



## CIF Concussion Information Sheet & Opioid Factsheet for Patients

### **Why am I getting this information sheet?**

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012, now Education Code § 49475) and AB 1: Calif. Youth Football Act (Health and Safety Code § 124240 et seq.)

1. *The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.*
3. *Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

### **What is a concussion and how would I recognize one?**

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

*Most concussions get better with rest and over 90% of athletes fully recover.* However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

*Most concussions occur without being knocked out.* Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

On the CIF website is a **Graded Concussion Symptom Checklist**. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

### **What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?**

*Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion.* Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

**Signs observed by teammates, parents and coaches include:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Looks dizzy</li><li>• Looks spaced out</li><li>• Confused about plays</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or awkwardly</li><li>• Answers questions slowly</li></ul> | <ul style="list-style-type: none"><li>• Slurred speech</li><li>• Shows a change in personality or way of acting</li><li>• Can't recall events before or after the injury</li><li>• Seizures or has a fit</li><li>• Any change in typical behavior or personality</li><li>• Passes out</li></ul> |
|--|---|

**Symptoms may include one or more of the following:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• "Pressure in head"</li><li>• Nausea or throws up</li><li>• Neck pain</li><li>• Has trouble standing or walking</li><li>• Blurred, double, or fuzzy vision</li><li>• Bothered by light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Loss of memory</li><li>• "Don't feel right"</li><li>• Tired or low energy</li><li>• Sadness</li><li>• Nervousness or feeling on edge</li><li>• Irritability</li><li>• More emotional</li><li>• Confused</li><li>• Concentration or memory problems</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

**What is Return to Learn?**

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website ([cifstate.org](http://cifstate.org)) for more information on Return to Learn.

**How is Return to Play (RTP) determined?**

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see [cifstate.org](http://cifstate.org) for a graduated return to play plan. *[AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner than 7-days** after the concussion diagnosis has been made by a physician.]* 10 days in SYF

**Final Thoughts for Parents and Guardians:**

*It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them.* Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

**References:**

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>

School:  
& Team \_\_\_\_\_

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Every year all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

For current and up-to-date information on concussions you can visit:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

I acknowledge that I have received and read the above CIF Concussion Information Sheet and the following CDC Opioid Factsheet for Patients.

\_\_\_\_\_  
Student-Athlete Name  
Printed

\_\_\_\_\_  
Student-Athlete  
Signature

\_\_\_\_\_  
Date

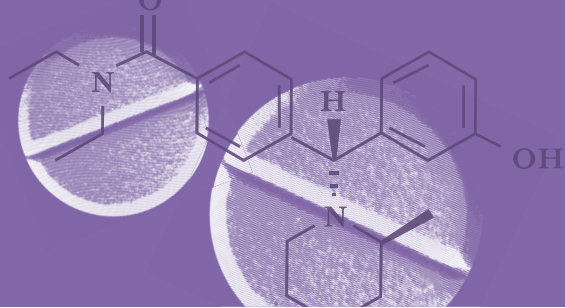
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Parent or Legal Guardian  
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\_\_\_\_\_  
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Date



# PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

## WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

**Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use.** An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as  
**1 in 4**  
PEOPLE\*



receiving prescription opioids long term in a primary care setting struggles with addiction.

\* Findings from one study

## RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



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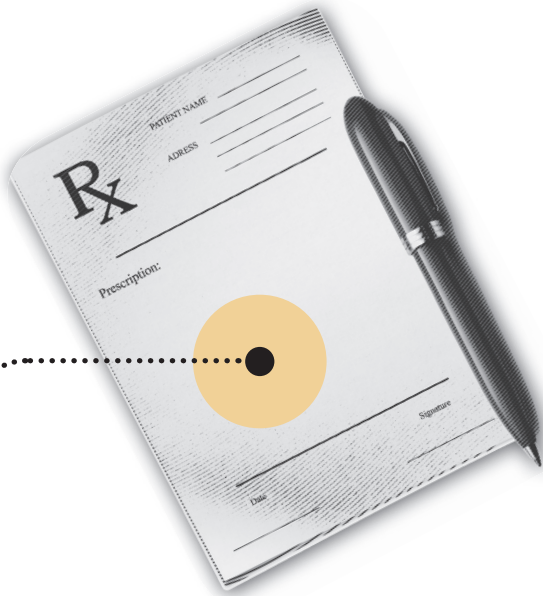
May 9, 2016



## KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ❑ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ❑ Some medications that are also used for depression or seizures
- ❑ Physical therapy and exercise
- ❑ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



### Be Informed! ←

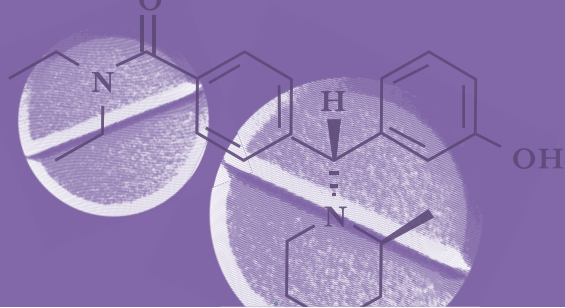
Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.



## IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ❑ Never take opioids in greater amounts or more often than prescribed.
- ❑ Follow up with your primary health care provider within \_\_\_\_ days.
  - Work together to create a plan on how to manage your pain.
  - Talk about ways to help manage your pain that don't involve prescription opioids.
  - Talk about any and all concerns and side effects.
- ❑ Help prevent misuse and abuse.
  - Never sell or share prescription opioids.
  - Never use another person's prescription opioids.
- ❑ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ❑ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration ([www.fda.gov/Drugs/ResourcesForYou](http://www.fda.gov/Drugs/ResourcesForYou)).
- ❑ Visit [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose) to learn about the risks of opioid abuse and overdose.
- ❑ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

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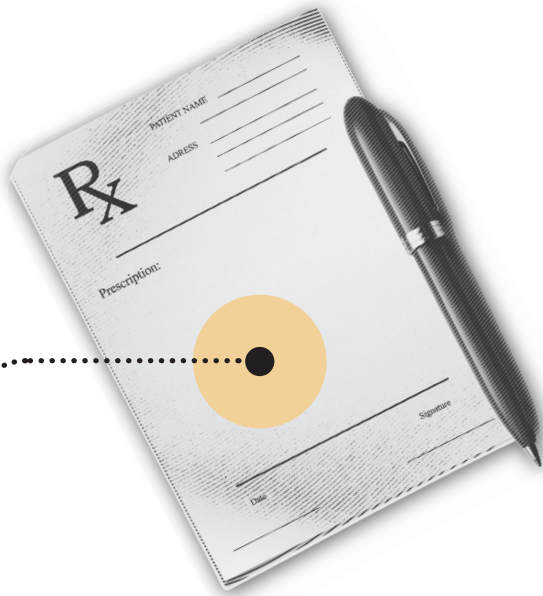
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