

What can I expect?

Concussion typically results in the rapid onset of short-lived impairment that resolves spontaneously over time. You can expect that you will be told to rest until you are fully recovered (that means **resting your body and your mind**) and to ensure that you are well hydrated as well as maintain a healthy diet. Your doctor will likely advise that you go through a gradual increase in exercise over several days (or longer) before returning to participation. It is important to refrain from using any drugs or alcohol while showing signs and symptoms of a concussion.

Signs to watch for:

Problems could arise over the first 24-48 hours. You should not be left alone after being diagnosed with a suspected concussion and must go to a hospital at once if experience any of the following:

- Headache that worsens
- Loss or decrease in level of consciousness, seeing "stars"
- Drowsiness
- Difficulty remembering people and/or events
- Nausea or vomiting
- Noticeable change in behavior
- Convulsions or seizures
- Weakness or numbness in extremities
- Continuous ringing in the ears
- Blurred or double vision
- Slurred speech or inability to speak
- Poor coordination or dizziness

It's okay to:

- Use acetaminophen (Tylenol) for headaches
- Go to sleep
- Use an ice pack on the head/neck as needed
- Eat nutritious meals
- Return to school
- Rest

It's not okay to:

- Take Aspirin or Ibuprofen (Advil)
- Drink alcohol

Avoid:

- Watching TV
- Texting or excessive use of cell phone
- Computer activity
- Exercising

There is NO need to:

- Wake up every hour

If you are a Sport Club participant, you will be required to complete the Return to Play Protocol with the Athletic Trainers. You can schedule an appointment at <https://recsports.ufl.edu/sports/sport-clubs/athletic-training/>

It is strongly recommended that you seek further care with a physician. Physicians are located at the Student Health Care Center on campus and take walk-ins within 72 hours of the initial injury.

Rate the severity of each symptom on a scale of 0-6. 0 indicates you are not currently experiencing that symptom (rate symptoms based on how you feel now). Complete this checklist around the same time every day after initial injury. Add symptom scores and report final number at the bottom of each column (maximum possible 132). Once all your symptoms have returned to zero, it is appropriate to seek a physician or certified medical professional to obtain your written clearance note.

0 = None 1 = Mild 3 = Moderate 6 = Severe

Symptoms	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:	Date & Time:
Headache								
"Pressure in head"								
Neck Pain								
Nausea or vomiting								
Dizziness								
Blurred vision								
Balance problems								
Sensitivity to light								
Sensitivity to noise								
Feeling slowed down								
Feeling like "in a fog"								
"Don't feel right"								
Difficulty concentrating								
Difficulty remembering								
Fatigue or low energy								
Confusion								
Drowsiness								
Trouble falling asleep								
More emotional								
Irritability								
Sadness								
Nervous or anxious								
Total # of Symptoms: Total Score:								
Do your symptoms get worse with physical activity? (Yes or No)								
Do your symptoms get worse with mental activity? (Yes or No)								