
HD Online Player (Sucker Punch (2011) Extended Cut 108)



the signs and symptoms scale (sss) is an official sign-and-symptom scale used for clinical and research purposes in the sports-medicine community (chollet et al., 2001). the sss (chollet et al., 2001) has been used in a wide range of outcome studies (burton et al., 2010 ; ehrich et al., 2011 ; goldie et al., 2004 ; guskiewicz et al., 2001 ; mcrea et al., 2004 ; mcrea et al., 2008 ; mcrea et al., 2009 ; mitchell et al., 2004 ; sifneos et al., 2012 ; stinson et al., 2004 ; worthington et al., 2011 ; zocher et al., 2007). it can be used to assess signs and symptoms at any time during and after recovery from concussion; it can be used by athletes and their parents and family members to assess the return to play decision. the sss is useful because it takes into account the number of symptoms and the duration of those symptoms (rohleder, 2006). for instance, the sss would classify a sign or symptom as absent (0), mild (1), moderate (2), or severe (3), but a sign or symptom that has been present for a continuous 10 minutes or longer would be counted as present regardless of its severity. study limitations included variability in the medical diagnosis among concussed athletes and the difficulty of recalling post-injury symptom changes and their severity. high injury rates could limit the generalizability of these findings to other populations. the follow-up data were collected approximately 10 days (range, 6-13 days) following injury, which may not have been long enough to determine the long-term effects of sustained concussive symptoms (mccrory et al., 2012). although our findings are promising, future investigations are needed to establish whether the s100b test is capable of being a clinical tool in the objective diagnosis of concussion. further investigation is also needed to test the added value of s100b on top of other tests and clinical symptoms (chollet et al., 2001) and to determine which conditions best suit s100b testing.

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athletes should be evaluated and monitored by an athletic trainer after a concussion, even if they do not have symptoms. typically, the earliest sign of a concussion is a change in mental status. there may be changes in eye contact or mood. a player may be at increased risk for long-term cognitive problems and brain injuries if they are not evaluated and treated as soon as possible following a concussive injury. although many cases of acute concussion resolve with few or no symptoms, chronic symptoms are not uncommon. previously concussed persons often report that their cognitive deficits may not fully resolve, and the incidence of late-onset complications continues to increase as the number of treated patients increases (crary, matharu, & lowe, 2004 ; geras, bystricky, & mcallister, 2007 ; growdon, gorman, & chan, 2008 ; hodges et al., 2002; lin et al., 2010). reporting of late-onset symptoms may be under-detected (bystricky et al., 2009 ; deas et al., 2009 ; murphy et al., 2009 ; peterson et al., 2010 ; wu et al., 2012) and studies suggest a substantial proportion of patients with a history of concussion have persistent impairments (mylarski, 2013 ; mylarski, bystricky, & o'callaghan, 2013a ; mylarski et al., 2013b ; mylarski, myers, bystricky, & o'callaghan, 2012). concussed athletes may present with delayed concussion symptoms, which can be more prevalent in younger and/or more contact sport athletes (mylarski, 2013 ; mylarski, bystricky, & o'callaghan, 2013a ; mylarski et al., 2013b). motor symptomatology is more common in the days following injury, and during this time athletes are at increased risk of an exacerbation of symptoms in subsequent games or practice due to the repetitive head impact exposure associated with contact sports (mcallister & mckenzie, 2004 ; petry et al., 2010; reichel et al., 2004; stewart, vincent, & vallières, 1998). Sec8ef588b

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