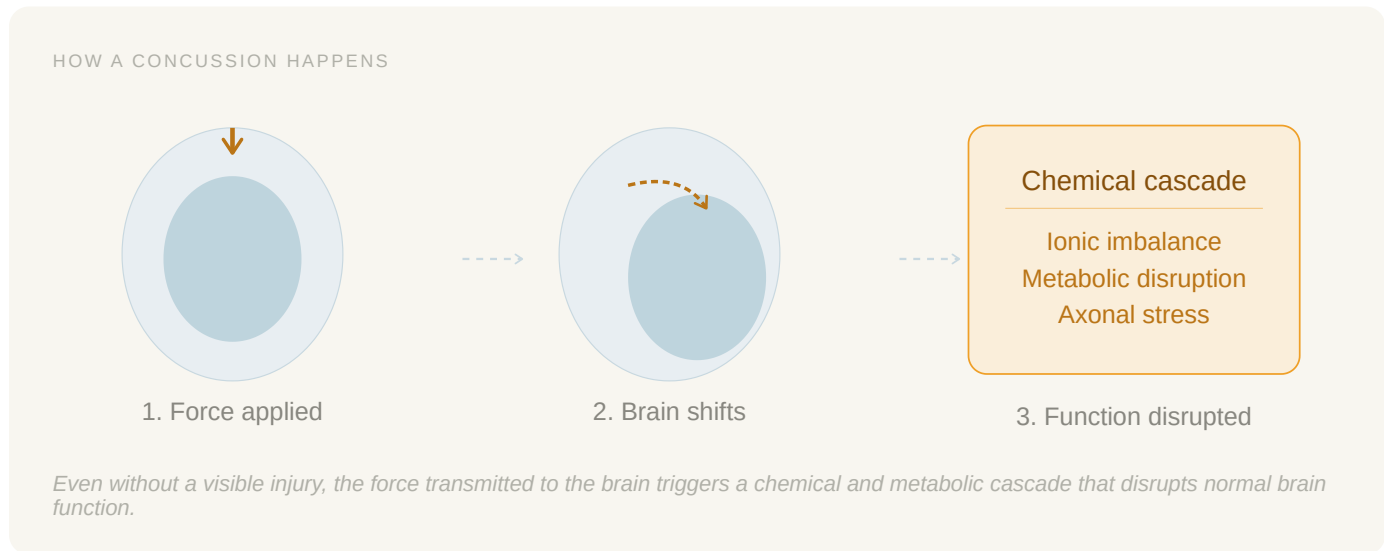
A concussion is a brain injury caused by a knock, jolt, or blow to the head, or by a force to the body that causes the brain to move suddenly inside the skull, and it is that invisibility that makes it dangerous. You cannot see it on an X-ray, a CT scan, or an MRI. There is often no cut, no swelling, and no visible sign that anything has happened.

The brain is not fully developed until a person's **mid-twenties**. In children, the same force that causes a mild headache in an adult can cause a significantly more disruptive injury in a ten-year-old. Children's brains are more vulnerable, take longer to recover, and are at far greater risk of serious harm if a second concussion occurs before the first one has healed.

<10%
of concussions involve loss of consciousness

0
visible signs needed, it's a functional injury

2-3x
longer to recover in children than adults



The good news: most children recover fully. The key is recognising it early, responding correctly, and not rushing the return to normal activity.

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WHAT DOES IT LOOK LIKE?

It rarely announces *itself*.

Concussion does not always announce itself, and your child may not lose consciousness. In fact, loss of consciousness happens in fewer than ten percent of cases. The symptoms you are more likely to notice are subtler, and they may not appear until hours after the injury, often when the child finally sits still and the adrenaline wears off.

Physical

Headache or pressure in the head, dizziness, nausea or vomiting, blurred or double vision, sensitivity to light or noise, balance problems, feeling unusually tired.

Cognitive

Difficulty concentrating, feeling foggy or slowed down, memory gaps around the event, confusion, trouble following a conversation.

Emotional

Unusual irritability, mood swings, feeling more emotional than normal, anxiety, or sadness that was not there before.

Sleep

Sleeping far more than usual, or struggling to fall asleep despite being exhausted.

No two concussions look the same, and some children have one or two symptoms while others have many. If your child took a knock to the head and something feels off, even if you cannot put your finger on exactly what, **trust your instincts and get them assessed.**

Watch for the delay. Symptoms may not appear until hours after the injury. A child who seems fine on the field can develop clear signs once the adrenaline wears off.

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THE FIRST 48 HOURS

Rest is the *medicine.*

The first two days after a concussion are the most important, and what you do in this window has a direct effect on how quickly your child recovers. Rest is the medicine, and that means both physical rest and cognitive rest. No sport, no running around, no physical education at school, but it also means no screens, no reading, no gaming, and no intense social activity, because the brain needs quiet to begin healing and every demand you place on it, even watching television or scrolling a phone, slows that process down.

✓ Do this

- Keep the environment calm and quiet
- Dim the lights if there is sensitivity
- Allow sleep and rest without pressure
- Use paracetamol for headache if needed

✗ Don't do this

- No screens, gaming, or social media
- No reading or homework catch-up
- No sport, PE, or physical exertion
- No ibuprofen or aspirin

ABOUT SLEEP

Yes, they can *sleep.*

Your child can sleep normally once the first two to four hours after the injury have passed without any red flags developing. The advice to wake a concussed person every hour through the night is no longer current practice, and if your child showed no red flags in the hours after the injury and was assessed as neurologically intact, they can sleep.

What you should do before they go to sleep is make sure you can rouse them and that they know where they are and who you are, and **if you cannot rouse them normally or anything feels wrong, go to emergency.**

MEDICATION

Avoid anti-inflammatories in the first 48 hours. Ibuprofen and aspirin can mask symptoms and may interfere with the brain's natural healing response. Paracetamol is acceptable for headache, and when in doubt, call your doctor before giving anything.

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RED FLAGS · WHEN TO ACT IMMEDIATELY

When to *act immediately*.

Most concussions are managed at home with rest and careful monitoring. But some symptoms indicate something more serious is happening inside the brain. If your child develops any of the following after a head injury, do not wait.



Call an ambulance or go directly to your nearest emergency room.

- | | |
|---|---|
|  One pupil noticeably larger than the other |  Seizure or convulsion of any kind |
|  Loss of consciousness, even briefly, after appearing to recover |  Severe headache getting progressively worse |
|  Repeated vomiting |  Slurred speech or difficulty understanding language |
|  Increasing confusion or not recognising familiar people |  Weakness or numbness developing in arms or legs |

EMERGENCY NUMBERS

Save these to your phone today.

BokSmart SpineLine (24h)

0800 678 678

ER24 (national)

084 124

Hillcrest Private Hospital

031 768 8911

Netcare 911 (national)

082 911

These signs can indicate a bleed on the brain. They are rare, but they are emergencies. Every minute counts. Do not drive to the hospital yourself if symptoms are severe, call an ambulance.

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GETTING BACK TO NORMAL

Learn first. Sport *second*.

Recovery from concussion is a process, and when it is managed well the outcomes are good. There are two parallel tracks your child needs to move through, getting back to learning and getting back to sport. The brain needs to recover its capacity for cognitive work before it is ready for the physical demands of sport, and it's important that this sequence is respected.

THE TWO RECOVERY PATHWAYS

Return to Learn

DO THIS FIRST

- 1 Complete cognitive rest
No school, screens, or reading
- 2 Light study at home
Short periods, frequent breaks
- 3 Part-time school
Reduced workload, no exams
- 4 Full school day
Symptom-free throughout

Return to Sport

DO THIS SECOND

- 1 Complete physical rest
No exertion of any kind
- 2 Light aerobic activity
Walking, gentle cycling
- 3 Sport-specific, no contact
Drills, skills, no collisions
- 4 Non-contact training
Full training without contact
- 5 Full-contact practice
Cleared by practitioner
- 6 Unrestricted competition
Back to full play

24h minimum at each stage

No symptoms for a full 24 hours before advancing.

← If symptoms return

Stop, rest, drop back one stage. No exceptions.

Follow the protocol and most children are back to full participation within two to three weeks. *Rush it, and you risk a significantly longer recovery, or worse. Healthcare practitioner clearance is required before a child re-enters contact training or competition.*

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WHEN TO SEE A PROFESSIONAL

Get them *assessed.*

Any child who takes a significant knock to the head during sport should be assessed by a trained healthcare practitioner, ideally on the same day or within 24 hours. If your child was removed from play for a head injury, that assessment is not optional.

A practitioner trained in sports concussion will use a validated clinical tool called the **Child SCAT6** to assess your child's symptoms, cognition, balance, and neurological status. This gives you a baseline to measure recovery against and ensures that nothing more serious is being missed. The Graduated Return to Sport and Return to Learn protocols will be issued at that assessment, along with guidance specific to your child's injury.

ON DAY OF INJURY

Get a same-day clinical assessment

Ideally within 24 hours. The Child SCAT6 establishes a baseline for tracking recovery and rules out anything more serious.

IF SYMPTOMS PERSIST

Return for reassessment

If symptoms have not resolved within 10 days, or are getting worse rather than better, book a follow-up. A small number of children develop **Post-Concussion Syndrome** where symptoms persist beyond four weeks. This requires specialist management.

AFTER-HOURS URGENT GUIDANCE

0800 678 678

BokSmart SpineLine. Free, 24 hours. For parents, coaches, and practitioners with urgent concussion questions.

FOR APPOINTMENTS

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