



Presented by the Sun Life Financial Chair in Adolescent Mental Health www.teenmentalhealth.org

The Sun Life Financial Chair in Adolescent Mental Health, is a knowledge translation team at the IWK Health Centre and Dalhousie University. The team has been working together with young people, parents, educators and health providers to develop resources and programs that can be used in schools and other educational settings to effectively address youth mental health.

This medical information about brain injuries and concussions has been prepared by the Sun Life Financial Chair in Adolescent Mental Health and is provided with permission as an information resource only. It's not to be used or relied on for any diagnostic or treatment purposes. This information should not be used as a substitute for professional diagnosis and treatment.

Please consult your health care provider before making any health care decisions or for guidance about a specific medical condition. All endorsing organizations expressly disclaim responsibility, and shall have no liability, for any damages, loss, injury, or liability whatsoever suffered as a result of your reliance on the information provided.

By reviewing this information you agree to the these terms and conditions, which may from time to time be changed or supplemented, depending on the organization. If you do not agree to the foregoing terms and conditions, you should not review this information.



Created and Written by: Dr. Stan Kutcher, MD, FRCPC, FCAHS

Professor of Psychiatry and Sun Life Financial Chair in Adolescent Mental Health IWK Health Centre, Dalhousie University

Written by: Asraa Al-Mosawie, MEd, MSc

Acquired Brain Injury Program
Capital District Health Authority, Dalhousie University

Designed and Edited by: Mitchell Shea

Communications Coordinator Sun Life Financial Chair in Adolescent Mental Health

Reviewed by:

Dr. Joan Backman, Ph.D. R.Psych.

Neuropsychologist, IWK Health Centre

Dr. Anne Cogdon

Executive Director of Primary Health, IWK Health Centre

Paula Dunn, RN

IWK Cerebral Palsy Clinic Coordinator

Dr. Gail Eskes, Ph.D. R.Psych.

Associate Professor of Psychiatry, Psychology and Medicine (Neurology)
Brain Repair Centre, Dalhousie University

Dr. Lynn Fenerty, RN

Neurotrauma & Injury Prevention Research Programs Division of Neurosurgery, Capital District Health Authority

Dr. Jeffery S. Kutcher, MDDirector, Michigan NeuroSport, Department of Neurology,
University of Michigan

Dr. John LeBlanc, MD, MSc, FRCPC

Associate Professor, Departments of Pediatrics, Psychiatry and Community Health and Epidemiology, IWK Health Centre, Dalhousie University

Dr. Robert J. McInerney, Ph.D. R.Psych.

Neuropsychologist, IWK Health Centre

Dr. Brigitte Patry, Ph.D. R.Psych.

Neuropsychologist, Capital Health Authority

Kate Randall, MA

Neuropsychologist Resident, IWK Health Centre

Joanne Banfield, RN, BA

Manager, Trauma Injury Prevention, RBC First Office for Injury Prevention, Sunnybrook Health Sciences Centre

Paula Tymchyshn

National Program Coordinator, ThinkFirst

Dr. Charles Tator, PhD, MD

Founder of ThinkFirst, Toronto West Hospital

Dr. James Kissick, MD, CCFP & Dr. Mark Aubry, MD

Ottawa Sports Medicine Centre

Jessica Wishart, Dr. Alan McLuckie, Justin Dickie, Christina Carew

Sun Life Financial Chair in Adolescent Mental Health

Joel Maxwell, Emily Atkinson, Karl Yu, Nicole Gabriel, Taylor Crosby, Kristin Gray, Mina Hashish, Kathleen Gallant, Elizabeth Ewert, Michael Smith, Marika Forsythe

Youth Advisory Committee, IWK Health Centre

0	What is a Brain Injury?
0	Symptoms2
0	Concussions5
0	Concussion Management & Recovery8
0	Concussion Prevention10
0	Concussion and DepressionI
0	Helping Others13
0	SCAT214
0	Concussion Awareness Card15
0	Notes16
0	References and Further Reading17

A Brain Injury......

- Means the brain has been damaged, but can often return to its functions by following the proper procedures
- Frequently occurs suddenly, without warning
- Acquired brain injuries happen after you are born and are common in adolescence
- These can be divided into two groups: traumatic and non-traumatic
- A concussion is one common type of brain injury



"I feel that I get so easily irritable ever since I had my brain injury. I wish I wore my helmet. I thought it wasn't a cool thing to wear, now I know better. Having a brain injury and suffering is what's really not cool"

-Jeremy



Traumatic

Non-traumatic

Is caused by something external, like a blow/ hit to the head or body.	Not caused by a hit or blow, occurs naturally inside the brain	
Common in sports, physical activity and car collisions.	Usually not instant, happens over time.	
Can be mild, moderate or severe.	Can be caused by strokes, tumors and infections.	

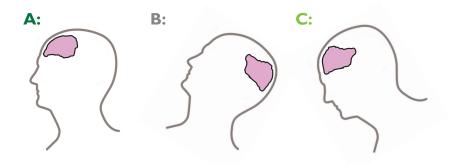
Most brain injuries fall into the mild category

Mild	Moderate/
85-90%	Severe
33 7 3 7 3 7 3	10-15%



Quick fact: Most common traumatic brain injuries are a result of a hit to the head or body, also known as a closed brain injury or concussion.

- A: Imagine you fall off your skateboard and hit your forehead on the ground.
- B: This can damage the front of the brain and can then force your head backward.
- C: This causes the brain to move around inside your skull, damaging both the front and back of the brain.



The extent of brain damage depends on:

- The type of injury
- The strength of the impact from the hit
- **Where the hit occurred in the brain**





Quick fact: Wearing a helmet can help prevent a head injury, but concussions can happen even if you're wearing a helmet.

When a person gets a head injury, the brain tends to move around inside the skull and bang against it. This can cause damage to different parts of the brain. When this happens, the person can get a concussion, which is a temporary loss of normal brain function.





If you suspect you may have a concussion, immediately stop what you are doing	Do not go back to play
Tell your coach/parent that you may have a concussion	Do not drink alcohol or take medicine that can make you sleepy
Get a medical check up right away	Do not drive



- You can have a concussion even if you don't lose consciousness or pass out.
- Never return to play the day of any head injury and until a doctor gives permission.

"After my concussion I feel like my brain is too sensitive to noise. I find it difficult to concentrate in school. Luckily, I had made an appointment with a specialist and now I am getting special help in my classes."

- John



When the brain is damaged, its usual functions can become disorganized. It can't do what it usually does as well as it usually did. Symptoms can last for a long time. More often than not, there is no timetable for a full recovery after a concussion.



Imagine you are doing a crossword puzzle and can't use certain letters to make up words. This would make it hard to generate meaningful words and complete the puzzle. When there is damage to certain parts of the brain, it can make it hard for the brain to take in the information it needs, make sense of it and then follow through.



Quick fact: Young people may take longer to recover from a concussion compared to adults.

If you think you have a concussion.....

See your doctor right away or go to an emergency room to get a medical evaluation.

If symptoms are not improving, ask your doctor about making an appointment with a specialist.

Don't go back to your usual activities until your doctor gives you clearance to return.

Don't get discouraged by what you hear or read about tragic brain stories. Focus on what you can do to make your situation better.



Talk to your parents, teachers and/or guidance counsellor. You may need more help at school. Check out more information at: www.ThinkFirst.ca and www.TeenMentalHealth.org



Quick fact: A concussion can be the result of a head injury and can even happen without a direct blow to the head.

Your brain is an amazing organ capable of healing and recovering. The amount of healing and recovery depends on many things - the kind of injury, how severe it was, how you functioned before the injury and the kinds of social supports you have now.



Some key things to remember during recovery:

- Stay positive
- Have patience with yourself, recovery takes time
- Spend time with others, don't isolate yourself
- Drugs and alcohol will only make things worse
- Get lots of rest



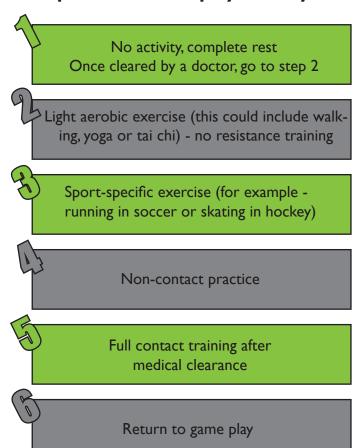
- © Every brain is different. Recovery can take a long time, sometimes even after doctors think no more recovery is possible - it happens!
- Never give up at getting better. Focus on what you can do today, that you couldn't yesterday. Try not to compare yourself to how you were before the brain injury.



Quick fact: It may take days, months or longer to return to play after a concussion. Some teens with a concussion may need mental rest, including time away from school

After concussion symptoms are no longer experienced, a gradual (medically supervised) return to play can begin.

Steps to return to play/activity are:



If concussion symptoms return during any step, you must stop activities and see your doctor right away. Each step should take a minimum of one day. If symptoms return during ANY step, return to step one.

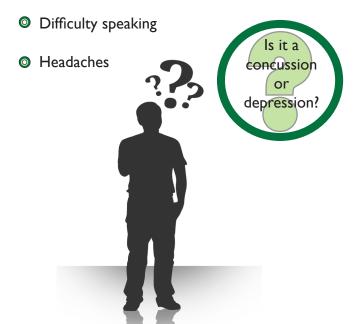


- Always wear a seat belt in the car
- Never use alcohol, drugs or your cell phone when you're driving a car, bicycle or any other vehicle
- Never get into a car if the driver has been using alcohol or drugs
- Wear appropriate head gear and safety equipment when playing sports (including biking, blading, snowboarding, etc)
- O Use the right equipment for game, position or activity
- Be sure to wear equipment that fits correctly
- Follow safety rules and laws
- O Play safe and fair, practice good sportsmanship at all times
- Keep a record of any concussions that you have

Depression is one of the most common mental disorders in young people. Sometimes the effects of a concussion can mimic depression and sometimes depression may begin following a concussion.

Symptoms of depression may include:

- Mostly in a low or depressed mood
- Lack of interest or pleasure in once enjoyed activities
- O Low (or no) motivation
- Lack of energy
- Feeling tired most of the time



DON'T GIVE UP, GO GET HELP!

Sometimes a concussion can make you feel depressed and this can affect your school, work or personal life. Speak to your parent, school counsellor, doctor or call **Kids Help Phone** at 1-800-668-6868.

For more information about depression visit:
www.teenmentalhealth.org or watch our video on depression at
www.youtube.com/teenmentalhealth1



It's not unusual to feel low after a concussion. That feeling will get better over time as your brain heals. There are some things you can do to help your brain get well. Once your symptoms have improved and your doctor has given you permission, you can try some of these out:

- Light exercise: 20-30 minutes of walking every day, when your doctor says you're ready
- Eating: Enjoy healthy foods like fruits and vegetables and drink plenty of water
- Avoid drugs: Do not use alcohol, tobacco or any illegal drugs
- Social Activities: Spend some time each day with people you like
- Music and Art: Listen to music that makes you feel good - draw, paint or write
- Light: Spend part of each day outside, don't shut yourself in a gloomy room
- Sleep: Try for 9 hours of sleep every night, nap during the day if you need to
- Talk: If it helps you, talk to people you like and trust about how you are feeling

"My doctor said that alcohol may worsen my symptoms and cause a slow recovery from my brain injury. I wish I didn't drink and drive in the first place, I wouldn't have had this brain injury. I learned my lesson the hard way"

- Sam



Remember

- It's important to extend a helping hand to friends or family members who've had a brain injury. Be sure you are patient with them, you may notice a change they don't see themselves.
- Try to understand the changes that may take place in their functioning, emotions, sleep patterns and personality.



BE SUPPORTIVE RECOVERY TAKES TIME

cut here

2. Memory function

Pocket SCAT2

Failure to answer all questions correctly may suggest a concussion

"At what venue are we at today?"

"Who scored last in this game?" "Which half is it now?"

"What team did you play last week/game?" "Did your team win the last game?"

3. Balance testing

in back. Your weight should be evenly distributed eyes closed. I will be counting the number of times "Now stand heel-to-toe with your non-dominant foot across both feet. You should try to maintain stability you move out of this position. If you stumble out of position and continue balancing. I will start timing for 20 seconds with your hands on your hips and your this position, open your eyes and return to the start when you are set and have closed your eyes." Instructions for tandem stance

(such as lift their hands off their hips; open their eyes; lift their forefoot Observe the athlete for 20 seconds. If they make more than 5 errors or heel; step, stumble, or fall; or remain out of the start position for more that 5 seconds) then this may suggest a concussion. Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently left alone and assessed medically, should not be should not drive a motor vehicle.













ache), or physical signs (such as unsteadiness), or impaired Concussion should be suspected in the presence of any one or more of the following: symptoms (such as headbrain function (e.g. confusion) or abnormal behaviour.

1. Symptoms

Presence of any of the following signs & symptoms may suggest a concussion.

- Loss of consciousness Seizure or convulsion
- Feeling slowed down Feeling like "in a fog"
- Difficulty concentrating Difficulty remembering "Don't feel right"

 Headache Neck Pain Dizziness

Amnesia

 Fatigue or low energy Confusion

 Nausea or vomiting "Pressure in head"

- More emotional Drowsiness
 - Irritability · Sadness

Balance problems

Blurred vision

- Sensitivity to noise Sensitivity to light
- Nervous or anxious

This SCAT2 is an internationally endorsed tool to help coaches, trainers and players assess the possibility of having a concussion.

cut here

CONCUSSION AWARENESS

Definition:

A head-trauma-induced alteration in mental status that may or may not involve a loss of consciousness.

People who have lost consciousness have a concussion or worse! A person does not need to lose consciousness to have a concussion!

A concussion may be caused by a direct blow to the head, face, neck or anywhere else on the body that causes a severe and sudden movement to the head.

COMMON SIGNS AND SYMPTOMS

Symptoms are often subtle

- · headache
- pressure in head
- neck pain
- dizziness
- balance problems
- nausea and vomiting
- vision problems
- hearing problems/ringing
- · "don't feel right"
- feeling "dinged" or "dazed"

- confusion
- feeling slowed down
- feeling like in "a fog"
- drowsiness
- fatigue or low energy
- more emotional than usual
- irritability
- · difficulty concentrating
- difficulty remembering

PREVENTION - Reduce the risk of brain injury:

- 1. Appropriate protective equipment should be worn properly and replaced when damaged. Approved helmets should be used in all activities with a risk of head trauma.
- 2. Adhere to the rules of the sport or activity. Play fair and play smart!
- 3. Respect all participants.

Printed: December 31, 2010

IWK Department of Pediatrics



Capital Health



www.thinkfirst.ca





This page can be used to help teach players, coaches, teachers and parents about concussions.

For more information about concussions and young athletes check out these resources:

ThinkFirst.ca

ThinkFirst teaches school-aged children and youth, sports teams, and community volunteers, to safely participate in the activities they enjoy. Their primary goal is to strive towards a future free of traumatic brain injury and spinal cord injuries. They have an abundance of online resources in both of these categories.

Centers for Disease Control and Prevention www.cdc.gov

The CDC works to protect public health and safety by providing information to enhance health decisions, and it promotes health through partnerships with state health departments and other organizations.

Other Online Resources:

General information about the teen brain and teen mental health: www.teenmentalhealth.org www.brainline.org

Brain injury and school: a problem solving system for students with brain injury www.projectlearnet.org

Brain injury guides for educators: www.bced.gov.bc.ca/specialed/docs/moe_abi_resource_rb0116.pdf

Brain Injury Association of Canada www.biac-aclc.ca

Medical care after brain injury www.tbirecoverycenter.org/treatment.htm

Sport Concussion Assessment Tool (SCAT) www.cces.ca/en/files-116

Books:

Ashley M.J. (2010). Traumatic brain injury: rehabilitation, treatment, and case management, 3rd ed. Boca Raton, FL: CRC Press.

McCrea M. (2008). Mild traumatic brain injury and post-concussion syndrome: the new evidence base for diagnosis and treatment. American Academy of Clinical Neuropsychology. Oxford; New York: Oxford University Press.

Silver JM, McAllister TW, and Yudofsky SC (2005). Textbook of traumatic brain injury. American Psychiatric Publishing, Inc. Arlington, VA.

Articles:

Andersen, S. (2003). Trajectories of brain development: point of vulnerability or window of opportunity? Neuroscience and Biobehavioural Reviews, 27: 3-18.

Blakemore, S., and Choudhury, S. (2006). Development of the adolescent brain: implications for executive function and social cognition. Journal of Child Psychology and Psychiatry, 47(3/4): 296-312.

Crews, F., et al. (2007). Adolescent cortical development: A critical period of vulnerability for addiction. Pharmacology, Biochemistry and Behavior, 86: 189-199.

Hesdorffer DC, Rauch SL, and Tamminga CA (2009). Long-term Psychiatric Outcomes Following Traumatic Brain Injury: A Review of the Literature. J Head Trauma Rehabil Vol. 24, No. 6, pp. 452–459.

Kutcher, S & Al-Mosawie, A. A Confusing Conundrum: Is it depression or mild brain injury. Moods Magazine, Summer, 2011.

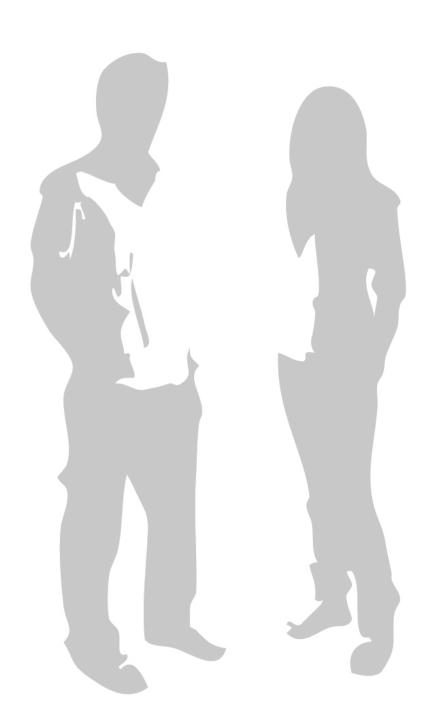
Laker, S. (2011). Return to play decisions. Physical Med Rehabilitation Clinical, 22: 619-634.

McCrory P., et al (2009). Consensus statement on concussion in sport. 3rd International Conference on Concussion in Sport Held in Zurich, November, 2008. Clinical Sports Medicine. 19: 185-195.

Powell, K. (2006). How does the teenage brain work? Nature, 442(24): 865-867.

Silver JM, McAllister TW, and Arciniegas DB (2009). Depression and Cognitive Complaints Following Mild Traumatic Brain Injury. Am J Psychiatry, 166:653–661

Yurgelun-Todd, D. (2007). Emotional and cognitive changes during adolescence. Current Opinion in Neurobiology, 17: 251-257.



Additional funding and support provided by:













Kathryn A. Weldon Charitable Foundation



This material is endorsed by:















Brain Injury Association of Canada Association canadienne des lésés cérébraux www.biac-aclc.ca







































Please consult your health care provider before making any health care decisions or for guidance about a specific medical condition. All endorsing organizations expressly disclaim responsibility, and shall have no liability, for any damages, loss, injury, or liability whatsoever suffered as a result of your reliance on the information provided.



© This material is under copyright.

This material cannot be altered, modified or sold. Teens and parents are welcome to use this material for their own purposes. Health providers are welcome to use this material in their provision of health care. Educators are welcome to use this material for teaching or similar purposes. Permission for use in whole or part for any other purpose must be obtained in writing from:

Dr. Stan Kutcher: skutcher@dal.ca For more information visit: www.teenmentalhealth.org