Sports concussion is more common in the paediatric age group (< 12 years) than any other group of athletes.

Sports related concussion rates in children and young people have risen 60% in the past decade.

Although concussion in children is common, if appropriately managed the child will usually progress to rapid recovery.

Children have significant physical and developmental differences that place them at higher risk of concussion compared to adults. These include:

- Poorly developed neck muscles
- Increased head to neck ratio
- Brain cells and pathways still developing

This results in a greater injury to the child’s brain for the same impact force.

It is recommended that children (5-17 years) should be managed more conservatively than adults because:

- Their brains are still developing
- Children are more easily concussed than adults
- Children experience more symptoms and take longer to recover

**Return to school**

- Concussion can cause problems with memory and information processing which interferes with the child’s ability to learn
- It is reasonable for a child to miss 1-2 days of school after concussion but extended absence is uncommon
- Children are not to return to school until medically cleared
- Occasionally children will need to progress through a graduated return to school program

**Return to play**

- Children are not to return to play/sport until they have successfully returned to school without worsening of symptoms
- Children should be returned to play through a graduated return to sport program
- For children, the graduated return to sport program should be extended to include a longer rest period (48hrs) and recommended minimum of 14 days from when the symptoms cease before returning to full contact sport (after medical clearance)

For children, a more conservative approach should be adopted – with an emphasis on return to learn.