What Is the Treatment for a Concussion?

Initial rest, followed by a gradual return to activity, is the best strategy for recovery. Too much activity (mental and physical) early in the recovery can be harmful. However, too much rest late in the process can also be harmful.

The time period for rest is different for each person and should be guided by symptoms and recommendations from a healthcare professional. Early in the recovery, allow your child to sleep as much as they need.

In the first few days following the injury, your child should not participate in activities that increase symptoms. Activities to avoid may include:
- Any activities that put them at risk for another head injury (such as sports, gym class, riding a bike, etc.)
- Physical activities that cause an increase in symptoms (running and weight lifting, for example)
- Activities that require a lot of concentration or eye tracking and provoke symptoms (school work, playing video games, texting, using computers/social media, etc.). Sometimes this may mean staying home from school. Other times, this may mean being in school with modifications.

With guidance from your doctor, your child can slowly return to mental and physical activity as they begin to feel better.

When Can My Child Return to School?

It will depend on your child. Every child’s injury and recovery is unique and requires careful observation from parents and doctors. You can promote recovery and prevent ongoing symptoms by following a “return to learn” plan like the one below. Your doctor will customize this plan based on your child’s recovery, and your child will move through the plan at her own pace.

Return to Learn Plan

**Step 1:** Immediately after a concussion, it is beneficial to take a break from cognitive (thinking, processing) activities for up to a few days.
- This may mean no school, no homework, no computer, no texting, no video games and maybe no television if it makes symptoms worse. In general, it is beneficial to minimize screen time.
- As symptoms improve, slowly reintroduce light cognitive activity. Initial activities may include watching television, listening to audio books, drawing and cooking as long as they do not increase symptoms.

**Step 2:** Light cognitive activity is resumed once your child has had a significant improvement in symptoms at rest.
- Your child may do activities that do not cause symptoms to get worse.
- Initially, your child may only tolerate 5 to 15 minutes of work at a time. Stop the activity when moderate symptoms develop.
- Your child may increase the length of cognitive activity as long as symptoms do not worsen significantly or as long as symptoms improve within 30 minutes of taking a break.

**Step 3:** School-specific activity should be increased gradually.
- When feeling better, your child should try to do some schoolwork at home, increasing the duration as tolerated.
- Your child should continue to participate in this activity in short bursts of time (up to 30 minutes) as tolerated and then work up to longer time periods.

**Step 4:** Follow these guidelines to determine when your child is ready to return to school:
- When your child is able to do 1 hour of homework at home for 1 to 2 days, she may try to return to a modified school schedule. Examples of a modified schedule: A decreased number of classes, adjustments to decrease reading and note taking, and extra time to complete assignments and tests.
- If symptoms develop while your child is at school, she should take a break in a quiet, supervised area until symptoms improve. When symptoms improve, she may return to class.
- Your child may increase her time in school as tolerated.
Parents should be on the lookout for signs that your child is in immediate danger as a result of this brain injury.

Call 911 if your child has any of the following symptoms:

- Seizures (twitching or jerking movement of parts of the body; may look stiff)
- Weakness or tingling in the arms or legs
- Cannot recognize people or places
- Confused, restless or agitated
- Impaired consciousness
- Difficult to arouse or unable to awaken
- Repeated vomiting
- Slurred speech
- Bloody or clear fluid from the nose or ears

When Can My Child Return to Physical Activity (Contact Sports and Play)?

It will depend on your child. You can promote recovery and prevent ongoing symptoms by following a “return to play” plan like the one below. Your doctor will customize this plan based on your child’s needs, and your child will move through the plan at his own pace.

Return to Play Plan

Step 1: Your child may participate in light aerobic activity as tolerated. This could include light walking. This does not include any type of sports training.

Step 2: Once your child is back in school with minimal symptoms, your child can restart non-contact light aerobic exercises, including brisk walking, stationary cycling, etc. These activities should not make symptoms worse.

Step 3: Once your child is symptom-free in a full day of school and can tolerate light aerobic activity, they can re-start sport-specific training. This would include exercises such as moderate jogging/running, moderate-intensity stationary biking, throwing a baseball and kicking a soccer ball. No head impact activities are permitted.

Step 4: Once your child is able to tolerate sport-specific exercise, he may advance to non-contact training drills and heavy non-contact physical exertion, including sprinting/running, high-intensity stationary biking, his regular weightlifting routine and non-contact sport-specific drills.

Step 5: At this point, ask your child’s doctor if your child is ready to advance to full contact play.

If you have questions about your child’s injury, please call your child’s primary care doctor, who can discuss symptoms and help you create a plan. If you have further questions after seeing your child’s primary care doctor, please call CHOP’s Trauma Center at 215-590-5932 or CHOP’s Sports Medicine and Performance Center at 215-590-1527.

Additional Resources

After The Injury
www.AfterTheInjury.org
This website is dedicated to helping you understand your child’s reactions to injury and learn what you can do to help her respond in a healthy way.

Brain Injury Association of Pennsylvania
www.biada.org
800-444-6443

Brain Injury Alliance of New Jersey
www.bianj.org
800-669-4323

Brain Injury Association of Delaware
www.biade.com
800-411-0505

BrainSTEPS: Brain Injury School Re-Entry Program
www.brainsteps.net
724-944-6542

The Centers for Disease Control and Prevention – Concussion and Mild Traumatic Brain Injury
www.cdc.gov/concussion