## **NEUROMYTHOLOGY: DEBUNKING THE TOP CONCUSSION MYTHS**



UPMC's Sports Medicine Concussion Program is helping people everywhere rethink concussions. The foremost leader in the field, UPMC and its multi-disciplinary team of experts has shown that while there are many different types of concussions, the injury can be managed with the right expertise and personalized approach to care.

Michael "Micky" Collins, Ph.D., director of the UPMC Sports Medicine Concussion Program, is a preeminent sports-related concussion expert. Dr. Collins and the UPMC team are committed to changing the concussion conversation and raising awareness of treatment possibilities that make rehabilitation a reality.

To help demystify some of the misconceptions about concussion, Dr. Collins breaks down the most common "neuromythology" being perpetuated today. Learn more by visiting ReThinkConcussions.com.

I FACT	
A concussion may be caused by a direct be to the HEAD, FACE, NECK, or ELSEWHE ON THE BODY if the force of the impact transmitted to the head	IERE
curs only when <b>RIENCES A</b> sness Concussions can occur WITH OR WITHOR loss of consciousness (LOC), and about 9 of concussions DO NOT RESULT IN LOC	95%
K       Image: Constraint of the second	
There are many different signs/symptoms concussion. Any athlete who displays these symptoms <b>SHOULDN'T</b> be allowed to ret to the current game or practice, even if the symptoms clear quickly	ese eturn
s, treatments re ALIKE NO two concussions are identical. Our research has identified six different clinical trajectories for concussion	
aced in a dark from a concussion <b>EVIDENCE-BASED ACTIVE TREATMEN</b> for concussion <b>exist</b> , including vestibular the vision therapy, exertion therapy and medica	herapy,
Proper clinical management is the best for of prevention; recovery from one should N put an athlete at risk of another. But there some inherent conditions (i.e. migraines) can put you at higher risk	NOT re are
FINITIVELY brain damage matic (CTE) Potential long-term effects from concussion come <i>primarily</i> from <b>POORLY MANAGEI</b> <b>INJURIES</b> . Scientific studies linking concussion and long-term effects are still in progress and definitive conclusions can be made	ED Ission
uth guards T concussions While helmets have been shown to protect against skull fracture and severe traumatic brain injury, there is <i>very little evidence</i> the particular brand of helmet <b>REDUCES</b> the incidence of concussion. Mouthguards, too	tic that a e
RIENCES A       Ioss of consciousness (LOC), and about 9 of concussions DO NOT RESULT IN LOC         Sness       Various factors, including AGE, GENDER, and MEDICAL         HISTORY, put an individual at risk for sustaining a concussion       Image: Concussion of the concussion         player to return te or practice       Image: Concussion SHOULDN'T be allowed to return the correct game or practice, even if the current game or practice, even if the symptoms SHOULDN'T be allowed to return to the current game or practice, even if the symptoms clear quickly         s, treatments re ALIKE       Image: Concussion         acced in a dark from a concussion       Image: Concussion exist, including vestibular the vision therapy, exertion therapy and medica         ussion places RISK for ms       Image: Concussion exist, including vestibular there some inherent conditions (i.e. migraines) can put you at higher risk         FINITIVELY brain damage matic (CTE)       Image: Concussion         uth guards r concussions       Image: Concussion	95 O O I I I I I I I I I I I I I

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