

Concussion **MYTHS**

MYTH Concussions only happen in contact sports like football.

TRUTH When someone is in motion, including any organized sport and physical activity there is a risk of concussion.

MYTH You need to be hit in the head to suffer a concussion.

TRUTH A blow to the body can be just as dangerous, transmitting force to the head.

MYTH You need to be knocked out to suffer a concussion.

TRUTH 90% of those injured do not lose consciousness.

MYTH A player can tell when he or she has sustained a concussion.

TRUTH The player is the wrong one to ask, especially in the first 24 hours.

MYTH The severity of a concussion is based on loss of consciousness and memory loss.

TRUTH Concussion severity is based on the nature of the trauma, burden, duration of symptoms, the frequency and any past history of sustaining concussions.

MYTH If a CT or MRI scan is normal, then an injured athlete does not have a concussion.

TRUTH These scans can identify skull fractures and bleeding, but not concussions. Concussion requires a clinical diagnosis.

MYTH Frequently awaken concussed athletes at night "to make sure they are okay."

TRUTH This practice is no longer recommended. Rest is more beneficial.

MYTH Mouth guards can prevent concussions.

TRUTH There is no evidence they prevent concussions. They are good at preventing dental injuries.

MYTH Soccer (soft) headgear protects athletes from sustaining a concussion.

TRUTH No evidence this equipment prevents concussions.

MYTH Football helmets prevent concussions.

TRUTH Helmets may actually increase concussion risk.

MYTH In football, receivers have the most concussions.

TRUTH Linebackers, offensive linemen and defensive backs sustain the most concussions.

MYTH Most concussions in soccer occur from heading the ball.

TRUTH Most occur from player contact.

MYTH Cheerleading has the highest concussion rates for female athletes.

TRUTH It is soccer.

MYTH A new combination of concussion tests can predict when recovery from concussion will be prolonged.

TRUTH Despite advancements, tests are unable to accurately predict a recovery timeframe.

MYTH With neuropsychological testing, there is now tools to detect all concussions.

TRUTH A significant number of concussions cannot be identified with these tests.

MYTH Neuropsychological testing detects a concussion best within the first 24 hours.

TRUTH The ideal timing, frequency and type of neuropsychological testing has not been determined.

MYTH Pre-season baseline neuropsychological testing is always useful in making the diagnosis of concussion when compared to post-injury testing weeks or months later.

TRUTH Even in the best environments, this form of testing and interpretation can be difficult and requires an honest effort on the part of the athlete.

Learn more about the education, recognition and management of sports related head injuries at:
www.KansasConcussion.org

KSCP
Kansas Sports Concussion Partnership