<b>LSU Health</b> NEW ORLEANS School of Medicine Louisiana State U Surgery, Divisio Rehabilit	<b>Type S</b> <b>Type S</b> <b>Ayala<sup>1</sup>, Holly</b> <b>Sc</b> Jniversity Health Sci of Trauma Critical ation <sup>3</sup> , Louisiana Sta	<b>Sport</b> a <b>Sport</b> a <b>Spor</b>	and Co ahrukh Khan ndsay Elliot <sup>3</sup> ool of Medicine <sup>1</sup> , L lospital New Orlea th Sciences Cente	<sup>1</sup> , Ema Co <sup>2</sup> , Dr. Jessica ouisiana State Un ans, Department of S	A standard a standard and the standard a		
Introduction		Res	ults		Discussion		
Sports-related concussions (SRC) in the pediatric		Practice (212)	Game (476)	p-value	<ul> <li>Concussion incident followed a temporal distribution based or sports' seasons (Fig. 1)</li> </ul>	ו	
population have become a topic of unique interest in the last decade as participation in sports has	Age (years)	13.51±3.0	14.44±2.32	<0.0001		on	
increased drastically.	Sex (male)	133	338	0.0311	<ul> <li>Football was the sport with the most concussions in ou</li> </ul>	r	
	Race (N, white)	108	208	0.0782	CONORT. (9-11)		

Timing of Chart Dolotod Concursions Dohond

- SRC are defined as mild traumatic brain injury (TBI) during athletics resulting in the onset of neurological impairments and a constellation of symptoms such as headache, nausea, vomiting, dizziness, confusion, and lethargy.(1)
- Concussions account for approximately 75% of all pediatric TBIs, with SRC accounting for 65% of pediatric concussions.(2)
- in Concussions alterations are due to electrophysiology, hemodynamic response, network connectivity, and glucose metabolism between neurons.(3, 4)
- There is some evidence for post-concussion acute cognitive impairment, psychiatric illness, and poor school performance, but the long-term outcome for the pediatric population is poorly understood.(1)
- The aim of our study is to stratify the incidence of SRC within the New Orleans pediatric population by type of sport, time of year, setting (i.e., practice or in-game), insurance type, and sociodemographic

surance Aedicaid)	133	303	0.8172
ength of ollow up	44.09±116.87	46.24±109.72	0.4104
umber of ollow ups	2.22±1.73	2.20±1.69	0.4440

 Table 1. Demographics of Practice vs Game SRC

Sport	Practice	Game	P value
Football	84	190	
Soccer	9	97	
Basketball	19	62	
Volleyball	8	26	
Cheerleading	33	12	<0.0001
Baseball/Softball	11	43	
other	33	46	

• Children who sustained SRC at practice were more likely to be male and younger than those who sustained SRC during competition. (Table 1) Similar trends were found when comparing high school and collegiate level. (13)

- Most concussions occurred during in-game settings instead of during practice. Studies on while looking at national US high school data from 2008-2012 found similar results. (11)
- In contrast, cheerleading concussions were more prevalent during practice. (Table 2) This could be explained by the repetitive nature of cheerleading practice when compared to competition. (12)

# Conclusion

- SRC incidence is situation and temporal dependent.
- Studying the nuances of concussion incidence, presentation, and diagnosis can provide insight into expanding community,

characteristics.

hypothesize that there will be significant • We differences in temporal and situational injury patterns in pediatric patients with SRC.

 Table 2. Type of Sport of Practice vs Game SRC

## Methods

- **Retrospective chart review of patients less than 18** years old who were diagnosed with SRC at our stand-alone children's hospital from January 2007 to December 2021 was performed.
- Demographics (age, sex, race), sports played, setting (practice or in-game), insurance type (Medicaid, private or uninsured), number of follow ups, date of first HPI, and date of last follow up visit were collected.



Figure 1. Temporal distribution (by month) of concussions by sport.

#### school-based, and parent education.

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#### We performed t-test, chi-square vs Fischer's exact analyze outcomes between sports, tO demographics, and setting insurance types, and demographics.

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