



HEAD INJURY ADVICE

This patient has received an injury to the head. A careful medical examination has been carried out & no signs of any serious complications have been found. It is expected that recovery will be rapid, but the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

If you notice any changes in behavior, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please call the clinic or the nearest hospital emergency department immediately.

SIGNS TO WATCH FOR: Problems could arise over the first 24-48 hours. The patient should not be left alone & must go to a hospital at once, if he/she:

- Has a headache that gets worse
- Is very drowsy or can't be awakened
- Can't recognize people or places
- Has repeated vomiting
- Has seizures (arms & legs jerk uncontrollably)
- Has weakness or numbness in arms &/or legs
- Is unsteady on his/her feet; has slurred speech
- Behaves unusually/seems confused or very irritable

Other Important Points:

- Rest and avoid strenuous activity for at least 24 hours
- No Alcohol
- No sleeping tablets
- Do **not** take narcotics for headaches; may use Tylenol as directed
- Do **not** drive until medically cleared
- Do **not** train or play sports until medically cleared

Return to Play: Athletes should not be returned to play the same day of injury. When returning to play, they should follow a stepwise symptom-limiting program with stages of progression. For example:

1. Rest until asymptomatic: physical and mental rest including no TV, computers, texting, school
2. Light aerobic exercise (e.g. walking, jogging 400 meters, stationary bike)
3. Sport-specific exercise (e.g. dynamic warm up/dynamic flexibility, cutting drills, ladder drills, push ups)
4. Non-contact training drills (e.g. above exercises and start light resistance training)
5. Full contact training after **medical clearance by a medical doctor**
6. Return to competition (game play)

*There should be approximately 24 hours (or longer) for each stage and the athlete should return to stage 1 if symptoms recur. Heavy resistance training should only be added in later stages.

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