

# Face/Neck/Head Injuries: Concussions & Older Adults

**Presenter:** 



"Always There, Always Ready"



## **Concussions or Traumatic Brain Injury (TBI) – What are they?**

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth... causing the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.<sup>3</sup>



## **Concussion Severity**



There is evidence of the reduction of impact forces to the brain due to the use of specific headgear or helmets.<sup>5</sup>

MILD BRAIN INJURY	MODERATE BRAIN INJURY	SEVERE BRAIN INJURY	
<ul> <li>Brief, if any, loss of consciousness</li> </ul>	<ul> <li>Unconsciousness up to 24 hours</li> </ul>	<ul> <li>Unconsciousness exceeding 24 hours (coma)</li> </ul>	
<ul> <li>Vomiting and</li> </ul>	<ul> <li>Signs of brain trauma</li> </ul>	<ul> <li>No sleep/wake cycle during loss</li> </ul>	
Dizziness	<ul> <li>Contusions or bleeding</li> </ul>	of consciousness (LOC)	
Lethargy	<ul> <li>Signs of injury on</li> </ul>	<ul> <li>Signs of injury appear on neuroimaging tests</li> </ul>	

## **Concussion Sign & Symptoms**



- Rapid onset of short-lived neurological impairments
- Some cases, symptoms can evolve over a number of minutes to hours
- May or may not involve loss of consciousness



## **Concussion Signs & Symptoms**



Somatic (physical) - Cognitive - Emotional -Sleep patterns<sup>1</sup>

Physical	Behavioral/Emotional	Cognitive/Thinking	Sleep
Headache	Irritability	Feeling "In a Fog"	Drowsiness
Nausea/Vomiting	Depression	Attention Problems	Excessive Sleep
Tinnitus (Ringing in Ears)	Anxiety	Trouble Remembering	Difficulty Falling Asleep
Blurred Vision	Impulsivity	Trouble Finding Words	Altered Sleep Patterns
Sensitivity to Light/Noise	Lack of Initiation/Drive	Difficulty Filtering Noise	Awaking from Sleep Feeling Drained vs. Refreshed
Dizziness/Balance	Impaired Awareness	& Reeping Up With Conversations	



TBI resulting from fall in the <u>older adults</u> is associated with **declines in physical activity and cognitive function**, as well as **increasing healthcare cost** with **increasing hospital usage**.<sup>2</sup>



# 86 Year Old with 14 year old with 14 Year Old **Probable Alzheimer's** Severe TBI **Healthy Control**







Bigler, Erin D. (2013). Traumatic brain injury, neuroimaging and neurodegeneration. Frontiers in Human Neuroscience, 7(395):1-15.



- Head trauma is a leading cause of morbidity and mortality among older patients.<sup>4</sup>
- The brain and spinal cord are INCAPABLE of regeneration.<sup>8</sup>
- Compared to younger patients, elderly patients with TBI were much more likely to die or require long term care.



### As an older adult:

- Body systems are more fragile and slow to respond/recover<sup>9</sup>
- Concussion symptoms reflect those of pre-existing conditions or medication side effects <sup>1</sup>
- Medications like blood thinners increase risk for bleeding in the brain <sup>10</sup>





### **Prevention** <sup>5</sup>



### Helmets reduce forces

• fully intact w/ proper fit, wear, regular usage

➤ Facemasks

- facial impact injuries
- Indirect head trauma

### Pitchers net



### **Preventive Care 1**



#### Eyesight and Hearing Checks

Going for regular eye and hearing checks. Especially if you experience any changes.

#### Nutrition

Having a well balanced diet and reducing alcohol intake.

#### **Home Safety**

Checking for hazards e.g poor lighting, moping up spills, loose rugs and cables.



#### Footcare

Wearing appropriate and nicely fitting shoes. Taking care of your feet.

#### **Medication Reviews**

Getting regular reviews. Especially if you take several different medications or if you experience any changes in symptoms.



## Strength and Balance

Doing strength and balance exercises 2-3 times per week. Follow the super 6 exercises in the up and about booklet





## **Concussion Management 37**



- Education and baseline cognitive testing
- Removal from activity
- Sideline assessment
- Clinical evaluation
- Cognitive and physical rest, while monitoring symptoms
- Graduale activity integration
- Medical clearance before full return



### **Concussion Management**<sup>7</sup>

### **Sideline Evaluations**

- not perfect selection
- best to remove from distractions for thorough evaluation
- follow up with healthcare providers
- recommend serial monitoring
- re-eval after initial rest period (24-72 hrs)





### **Concussion Management**<sup>7</sup>

**Return to play -** after significant rest, rehab, and clinical re-evaluation

Rest

 $\triangleright$ 

• sleep, no stimulus (reading, TV, music)

➤ Rehab

- pregrssive integration of activity
- first mental, then physical
- stay below point of symptom onset or incre



#### REST RIGHT AFTER THE INJURY Take it easy the first few

days after the injury when symptoms are more severe.



#### WITHIN A FEW DAYS As your child starts to feel better (and within a few days after the injury), he or she can gradually return to regular (non-strenuous) activities.



#### WHEN SYMPTOMS ARE NEARLY GONE When symptoms are mild and nearly gone, return to

and nearly gone, return most regular activities.



#### BACK TO REGULAR NON-SPORTS ACTIVITIES



Recovery from a concussion is when your child is able to do all of their regular activities without experiencing any concussion symptoms.

## **Additional Resources:**

#### How Concussions Work

"What Happens When You Have a Concussion? - Clifford Robbins." *TED*, TED-Ed, <u>https://ed.ted.com/lessons/what-happens-when-you-have-a-concussion-clifford-robbins</u>

#### Concussions Education

CrashCourse. Brain Injury Association of America, 2021; https://youtu.be/is7NjpiW4NY

### • CDC Return to Play Experiences

<u>Return to Play: Learning from the Experiences of Early Implementers.</u> CDC, <u>https://www.cdc.gov/headsup/pdfs/policy/RTP\_Implementation-a.pdf</u>

#### GCU Sports Medicine Policies & Procedures

"Clearance and Concussion Policies," sections 6 & 7 (Dec. 2017) https://s3.amazonaws.com/sidearm.sites/gculopes.com/documents/2017/10/31/GCU Sports Medicine PP 2017 Sep t 26 2017.pdf



### **Additional Resources:**



### • SCAT5

On-field neuropsychological SRC testing tool; https://scat5.cattonline.com/#/assessment/assessment-choice

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https://www.mayoclinic.org/diseases-conditions/concussion/symptoms-causes/syc-20355594

3. "Concussion Protocol 101 Guide." *Concussion Care Management - ImPACT Applications Inc.*, 30 June 2021, <u>https://impacttest.com/concussion-protocol-101-guide/#alert-anchor</u>

4. "What Is a Concussion?" *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 12 Feb. 2019,

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7. McCrory P, Meeuwisse W, Dvorak J, *et al* Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine* 2017;**51**:838-847. <u>https://bjsm.bmj.com/content/51/11/838</u>

8. Robert C. C., *Return to Play Guidelines After a Head Injury*, Clinics in Sports Medicine, Volume 17, Issue 1,1998, Pages 45-60, ISSN 0278-5919.

https://www.sciencedirect.com/science/article/abs/pii/S0278591905700600?via%3Dihub



9. Thompson HJ, McCormick WC, Kagan SH. Traumatic brain injury in older adults: epidemiology, outcomes, and future implications. J Am Geriatr Soc 2006. <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2367127/</u>







## **Comments & Questions**

# Thank you!



