It was once thought that children were more resistant to, and recovered quicker from brain trauma than adults, because their developing young brains could recover faster. But, recent studies show children’s skulls are only 1/8 as strong as adults, which makes children much more vulnerable to far worse injury(ies).

Many medical and education professionals are unaware of the learning and social difficulties that can result from a brain injury. Because they are so often misdiagnosed, students with brain injuries are thought to be emotionally disturbed, or to have an intellectual disability. As a result, they rarely receive the educational assistance and support that they desperately need.

It is extremely important to plan for the child’s education after experiencing a brain injury. The child will require an Individualized Education Program (IEP), which must remain flexible and adaptable as the parents, school and student learn more about the student’s needs.

Acquired brain injury symptoms vary greatly in degree by injury, and from person to person. They can be mild, with short term disorientation and unconsciousness, or severe, with extended loss of consciousness and/or memory loss.

- Be sure that children always wear appropriate helmets when engaging in activities where falls are likely, such as cycling, baseball, snow sports, hockey, riding snowmobiles and ATVs.
- Learn to recognize brain injury symptoms, as adults and children share many of the same.
- Be sure to follow the appropriate steps to care for a person with an acquired brain injury.

Acquired brain injury is the leading cause of death and disability of Canadians under the age of 40. Thirty percent of all brain injuries in Canada are among children and youth.

Acquired brain injuries are a leading cause of death and disability among First Nation children and youth, occurring at rates three to four times the national average.

A child’s head doesn’t have to be hit so hard that there is a loss of consciousness to sustain a brain injury. Mild acquired brain injury, also known as a concussion, can damage their brain at the cellular level. Brain injury may cause long term learning and social challenges.
It is very important for anyone with a potential acquired brain injury to quickly receive care, especially if it is a child. Why is early detection and management of a childhood brain injury so important?

Acquired brain injuries can affect many of the brain's processes, such as speech, memory, concentration, emotion and sensation. These symptoms may happen days or weeks after the initial trauma, and without management, may cause learning and behaviour difficulties that will negatively impact the child's entire life.

Repeated acquired brain injuries can result in significant mental and physical impairment. And, if they occur over a short period of time, can even result in death.

Acquired brain injury can increase the likelihood of a child being affected by a host of other issues later in life, such as substance abuse, and/or Parkinson's disease, Alzheimer-type dementias and epilepsy.

We all need to learn what acquired brain injury is, what events are most likely to cause one, and then take necessary protective measures.

Acquired brain injury is usually caused when the head strikes a hard surface, or is struck forcibly by an object, as in:

- A fall - Falls are the most common cause of acquired brain injuries. The fall doesn't need to be from a great distance to potentially cause an acquired brain injury.
- A motor vehicle crash
- Being struck by, or running into something (frequently when engaging in sports or other recreational activities)
- Fighting and physical abuse (like shaking)

But, brain injury can also be caused by:

- Anoxia (when breathing or heartbeat ceases)
- Infections of the brain, and/or its covering
- Tumors

Children can’t describe their feelings and symptoms like adults can, especially very young children. Every adult providing care for children needs to be aware of brain injury signs and symptoms.

Watch for any of the following for up to a few weeks after a head injury:

**Changes to health:** May begin to complain about feeling ill, and/or begins to throw up.

**Changes in mood:** May become excessively irritable, or uncaring and listless.

**Changes in eating habits:** May lack normal interest in eating or nursing, or may become excessively hungry all the time.

**Changes in sleeping habits:** Difficulty going to sleep, staying asleep, or may sleep much more than before.

**Changes in behaviours:** Normal school and play behaviors begin to change, usually with increased problem behaviors.

**Changes in energy levels:** Becomes overly tired, and/or lacks interest in usual activities.

**Changes in memory:** Easily forgets what is told, and may forget recently-acquired skills like toilet training.

**Changes to comfort:** Continues to cry, and is unable to be calmed or comforted.

**Changes to balance:** Problems with balance and walking - gets worse as she or he tires.

**Changes to the head:** Headache that worsens and won’t go away.

**Changes to feelings:** Weakness, numbness, tingling of the arm or decreased coordination.

**Changes to speech:** Slurred speech.

**Changes to alertness:** Looks very drowsy, or cannot be awakened.

**Changes to eyes:** One pupil (the black part in the middle of the eye) is larger than the other.

**Changes to body:** Convulsions or seizures.

**Changes to recognition:** Cannot recognize people or places.