How Can I Help My Child Recover After a Concussion?

This handout describes common concussion symptoms your child may experience, and tips you can use to help with their recovery.

> Most children with a concussion, a type of traumatic brain injury, feel better within a couple of weeks. However, for some, symptoms will last for a month or longer. Concussion symptoms appear as part of the normal healing process and may change as your child gets back to his or her regular activities. If there are any symptoms that concern you, or are getting worse, be sure to seek medical care as soon as possible.





CONCUSSION RECOVERY TIPS

Making short-term changes to your child's daily activities can help him or her get back to a regular routine more quickly. As your child begins to feel better, you can slowly remove these changes. Use your child's symptoms to guide his or her return to normal activities. If your child's symptoms do not worsen during an activity, then that activity is OK for them. If symptoms worsen, your child should cut back that activity.

It is important to remember that each concussion and each child is unique, so your child's recovery should be customized based on his or her symptoms. Factors that may delay recovery include your child having: a history of a previous concussion or other brain injury, neurological or mental health disorders, learning difficulties, or family and social stressors.

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CONCUSSION RECOVERY TIPS

The chart below lists concussion symptoms your child may experience, and tips to address each symptom. Many of the tips can help with more than one symptom. These tips offer temporary changes you can make to help your child's recovery.



Concussion Symptoms	How Your Child May Feel or Act	Tips to Help with Your Child's Recovery
Headaches	 Trouble with concentration Increased irritability 	 Explore setting up school rest breaks (in a quiet place) Shorten school day if symptoms do not get better Lessen the amount of time your child uses screens (computers, tablets, smartphones, etc.) if these activities make symptoms worse Give your child ibuprofen or acetaminophen to help with pain (if approved by their doctor)
Bothered by light or noise	 Symptoms worsen in bright or loud environments 	 Have your child wear sunglasses or a hat when outside, or when exposed to bright lights or sunlight Lessen the amount of time your child uses screens (computers, tablets, etc.) if these activities make symptoms worse Help your child avoid noisy/crowded places. If needed, your child can wear earplugs or headphones
Dizziness or balance problems	Unsteady when walkingNausea or vomiting	 Take steps to avoid a fall that could put your child at risk for another injury to the head or brain during their recovery Avoid crowded areas
Feeling tired	 Lack of energy 	 Shorten school day if symptoms do not get better Provide rest breaks in a quiet place at school, or at home during the day, as needed



THINKING OR REMEMBERING

Concussion Symptoms	How Your Child May Feel or Act	Tips to Help with Your Child's Recovery
Attention or concentration problems	 Only able to focus on school work for short amounts of time 	 Shorten tasks Break down tasks into smaller activities or steps Lessen school workload or amount of activity Avoid cognitive activities (thinking or remembering) that can cause symptoms to worsen
Short-term memory problems	 Trouble remembering instructions or keeping information and ideas in mind during tasks 	 Repeat directions or key information Provide written notes
Long-term memory problems	 Trouble with learning new information or remembering information already learned 	 Repeat directions or key information Provide reminders, or tie information to familiar things, such as: events, objects, or people Break down information into smaller chunks or pieces
Feeling slowed down	 Unable to keep pace with workload Slower reading, writing, or calculation Difficulty processing verbal information effectively 	 Talk with your child's school about extending deadlines to complete homework, assignments, and tests Reduce or slow down how quickly information is presented and check for understanding throughout the activity
Foggy or groggy	 Less mental energy Trouble thinking clearly Trouble formulating thoughts 	 Provide rest breaks during activities throughout the day (at school or home) Set aside a quiet place at home for school work or other learning activities



 Irritability or easily angered

 • Trouble dealing with stress
 • Look for opportunities to lessen the amount of stress your child may feel
 • Provide a place for your child to take quiet rest breaks, as needed
 • Do deep breathing exercises with your child
 • Encourage your child to talk to a trusted adult or friend
 • Remind your child that most people feel

better soon after a concussion

Concussion Symptoms	How Your Child May Feel or Act	Tips to Help with Your Child's Recovery
Anxiety or nervousness	 Worried about falling behind, or pressure to ignore symptoms 	 Talk with your child's school about extending time to complete homework, assignments, and tests Help your child stay positive (most children with a concussion feel better within a couple of weeks)
Sadness or withdrawal	 Withdrawal from school or friends because of stigma or activity restrictions 	 Give your child time to talk with and stay connected to friends Help your child stay connected to teammates, even if he or she is not participating Talk with your doctor if depression is worrisome
SLEEP		
Sleeping more than usual	 Hard to wake up, shifted sleep schedule 	 Explore setting up a later school start time Allow for rest breaks during the day, as needed Keep to a set bedtime routine with fixed sleep and wake up times as much as possible
Sleeping less than usual	 Irritable, lack of energy 	 Avoid screen time and loud music right before bed Sleep in a dark, cool room Keep to a set bedtime routine with fixed sleep and wake up times as much as possible
Trouble falling asleep	• Tired, groggy	 Limit daytime naps or return to your child's regular daytime nap schedule (as appropriate for their age) Keep to a set bedtime routine with fixed sleep and wake up times as much as possible



WHAT IF MY CHILD ISN'T GETTING BETTER?

Talk with your child's doctor if you do not feel like your child is getting better. Your child may need to see a specialist who has experience treating brain injuries. Ask your child's doctor for the names of brain injury specialists in your area.

Information in this handout is based on *CDC's Guideline on the Diagnosis and Management of Mild Traumatic Brain Injury Among Children*. More information on the Guideline and concussion, as well as, tips to help your child feel better and steps you can take to help your child safely return to school and sports can be found at www.cdc.gov/HEADSUP.

The information provided in this handout or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for a concussion should be directed to your child's doctor or other healthcare provider.



BRAIN INJURIES: Prevention, Rehabilitation, and Community Living



Brain injuries can result from events like falls, car crashes, attacks, sports injuries, and explosions or blasts. Avoiding these events, if possible, is an important way to help prevent brain injuries. Brain injuries can affect all parts of a person's life, including growth and development, health, emotions, relationships, employment, money and health care management, keeping a household, movement, and daily activities. If someone has a brain injury, evaluations, treatments, and supportive services are available. These services can help individuals to improve their abilities and live as independently as possible in their communities.

TRAUMATIC BRAIN INJURY

A traumatic brain injury (TBI) is an injury to the brain caused by a sudden force, blow, or jolt to the head or by an object penetrating the brain. People can get a TBI when there is some force that reaches the brain, like:

- An object hits the head, such as a bat or a fist during a fight
- The head hits an object, such as the dashboard in a car accident or the ground in a fall
- A nearby blast or explosion rapidly moves a person's head

With a TBI, the brain's normal functioning changes, and people may:

- Become suddenly confused
- Have a gap in their memory
- Lose consciousness briefly
- Go into a coma

TBI commonly damages the front parts of the brain. This happens because the brain sits inside

the skull in a way that the frontal areas of the brain are the most vulnerable to injury, regardless of where the head injury occurs. These frontal areas of the brain are vital to a person's ability to think, plan, feel, and act.

The initial severity of TBIs can be mild, moderate or severe. Most TBIs are mild and are also known as concussions. People with a mild TBI may have a period of confusion, memory loss or unconsciousness, but these symptoms may last only for a few seconds to minutes. Early symptoms of mild TBI may include: headache; confusion; dizziness; problems seeing or tolerating light; problems with hearing or ringing in the ears; loss of smell or taste; tiredness; changes in sleep; irritability; apathy; and trouble with thinking, learning, or remembering. People with a more severe TBI may have long-term headaches; nausea and vomiting; seizures; coma; dilation of one or both pupils of the eyes; slurred speech and inability to speak; problems with movement; persistent memory and emotional problems; and confusion, restlessness, or agitation.



CONCUSSION

Each year, about 75% of TBIs that are treated in a hospital or emergency department (ED) are concussions or mild TBIs. Recovery from these injuries usually occurs quickly (in 1-2 weeks), but even if early symptoms continue, most people are back to full functioning by 3 months. A small number of people (<5%) who have a single mild TBI can have some ongoing symptoms for a year or more.

People who have had more than one TBI, even a mild one, are more likely to experience persistent symptoms following their injury. Early management by an experienced clinician or team of clinicians is key to recovery. If several TBIs occur within hours, days, or weeks, the result can lead to severe problems, including coma, confusion, or even death. Thus, changing activity and behavior to prevent repeated injury is vital after an initial TBI.

The symptoms of a concussion can be hard to tell from symptoms people commonly have (such as headache, tiredness, and memory difficulties). For the first several days or even weeks, people with concussions, their family members, and even their doctors may not notice problems. The person may look fine overall, even though acting or feeling differently. The Centers for Disease Control and Prevention (CDC) discusses these symptoms on its website at http://www.cdc.gov/concussion/get_help.html. The two fact sheets, including one in Spanish, and a brochure for consumers are short and easy to read.

The Brain Injury Association of America has a toll-free number for its National Brain Injury Information Center (NBIIC), at 1-800-444-6443. This number will direct callers to information and resources available in their state.

TRAUMATIC BRAIN INJURY STATISTICS

Traumatic brain injury is a major, often avoidable, cause of death and disability in the United States. At least 5.3 million Americans are living with disabilities related to a serious brain injury. Of all the people in the U.S. who die from an injury, about 30% die from an injury that involved a TBI. TBIs are the leading cause of death and disability in people younger than 45.

EARLY MANAGEMENT BY AN EXPERIENCED CLINICIAN OR TEAM OF CLINICIANS IS KEY TO RECOVERY

PREVENTION OF TRAUMATIC BRAIN INJURY

There are many ways to reduce the chances of experiencing a TBI:

- Correctly use seat belts in a motor vehicle.
- Install and use age-appropriate car seats correctly.
- Never drive while under the influence of alcohol, drugs, or emotional distress.
- Wear a helmet when:
 - Riding a bike, motorcycle, snowmobile, scooter, or allterrain vehicle
 - Playing a contact sport, such as football, ice hockey, lacrosse, or boxing
 - Using in-line skates or riding a skateboard
 - Batting and running bases in baseball or softball
 - Riding a horse
 - Skiing or snowboarding
- Make living areas safer by:
 - Child-proofing homes
 - Removing tripping hazards such as throw rugs and clutter in walkways
 - Using nonslip mats in the bathtub and on shower floors
 - Installing grab bars next to the toilet and in the tub or shower for older adults
 - Installing handrails on both sides of stairways
 - Improving lighting throughout the home
 - Exercising regularly, under a doctor's guidance, to improve lower body strength and balance

The CDC has a number of educational programs on preventing brain injury for people of all ages at: <u>http://www.cdc.gov/</u> <u>TraumaticBrainInjury/index.html</u>. Among the programs are several about sports injury and concussion that target school audiences. CDC also offers an online program for professionals and consumers that provides information about preventing TBI among older adults at <u>http://www.cdc.gov/traumaticbraininjury/seniors.html</u>.

The National Institutes of Health (NIH) has a website for older adults about causes of, risks for, and prevention of falls. Please see http://nihseniorhealth.gov/falls/aboutfalls/01.html.



Falls are the leading cause of TBIs for children and older adults. Falls cause 55% of the TBIs in children younger than 14. Falls cause 81% of TBIs in older adults. In 2010, about 2.5 million hospital ED visits, hospitalizations, or deaths were related to TBI in the United States. Among TBIrelated deaths in 2006–2010:

- Men were about three times more likely to die than women.
- Death rates were highest for people age 65 years and older and falls were the leading cause of death for persons age 65 years or older.
- Motor vehicle crashes were the leading cause of TBI deaths for children and young adults (age 5-24).
- Assaults were the leading cause of TBI death for the youngest children (age 0-4).



RECOVERY FROM TBI

Health care workers can assess the severity of an initial TBI and the symptoms that occur afterwards. Over time, they can test specific areas of functioning, such as speech and language, cognition, behavior, and physical skills. These help in understanding the effects of a TBI and the types of services a person needs.

For most people, the milder a person's initial TBI, the better recovery over time. However, even a mild TBI can have a more complicated recovery for someone who has not healed from a previous one or has had other things happen to the brain (such as psychological stress or alcohol abuse). Recovery is best during the first weeks and months after the injury and more gradual after 3-6 months.

The rate of recovery from the injury is usually related to how severe it is. People with mild injuries tend to recover more quickly than those with moderate to severe injuries. Those with moderate to severe injuries may have a prolonged period of confusion and inability to function. Those with severe injuries may have long periods of initial unresponsiveness (coma). People can take longer to recover when they have had a previous TBI, even if that previous injury were a mild TBI. Recovery may be slower among adults over age 55.

Sometimes people have problems that persist and affect their lives after a TBI. The extent of these problems and the impact on a person's life depend on how severe the injury is, where the injury is located, the health of the person at the time of injury and the person's age. Problems that persist over time may eventually limit some of a person's abilities. Among non-fatal, TBIrelated injuries in 2006– 2010:

RESTING

AFTER A CONCUSSION OR TRAUMATIC BRAIN INJURY IS VERY IMPORTANT

- Men had higher rates of hospitalizations and ED visits than women.
- Hospitalization rates were highest among people age 65 years and older.
- Falls were the leading cause of TBI-related ED visits for almost every age group.
- Assault was the leading cause of TBI-related ED visits among persons 15–24 years.
- Rates of ED visits were highest for children age 0-4 years.

Researchers estimate that the economic cost of TBI in 2010, including medical costs, was \$76.5 billion. The costs of TBIs related to death and hospital use were responsible for about 90% of total TBI medical costs.

DISABILITIES

Disabilities are typically related to changes and limitations in:

- Cognition
- Emotion and behavior control
- Communication
- Sensation
- Motor function

People who have had a TBI of any severity commonly have problems at first with cognition, which can include trouble remembering things, thinking of the right word, learning new information, problem solving, concentrating, initiating activities, organizing, making decisions, and doing more than one thing at a time (multitasking).

Some people who have a TBI may have emotional or behavioral difficulties such as depression, apathy, anxiety, anger, confusion, sleep disruption, changes in controlling behavior, and mood swings. These difficulties may lead to impulsiveness and lack of self-control, violence, or inappropriate sexual activity.

Communicating with others can be a problem for those with TBI. Some may have difficulty with understanding, speaking, writing, and interpreting non-verbal signals, such as body language and the emotional cues of others. These problems can lead to miscommunication, confusion, and frustration for persons with TBI and for those who spend time with them.

Some people who have experienced a TBI have problems with vision and hand-eye coordination or movement. They may bump into or drop things, or feel unsteady.

Some people with TBI may need medicine to help them cope with the mental and physical health problems they may experience. They are more likely to experience side effects from their medicine than those without TBI.





REHABILITATION

After experiencing a moderate or severe TBI, people may need to be in a hospital until their medical condition improves. Some people need additional care after they leave the hospital, due to the effects of the TBI. Rehabilitation services can help people to restore or improve their ability to manage their lives and health care; stay involved with family, friends, and community; live at home; carry out daily activities; and find a job.

There are many choices for rehabilitation. People can receive these services at home, in hospitals, rehabilitation centers, day programs, supported living programs, or other places. Persons with TBI, their families, and their medical teams should work together with their health insurers to identify the best rehabilitation setting.

Trained rehabilitation professionals can test a person's abilities related to cognition, communication, language, behavior, movement, and management of their lives to develop a rehabilitation plan. Rehabilitation programs can involve many specialists, depending on the type of help a person needs. The rehabilitation plans can involve physical therapy, occupational therapy, speech and language therapy, physiatry (physical medicine), nursing, psychology, psychiatry, and social support. Initial treatment plans are frequently modified in response to a person's progress.

Rehabilitation can also identify ways to help people carry out tasks and daily activities. For example, a person may need reminders and timers to help with taking medicine or eating. Labels may be used to aid in remembering where food, clothes, dishes, and other things are. Written reminders can be used to organize days and help with how to prepare food, shop, and do other activities. For example, a person may not remember how to make a sandwich, or when to make or eat the sandwich.

The Brain Injury Association of America (BIAA) has a list of rehabilitation facilities across the country that can help people who are looking for care after a TBI at <u>https://secure.biausa.org/</u> <u>OnlineDirectory/Directory/SearchType4.aspx</u>

REHABILITATION SERVICES CAN HELP PEOPLE TO RESTORE OR IMPROVE THEIR ABILITY TO MANAGE THEIR LIVES, INCLUDING STAYING INVOLVED WITH FAMILY, FRIENDS, AND COMMUNITY.

A PERSON'S BRAIN CAN CONTINUE TO CHANGE YEARS AFTER A MODERATE OR SEVERE TRAUMATIC BRAIN INJURY

LIVING WITH A TRAUMATIC BRAIN INJURY

People who experience TBIs that result in long-term health effects or disabilities can live productive, quality lives in their communities. Some government programs can help people and their families with health and long-term services and supports. Medicare generally covers health and rehabilitation for older adults and adults with disabilities who cannot work (http:// www.medicare.gov/). Medicaid generally covers health and rehabilitation services, plus help with daily activities for those who qualify - primarily people of all ages with low incomes and limited assets (http://www.medicaid.gov/). Since states control who gets Medicaid services and the type and amount of services available, programs vary across the country. The Administration for Community Living has information about services and supports for people who experience disability at http://www.acl.gov/. The U.S. Veterans Health Administration can provide certain health and long-term services and supports to veterans with TBI who qualify (http://www.va.gov/health/). In addition, many groups are doing research that may help people with TBIs and their families.

Someone who has a disability due to aging or a disease or injury other than TBI may also have a TBI. A study of adults in one state found that almost 40% of community-living adults who reported having a disability also reported that they had had at least one TBI with loss of consciousness sometime in their life.

There is growing evidence that a TBI is not just an isolated event; instead, a person's brain can continue to change years after a moderate or severe TBI. Some people continue to improve, while others may get worse. Few stay the same. Healthy brain habits are good for everyone, but especially smart for someone who has already experienced a TBI. Meet regularly with your health care team, and take care of your health. For example:

- Eat a healthy diet that is low in salt, solid fats, and simple sugars
- Avoid drinking alcohol
- Get active and stay active every day
- Find time every day to relax and meditate
- Sleep 7-8 hours each night
- Learn new things every day
- Connect with your family, friends, and communities

ADDITIONAL RESOURCES

The Administration for Community Living (ACL) has a Brain Health Resource, which provides basic information about current, evidence-based information and resources related to brain health: <u>http://www.acl.gov/Get_Help/</u> <u>BrainHealth/Index.aspx</u>

ACL's National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) funds the Model Systems Knowledge Translation Center (<u>http://www.msktc.</u> org/) along with the Traumatic Brain Injury Model Systems Center (<u>http://www.msktc.org/tbi/model-</u> system-centers). They offer consumer-friendly fact sheets, videos, and narrated slideshows on many topics related to TBI. For more general information on TBI: <u>http://www.msktc.org/tbi/factsheets/</u> Understanding-TBI. For other topics such as balance, vision, and fatigue: <u>http://www.msktc.</u> org/tbi/factsheets.

The Centers for Disease Control and Prevention (CDC) has websites and online programs on a variety of TBI-related topics, as well as links to support organizations: <u>http://</u> www.cdc.gov/traumaticbraininjury.

The Departments of Defense and Veterans Affairs (VA) support the Defense and Veterans Brain Injury Center (DVBIC), which serves active duty military and veterans with brain injury. Call toll-free at 1-800-870-9244 or visit DVBIC at http://dvbic.dcoe.mil. **The Air Force** supports the TBI center at the Center of Excellence for Medical Multimedia (CEMM). The website contains interactive learning opportunities about TBI treatment and care at <u>http://www.traumaticbraininjuryatoz.org/</u>.

The Health Resources and Services Administration (HRSA) manages a TBI program that provides some funds for resources and protection systems for people with TBI and their families. More information about this program is at <u>http://mchb.hrsa.gov/programs/</u> traumaticbraininjury/.

The NIH's National Institute of Neurological Disorders and Stroke (NINDS) has a toll-free phone number (1-800-352-9424) that people can call for information about neurological disorders and conditions such as traumatic brain injury. Information also is available at the NINDS website, <u>http://www.ninds.nih.gov/</u>.

WETA, a Public Broadcasting Service member station in Washington, D.C., maintains <u>http://</u> <u>www.brainline.org/</u>, a compendium of videos and printed material about living with TBI.

NOTES: Scientists and clinicians in CDC, NIDRR (now NIDILRR), NIH and VA reviewed the information in this brochure in 2015. References to non-federal government sources or sites on the internet are provided as a service and do not constitute or imply endorsement of these organizations or their programs by ACL or the U.S. Department of Health and Human Services. ACL is not responsible for the content of pages found at these sites. URL addresses were current as of the date of this publication.







HELP KEEP ATHLETES SAFE from CONCUSSIONS AND OTHER SERIOUS BRAIN INJURIES



teammate has a concussion

Encourage athletes to practice good sportsmanship at all times

Keep the Heads Up Action Plan at a games and practices. LEARN more AT: www.cdc.gov/Concussion

Some BRAIN INJURY SIGNS



www.cdc.gov/TraumaticBrainInjury

Headache Dizziness Blurred Vision Difficulty Thinking Clearly Sensitivity to Noise & Light



ALMOST half A MILLION KIDS

are treated in an emergency department each year for traumatic brain injury*, including concussion.

* alone or along with other injuries or conditions.



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STOP

SO

SCHOOL BUS





HEADS UP

HELP KEEP KIDS SAFE from BRAIN INJURY



Use gates at the top and bottom of stairs to prevent serious falls among infants and toddlers.



Use child safety seats and booster seats that are correct for a child's age and weight. Make sure they are properly installed.



Make sure your child always wears the right helmet for their activity and that it fits correctly. Use playgrounds with a soft landing surface (such as sand or wood chips,

SURFACES





U.S. Department of Health and Human Services Centers for Disease Control and Prevention LEARN more AT:

not dirt or grass).

www.cdc.gov/TraumaticBrainInjury



STATISTICS

In 2009, **NEARLY 250,000 KIDS AND TEENS**

were treated in emergency departments for sports and recreation-related TBI, including concussion.

WHEN APPROPRIATE MAKE SURE AN

WHEN IN DOUBT, >> SIT THEM OUT!

ATHLETE USES THE CORRECT HELMET FOR THEIR ACTIVITY.

LEARN CONCUSSION SIGNS YMPTOMS

SEE FULL LIST OF SYMPTOMS @ www.cdc.gov/Concussion

AN ATHLETE HAS A CONCUSSION



Wearing a helmet can help protect athletes from serious brain or head injuries.

USE THE HEADS UP ACTION PLAN

🗌 Headache

Difficulty

Dizziness Blurred Vision

Thinking Clearly

Sensitivity to

Noise & Light

Remove the athlete from play.



Keep the athlete out of play the day of the injury.

An athlete should only return to play with permission from an appropriate health care professional.

THERE IS NO "CONCUSSION-PROOF" HELMET.

HELP KEEP ATHLETES SAFE from **CONCUSSIONS** AND OTHER SERIOUS BRAIN INJURIES



Remind your athletes to tell coaching staff right away if they think they have a concussion or that a teammate has a concussion.



Make sure that athletes follow the rules for safety and the rules of the sport.



Encourage athletes to practice good sportsmanship at all times.



Keep the Heads Up Action Plan at all games and practices.



LEARN more AT: www.cdc.gov/Concussion

¿Cómo puedo ayudar a mi hijo a recuperarse después de una conmoción cerebral?



Este folleto describe los síntomas comunes de conmoción cerebral que podría presentar su hijo, e incluye consejos que usted puede usar para ayudarlo a recuperarse.



La mayoría de los niños con una conmoción cerebral, un tipo de lesión cerebral traumática, se sienten mejor dentro de las dos semanas. Sin embargo, algunos tendrán síntomas que durarán un mes o más. Los síntomas de conmoción cerebral aparecen como parte del proceso normal de sanación y pueden ir cambiando a medida que su hijo comience a retomar sus actividades regulares. **Si tiene algún síntoma que a usted le preocupe o que empeore, asegúrese de buscar atención médica lo antes posible.**





CONSEJOS PARA LA RECUPERACIÓN DESPUÉS DE UNA CONMOCIÓN CEREBRAL

Hacer cambios a corto plazo en las actividades diarias de su hijo puede ayudarlo a volver más rápido a una rutina normal. A medida que su hijo comience a sentirse mejor, usted podrá ir eliminando esos cambios lentamente. Use los síntomas de su hijo como base para guiar el regreso a sus actividades normales. Si los síntomas no empeoran durante una actividad, entonces está bien que la haga. Si los síntomas empeoran, su hijo debe limitar esa actividad.

Es importante recordar que cada conmoción cerebral y cada niño son únicos; por eso se debe acomodar su recuperación a los síntomas que tenga. Los factores que podrían retrasar su recuperación incluyen antecedentes de conmoción cerebral u otra lesión cerebral previa, trastornos neurológicos o de salud mental, dificultades de aprendizaje o factores familiares y sociales estresantes.

CONSEJOS BREVES



Asegúrese de que su hijo evite las actividades que lo pongan en riesgo de tener otra lesión en la cabeza o el cerebro.



Ayúdelo a mantener una actitud positiva. La mayoría de los niños con una conmoción cerebral se sienten mejor dentro de las dos semanas.



Asegúrese de que su hijo descanse lo suficiente.



CONSEJOS PARA LA RECUPERACIÓN DESPUÉS DE UNA CONMOCIÓN CEREBRAL

La tabla a continuación enumera los síntomas de conmoción cerebral que su hijo podría presentar y consejos para tratarlos. Muchos de los consejos pueden ayudar con más de un síntoma. Estos consejos ofrecen cambios temporarios que usted puede hacer para ayudar con la recuperación de su hijo.



Síntomas de conmoción cerebral	Cómo podría sentirse o actuar su hijo	Consejos para ayudar con la recuperación de su hijo
Dolor de cabeza	 Dificultad para concentrarse. Mayor irritabilidad. 	 Averigüe si le pueden dar tiempo para descansar en la escuela (en un lugar tranquilo). Acórtele el día escolar si sus síntomas no mejoran. Reduzca la cantidad de tiempo que su hijo pasa delante de la pantalla (computadora, tableta, teléfono inteligente, etc.) si ese tipo de actividad empeora sus síntomas. Dele ibuprofeno o acetaminofeno para ayudar con el dolor (con la aprobación del médico).
Le molesta la luz o el ruido	 Los síntomas empeoran cuando está en un ambiente con mucha luz o mucho ruido. 	 Dele anteojos oscuros o una gorra cuando salga afuera o esté expuesto a luces fuertes o a la luz del sol. Reduzca la cantidad de tiempo que su hijo pasa delante de la pantalla (computadora, tableta, etc.) si ese tipo de actividad empeora sus síntomas. Ayúdelo a evitar los lugares ruidosos o llenos de gente. De ser necesario, puede usar tapones para los oídos o auriculares.
Mareos o problemas de equilibrio	 Inestabilidad al caminar. Náuseas o vómitos. 	 Tome medidas para evitar que tenga una caída que lo ponga en riesgo de sufrir otra lesión en la cabeza o el cerebro durante su recuperación. Evite los lugares con mucha gente.
Cansancio	• Falta de energía.	 Acórtele el día escolar si los síntomas no mejoran. Provéale momentos para descansar en la escuela o la casa durante el día, en un lugar tranquilo, según sea necesario.



DE PENSAMIENTO Y MEMORIA

Síntomas de conmoción cerebral	Cómo podría sentirse o actuar su hijo	Consejos para ayudar con la recuperación de su hijo
Problemas con la atención o la concentración	 Solo se puede concentrar en el trabajo escolar por periodos cortos. 	 Acorte las tareas. Divídalas en partes más pequeñas o pasos más cortos. Reduzca su volumen de trabajo escolar o la cantidad de actividades que haga. Evite las actividades cognitivas (de pensar o de memoria) que puedan hacer que empeoren los síntomas.
Problemas con la memoria de corto plazo	 Tiene dificultad para recordar instrucciones o retener información e ideas mientras hace una tarea. 	 Repita las instrucciones o la información clave. Dele notas escritas.
Problemas con la memoria de largo plazo	 Tiene dificultad para aprender información nueva o recordar la que ya aprendió. 	 Repita las instrucciones o la información clave. Dele recordatorios, o relacione la información con cosas que le sean familiares, como eventos, objetos o personas. Divida la información en partes más cortas.
Sentirse más lento de lo normal	 No puede mantenerse al día con el trabajo que tiene asignado. Lee, escribe o hace cálculos más lentamente de lo normal. Dificultad para procesar información verbal eficazmente. 	 Hable con la escuela para averiguar si le pueden dar más tiempo para completar las tareas, el trabajo asignado y las pruebas. Preséntele información más lentamente y haga comprobaciones de comprensión a lo largo de la actividad.
Sentirse aturdido o con la mente nublada	 Tiene menos energía mental de lo usual. Tiene dificultad para pensar con claridad. Tiene dificultad para formular ideas. 	 Dele tiempo para descansar durante sus actividades a lo largo del día (en la escuela o la casa). Resérvele un lugar tranquilo de la casa para que haga las tareas u otras actividades de aprendizaje.



facilidad

SOCIALES O EMOCIONALES

Irritarse o enojarse con • Tiene dificultad para manejar el estés.

- Busque oportunidades para reducir la cantidad de estrés que su hijo tenga.
- Provea un lugar tranquilo donde su hijo pueda tomar descansos, según sea necesario.
- Haga ejercicios relajantes de respiración profunda con su hijo.
- Anímelo a hablar con un amigo o adulto de confianza.
- Recuérdele que la mayoría de las personas se sienten mejor poco tiempo después de la conmoción cerebral.

Síntomas de conmoción cerebral	Cómo podría sentirse o actuar su hijo	Consejos para ayudar con la recuperación de su hijo
Ansiedad o nerviosismo	 Le preocupa atrasarse o siente presión para ignorar los síntomas. 	 Hable con la escuela de su hijo para averiguar si le pueden extender el tiempo para completar las tareas, los trabajos y las pruebas. Ayude a que se mantenga positivo (la mayoría de los niños con una conmoción cerebral se sienten mejor dentro de las dos semanas).
Está triste o se retrae	 Se retrae de la escuela o sus amigos por el estigma o las restricciones en sus actividades. 	 Dele tiempo para hablar con sus amigos y mantenerse conectado. Ayúdelo a mantenerse conectado con sus compañeros de equipo, aunque no participe. Hable con el médico si le preocupa la depresión de su hijo.
SUEÑO		
Dormir más de lo habitual	 Le cuesta despertarse, tiene los horarios de sueño cambiados. 	 Averigüe si puede comenzar la escuela más tarde. Planifique tiempos de descanso durante el día, según sea necesario. Mantenga lo más que pueda una rutina con un horario fijo para acostarse y levantarse.
Dormir menos de lo habitual	 Se irrita fácilmente y le falta energía. 	 Evite que pase tiempo delante de la pantalla y que escuche música fuerte antes de acostarse. Haga que su dormitorio esté oscuro y fresco. Mantenga lo más que pueda una rutina con un horario fijo para acostarse y levantarse.
Dificultad para dormirse	• Se siente cansado o aturdido.	 Limite las siestas durante el día o retome el horario regular de siestas diurnas (según corresponda a su edad). Mantenga lo más que pueda una rutina con un horario fijo para acostarse y levantarse.



¿QUÉ DEBO HACER SI MI HIJO NO SE SIENTE MEJOR?

Hable con el médico si cree que su hijo no está mejorando. Es posible que deba visitar a un especialista con experiencia en el tratamiento de lesiones cerebrales. Pídale al médico el nombre de especialistas en lesiones cerebrales en su área.

La información de este folleto se basa en *Directrices para el diagnóstico y el manejo de lesiones cerebrales traumáticas leves en niños* de los CDC. Puede encontrar más información sobre las directrices, las conmociones cerebrales, las medidas que puede tomar para ayudar a que su hijo regrese a la escuela y a los deportes de manera segura, así como consejos para ayudarlo a sentirse mejor en www.cdc.gov/HEADSUP.

La información provista en este folleto o mediante los enlaces a otros sitios web no sustituye la atención médica ni la atención de un profesional. Las preguntas sobre el diagnóstico y el tratamiento de una conmoción cerebral se deben dirigir al proveedor de atención médica de su hijo u otro proveedor de atención médica.



AGE SAFELY. Protect Your Independence and Health



Centers for Disease Control and Prevention National Center for Injury Prevention and Control

You can age without injury.

People age 65 and older are at higher risk for injury. Common injuries include:



Falls

Falls cause more than 2 million emergency department visits and 31,000 deaths each year. That is more than 85 deaths because of a fall each day.



Traumatic Brain Injury Older adults have experienced a nearly 50% increase in fall-related hospitalizations related to traumatic brain injury, resulting in over 91,000 hospital stays.



Motor Vehicle Crashes

Motor vehicle crashes are the second leading cause of injury death for older adults. On average 20 older adults are killed in a motor vehicle crash each day.



Increased risk can result from reduced physical heath, loss of mobility, and vision loss. Also, some medications cause dizziness, low blood pressure, or confusion, which can increase risk for falls or motor vehicle crashes.

The following tips can help you age safely:

- Talk to your healthcare provider about how to prevent falls.
- Have your doctor or pharmacist review your medications to see if changes could reduce your risk of injury.
- Have your eyes checked yearly.
- Stay active to maintain your strength and balance.
- Review CDC's MyMobility Plan to help keep you mobile and independent as you age.

Learn more about aging without injury at: cdc.gov/injury