

When Concussions Occur at Summer Camp: A Guide for Summer Camp Staff

Initial rest followed by a gradual return to activity is the best strategy for recovery. Too much activity (mental and physical) early in the recovery process may significantly worsen symptoms. However, too much rest late in the process can cause problems. The time period for rest is different for each person and should be guided by symptoms and recommendations from a healthcare professional. Early in the recovery, allow the camper to sleep as much as they need. In the first few days following the injury, the camper should not participate in activities that significantly increase symptoms.

Activities to avoid may include:

- Any physical activities that put the camper at risk for another head injury, such as collision/contact sports, ball sports where there is a risk of collision, helmeted sports/activities such as horseback riding, etc.
- Cognitive activities that require a lot of concentration or eye tracking and provoke symptoms, such as playing video games, texting, using computers/social media, etc.

The camper can slowly return to mental/cognitive and physical activity as they begin to feel better.

Returning to usual camper activities

Step 1

Immediately after a concussion, it is beneficial to take a break from camp activities where there may be a lot of “busy” activities, noise or areas that are very crowded. It is also important to limit any activities that require a lot of eye tracking, such as watching sporting events, playing video games or texting.

The camper may do activities with low-cognitive demands, such as drawing, cooking, and playing card or board games. They may need to avoid busy or loud areas, such as recreational or dining halls.

The camper may participate in light non-contact physical activity as tolerated, such as light walking. This does not include any type of sports training, contact activity or ball sports.

Step 2

Once the camper is feeling better, they can experiment with “busier” social activities and see how they feel. It is always important to have an “exit strategy” or an easy way to leave the activity and take a break if symptoms increase significantly. The best approach to reintroducing higher levels of social activities is to participate in short bursts of time (15-30 minutes) with frequent breaks.

If light non-contact physical activity does not increase symptoms, the camper can advance to moderate non-contact aerobic/cardio activity, as tolerated. This may include light jogging/running or light stationary bike. These activities should not make symptoms significantly worse.

Step 3

As the camper starts to tolerate their regular daily activities with the rest of their group, they can try to add in activities that include higher levels of eye tracking and cognitive demands, such as eating in the dining hall, reading, playing video games, puzzle books and watching sporting events.

If moderate non-contact aerobic activity does not increase symptoms, they can advance to heavy non-contact aerobic activity as tolerated.

Once the camper can tolerate a full day of usual camping activities, and can tolerate moderate non-contact aerobic activity, they can try heavier levels of physical activity. This would include exercises such as moderate jogging/running, moderate-intensity stationary biking, throwing a baseball and kicking a soccer ball, or supervised water sports such as swimming, canoeing or kayaking. No contact or collision sports are permitted.

Step 4

Once the camper has recovered, they may advance to a [Return to Play Protocol](#) that resumes sport activity. Once the camper is able to tolerate heavier levels of non-contact physical activity, he may advance to heavy non-contact physical exertion, including sprinting/running, high-intensity stationary biking, and non-contact play. No contact or collision sports are permitted.

Step 5

If asymptomatic with the Return to Play Protocol, the camper may be cleared by a healthcare provider with experience in concussion management.