**What is a concussion?** A concussion is a temporary alteration in normal brain function usually due to a direct impact, jolt, or blow to the head. Common causes of concussion include high impact sports, car accidents, and falls. Most concussions improve with a little bit of time and rest. There are no blood tests, x-rays, or brain scans that can definitively prove that you have had a concussion. The diagnosis of concussion comes from an assessment of the mechanism of injury in the context of the clinical presentation to an experienced clinician. The effects of concussion rarely have long-term consequences or serious complication. If the symptoms of a concussion persist or if you develop new or worsening symptoms shortly after the injury, you may need additional evaluation.

**What to do:**

**Symptoms after a blow to the head but NO “Red Flags”:**

See a healthcare professional in Health Services. Varsity athletes at Brown are evaluated by an athletic trainer and will be removed from play if there is any likelihood of concussion. Both Health Services providers and athletic trainers have special training in assessment and treatment of concussions and other injuries.

“Brain rest” may help diminish symptoms. Limit academic work and screen time for 1-2 days. You may need to sleep somewhat more than usual. If you have a headache you may take acetaminophen (*brand name Tylenol*).

During the first 24-48 hours DO NOT:

- drink alcohol
- drive or operate heavy machinery
- exercise
- participate in heavy lifting or strenuous activity
- take ibuprofen (*brand names Advil, Motrin*)

**“Red Flag” symptoms- Contact Brown EMS (3-4111) or local emergency response (911) IF:**

- Loss of consciousness or inability to be awakened
- Severe or increasing headache
- Deteriorating conscious state/ inability to recognize people or places
- Repeated vomiting
- Increasingly restless, agitated, combative or other unusual behavior
- Double vision
- Weakness or tingling/burning in arms or legs
- Seizure or convulsion
- Slurred speech
- Unsteadiness on feet
**Steps to recovery.** Most concussed individuals get noticeably better within several days and are fully back to normal within 2 weeks. The most up-to-date recovery protocols encourage “active rehabilitation”. Studies demonstrate more rapid healing with prompt reintroduction of mild exercise, cognitive (thinking) or academic work, and social interactions early in the recovery process.

**In most cases, after no more than a few days of rest, you can gradually increase your daily activity level as long as your symptoms do not worsen.**

**Cognitive thinking/ academic work:** Reintroduce academic work in regular, brief intervals using your symptoms and body as a guide. If doing so you have worsened symptoms, rest again for another day, and then reintroduce academic work again. It is okay to use acetaminophen (Tylenol) or ibuprofen (Advil/Motrin) to treat headache occasionally at this point in your recovery.

**Mild exercise:** Active rehabilitation includes aerobic exercise at a reduced level compared to what you normally do. If you do not exercise regularly, walking around campus is a good place to start. Routinely active students may start with 10 to 20 minutes of light exercise twice daily and advance time and intensity as tolerated and by gauging your own symptoms. These trials of advancing your physical and cognitive activity will not cause brain damage even if symptoms increase temporarily.

**Confounding factors:** The symptoms of concussion and anxiety can be identical. Concussion itself may bring on anxiety, or cause a previous history of anxiety to flare. Prolonged recovery or long-standing symptoms from concussion may be due to anxiety, and will improve much more quickly when the rehabilitation approach includes a strong component of anxiety treatment. Failing to treat underlying anxiety will slow down recovery. Migraine or other headache disorders, learning disabilities or dyslexia, ADD/ADHD, depression and other psychiatric diagnoses are also important to discuss with your provider during your concussion recovery.

**Return to academics and athletics:** Your clinician and athletic trainer will work with you to monitor your symptoms and provide recommendations to you and the Student Support Deans about academic expectations, athletic participation, and campus resources. Should your symptoms lead to significant impairment of function over time, you will likely be referred to the Brown Student and Employee Accessibility Services (SEAS) Office to discuss long-term accommodations, a community-based sports medicine specialist for further medical consultation, and/or a mental health specialist to ensure your long-term success and well-being.

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**Support and Resources at Brown:**


Brown Health Services- 401-863-3953. [https://www.brown.edu/campus-life/health/services/](https://www.brown.edu/campus-life/health/services/)

Brown Counseling and Psychological Services (CAPS)- 401-863-3476.  
[https://www.brown.edu/campus-life/support/counseling-and-psychological-services/](https://www.brown.edu/campus-life/support/counseling-and-psychological-services/)

Brown Student Support Services-401-863-3145.  
[https://www.brown.edu/offices/student-support/student-support-services](https://www.brown.edu/offices/student-support/student-support-services)

Brown Student and Employee Accessibility Services (SEAS)- 401-863-9588.  
[https://www.brown.edu/campus-life/support/accessibility-services/](https://www.brown.edu/campus-life/support/accessibility-services/)