

BEST PRACTICES – CONCUSSION RESPONSE AND RECOVERY

Whether on the floor, the field, or in rehearsal, the health and well-being of every performer is a shared responsibility among instructional staff, volunteers, and organizational leaders. While WGI is not a medical organization and cannot provide clinical advice, we recognize the serious risks associated with concussions and the importance of early recognition, appropriate response, and informed return-to-activity decisions. We believe it is essential to equip leaders and staff with a framework of best practices and accessible, practical tools to guide decision-making when an incident may occur. This guide is not a substitute for medical evaluation, diagnosis, or treatment, and should not be used as such.

Research from the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the National Athletic Trainers' Association (NATA) consistently emphasizes that:



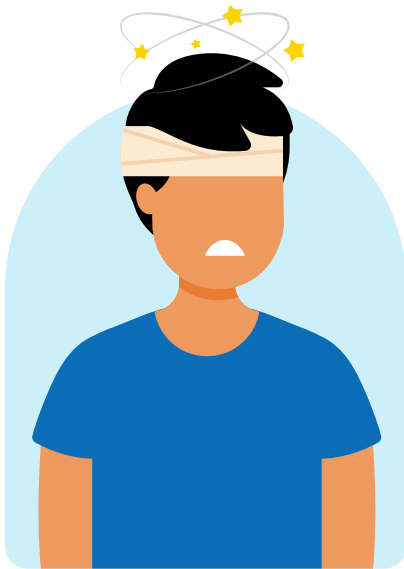
Concussions can occur without loss of consciousness and may present with subtle or delayed symptoms.



Younger individuals may experience longer recovery times from concussions due to ongoing brain development.



Early recognition, immediate removal from activity, and proper medical management are essential to reducing the risk of prolonged symptoms or secondary injury (e.g., second impact syndrome).



WHAT IS A CONCUSSION?

Concussions are often referred to as “invisible injuries,” but their impact on brain function can be significant—particularly when unrecognized or mismanaged. In youth and emerging adult populations (ages 12–24), concussions are of particular concern due to ongoing brain development, higher risk of re-injury, and potential academic and cognitive disruption if recovery is not handled properly.

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head—or by a hit to the body—that causes the brain to move rapidly back and forth within the skull. This sudden movement can cause the brain to bounce, twist, or stretch, leading to chemical changes and sometimes damage to brain cells.

Concussions disrupt normal brain function and can impact thinking, balance, coordination, memory, emotional regulation, and sensory perception. These symptoms may appear immediately or emerge hours or days after the incident.

While concussions are commonly associated with contact sports, they also occur in performing arts environments, including color guard, percussion, and winds. Examples of concussion-causing events in WGI settings may include:



Collisions during fast-paced movement or transitions



Falls during choreography or equipment work



Accidental strikes from equipment, props, or instruments



Hard landings or impacts on hard floors or props



Performance fatigue leading to missteps or improper technique

RECOGNIZING A POSSIBLE CONCUSSION

A concussion can occur from a direct blow to the head or a forceful impact to the body that causes the brain to move rapidly within the skull. Even incidents that appear minor—such as a fall, equipment strike, or unintentional collision—can result in a concussion.

Observable Signs (as seen by staff or peers)

- Appears dazed or stunned
- Forgets choreography or instructions
- Confused about time, location, or role
- Moves clumsily or has balance difficulty
- Answers questions slowly or incoherently
- Displays unusual behavior or personality changes
- Loses consciousness (even briefly)
- Vomits or experiences a seizure

Reported Symptoms (shared by the participant)

- Headache or “pressure” in the head
- Nausea or vomiting
- Dizziness or balance problems
- Blurred or double vision
- Sensitivity to light or sound
- Confusion or difficulty concentrating
- Fatigue, foggiess, or slowed thinking
- Feeling “off” or not themselves

Note: Symptoms may appear immediately or be delayed for hours or even days. Any new or concerning behavior following an impact should prompt removal from activity.



IMMEDIATE RESPONSE PROTOCOL

If a concussion is suspected:

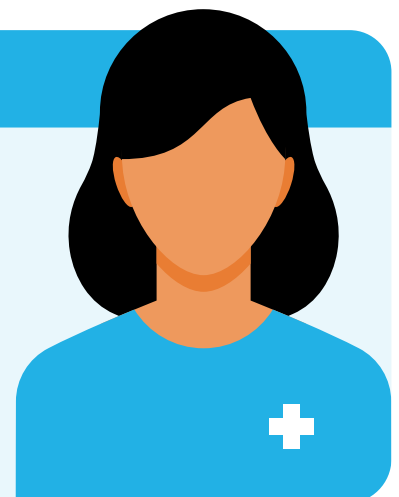
- Remove the individual from activity immediately. Do not allow them to continue rehearsing or performing “to see if they feel better.” Continuing activity increases the risk of serious injury.
- Ensure they are not left alone. Monitor for worsening symptoms such as drowsiness, repeated vomiting, slurred speech, or seizure activity—any of which require emergency medical attention.
- Inform a parent, guardian, or emergency contact. Prompt communication is critical.
- Refer to a licensed medical provider trained in concussion evaluation and management (e.g., physician, nurse practitioner, or certified athletic trainer).
- Document the incident. Use an internal injury or incident report that includes time, mechanism of injury, observed signs, and reported symptoms.

Note: DO NOT attempt to diagnose or “clear” a participant for return unless you are a qualified medical provider.

REFERRAL TO MEDICAL PROFESSIONALS

A participant should be referred for professional medical evaluation if:

- ✓ They exhibit any signs or symptoms listed above
- ✓ They report persistent or worsening symptoms
- ✓ There is any loss of consciousness
- ✓ They have a history of prior concussions
- ✓ You are unsure about their safety to continue
- ✓ WGI-affiliated groups are strongly encouraged to develop relationships with school-based medical professionals, local urgent care providers, or athletic trainers to facilitate access to timely care.



RETURN TO PARTICIPATION (RTP): A GRADUATED APPROACH

Evidence from the 5th International Consensus Statement on Concussion in Sport and CDC recommendations supports a stepwise return-to-activity approach following medical clearance. This protocol allows for gradual reintroduction to cognitive and physical demands while monitoring for any return of symptoms. A participant may begin this process only after they are symptom-free at rest and have received written clearance from a medical provider.

- 1 Light cognitive and physical activity (24–48 hours post-clearance):**
Short attendance at rehearsal or class in a quiet environment; no intense focus or stimulation.
- 2 Moderate activity (light aerobic movement, low-intensity warm-up):**
Walking, stretching, light equipment handling under supervision. No spinning, jumping, or head movement choreography.
- 3 Full rehearsal (no performance):**
Reintroduction of full routine movements without public performance. No contact, stunting, or emotionally charged cues.
- 4 Return to performance:**
Full participation in shows, competitions, and travel—only if symptom-free at all prior stages and cleared by a provider.

Note: At least 24 hours should separate each stage. If any symptoms return, the performer should stop the progression and consult their provider.

CREATING A SUPPORTIVE ENVIRONMENT



- ✓ **Normalize reporting:** Encourage participants to speak up if they feel “off” after a hit or fall—without fear of disappointing staff or missing out.
- ✓ **Model adult responsibility:** Staff should never pressure or “tough out” symptoms for themselves or others. This sets a dangerous precedent.
- ✓ **Honor medical authority:** Never override or dismiss a provider’s guidance regarding removal or return timelines.
- ✓ **Protect academic and cognitive health:** Work with the participant’s school or workplace to allow appropriate accommodations during recovery (reduced screen time, adjusted attendance, etc.).



KEY REMINDERS

- You don’t need to be a medical expert to recognize that something isn’t right.
- When in doubt, sit them out and refer to a licensed healthcare provider.
- A gradual, monitored return is safer and promotes long-term participation, not just short-term performance.