

# **Concussion Management**

## *Tips for Pediatrics Patients and their Families*

Kristen Geiger, MD  
Pediatrician – Board Certified in Pediatrics and Pediatric Sports Medicine  
Boulder Medical Center

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### **First Few Days**

#### Do this:

- Rest! This includes naps and going to bed earlier than normal;
- Can listen to audiobooks, read aloud books, quiet music, talk on the phone if not bothering symptoms;
- May need to stay home from school or just go to part of the school day initially;
- Note for school will describe PE/recess/specials restrictions, reduced/prorated homework, extended time for projects, limited screen use/note taking and no quizzes/tests initially;
- Can listen to teacher/information without reading or writing/typing at school. Get back to school as quickly as possible.

#### Avoid this:

- No screen time! This includes TV, movies, iPad, Computer, video games, phones;
- No reading/typing/writing, including homework;
- No legos, puzzles, crafts, drawing/coloring, cards, board games;
- No running, jumping, bikes, scooters, balls, rough-housing;
- No driving.

#### Medicine:

- Don't use pain medicine for headaches immediately. Rest instead. If still having significant headache, may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) for a few days;
- Take Omega 3 fatty acids (fish or flax oil pill, eat fish or flax, walnuts);
- Melatonin before bed if having a hard time falling asleep;

### **Next Few Days -- Weeks**

#### Do this:

- Advance reading/screens/activities as symptoms tolerate, especially when eyes are tracking together better;
- Try little bits of reading and cognitive demands (school work), increasing daily if symptoms not also increasing again. Main job is school, so don't add TV/recreational screens back before school work is caught up;
- Can have "scribe"/voice to text/notes from teacher/friend while not able to read/write/type;

- Updated school note will say to advance school work as tolerated, extra time for quizzes/tests, no more than 1 test/day, more participation in PE/recess as symptoms improve;
- Take breaks during the day and after school. Go to office or library/put head down in classroom when needing break. Use recess/PE/art/music/instrumental for brain breaks when needed;
- Wear earplugs/sunglasses at school as necessary;
- Can start light aerobic activity (like walking, riding exercise bike) when feeling better. Advance to slow jog on dry, flat surfaces, avoiding falling/getting bumped conditions. Bring sunglasses. Do not progress to riding regular bike, skateboard or scooter until cleared to do so.

Avoid this:

- Don't use pain medicine for headaches. Rest instead;
- Avoid noisy lunchroom, halls during passing periods as necessary;
- Don't watch sports games/practices while symptoms still high and not caught up in school;
- No driving until cleared to do so. Usually need to be back at full school work before ready;
- Do not progress to riding regular bike, skateboard or scooter until cleared to do so.

Medicine:

- Don't use pain medicine (acetaminophen, ibuprofen) for headaches. Rest instead;
- Take Omega 3 fatty acids (fish or flax oil pill, eat fish or flax, walnuts) Melatonin before bed if having a hard time falling asleep.

**How to know when safe to get back to full activities -- Ready to start Return To Play Protocol (Need clearance from provider before starting Return to Play)**

- School work is caught up, doing current work at normal pace, taking quizzes/tests with normal grades;
- Able to do light aerobic activity without symptoms;
- Normal personality, humor, tolerance, nonverbal communication, sleep.

**What to expect if symptoms are taking longer than normal (>2-3 wk) to resolve**

- Vestibular Therapy to help retrain eyes to work/track well together and normalize balance;
- Work with school to adjust expectations for academic requirements;
- Address underlying other conditions that are risk factors for prolonged concussion recovery (learning differences, ADHD, depression, anxiety, sleep problems, migraines).