**Acute Concussion/ Mild Traumatic Brain Injury**

**Guidelines for Evaluation and Reentry to School and Sports**

Dear Parent/ Guardian,

Your child is being referred to your physician for symptoms of possible concussion. Please ask your physician to complete the attached medical orders form at your visit. This medical concussion plan should be given to the school nurse or athletic trainer as soon as your student returns to school.

Symptoms noted and of concern at present include (circle or check):

|  |  |  |  |
| --- | --- | --- | --- |
| Fatigue | Trouble falling asleep | Nausea or vomiting | Sensitivity to light and/or noise |
| Headache | Feeling mentally foggy | Balance problems | Numbness and tingling of extremities |
| Dizziness | Feeling slowed down | Vision problems | Difficulty remembering or concentrating |
| Irritability | Feeling more emotional | Nervousness | Sleeping more or less than usual |

**Call your doctor immediately or go to the emergency room for any of the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| Seizures | Slurred speech | Increasing headache | Numbness of arms/legs |
| Neck pain | Repeated vomiting | Drowsiness, can’t awaken | Cannot recognize people/places |
| Weakness | Increasing confusion | Loss of consciousness | Unusual behavior/irritability |

RN or ATC signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Orders for Concussion**

Please return to the school nurses for coordination with counselor, athletic trainers, counselor and teachers

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Initial Physician Evaluation: \_\_\_\_\_\_** No concussion suspected- no restrictions at this time.

**\_\_\_\_\_\_** Diagnosis: concussion-please indicate currently appropriate interventions for school and activities below.

Physician name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Phase | School Attendance | Reading, Computer, Texting, TV | Homework | Tests | Physical Activity | Date | MD Signature |
| 1 | No school | None | Initially none-  gradually increase in 15 min. increments if symptom-free | None | None |  |  |
| 2 | ½ day with supports | In school as tolerated | None | None | None |  |  |
| 3 | Full day with supports | As tolerated without symptoms | 50% | 1 per day | None |  |  |
| 4 | Full day | Begin makeup of missed work | 100% | 100% | None |  |  |
| 5 | Full day & 5 part Graduated Return to Play Protocol (GRTP) | 100% | 100% | 100% | Yes- after MD Clearance &GRTP |  | **Requires Clearance by MD:** |

If baseline Impact Test previously done, ATC will schedule a repeat exam.

\_\_\_\_\_Baseline not available

\_\_\_\_\_Achieved acceptable score on repeat Impact Test

ATC signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School medical examiner clears student to begin GRTP.

Physician name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School nurse and ATC/PE teacher will coordinate GRTP as long as student remains symptom free. If symptoms return, student should resume rest, resuming the gradual return to play when symptom free.

* \_\_\_\_\_Resume LOW levels of physical activity (only if symptoms free before, during and after activity) This includes walking, light jogging, light stationary biking, light weight lifting (lower weight, higher reps, no bench, no squat)
* \_\_\_\_\_Resume MODERATE levels of physical activity with body head movement. This includes jogging, brief running, moderate intensity stationary biking, moderate intensity weightlifting, such as reduced time and reduced weight from your usual routine.
* \_\_\_\_\_Resume heavy NON-CONTACT physical activity. This includes sprinting/running, high intensity stationary biking, regular weightlifting routine, sport specific drills (in three planes of movement.)
* \_\_\_\_\_Resume CONTACT in CONTROLLED PRACTICE.
* \_\_\_\_\_Resume CONTACT in GAME PLAY.

ATC/PE teacher name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATC/PE teacher signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Orders for Concussion, Extended Recovery Period**

Please return to the school nurses for coordination with counselor, athletic trainers and teachers

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Treatment plans:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Referral Plans:

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* Accommodations such as home bound instruction , 504 plan, or CST evaluation requested & coordinated with Guidance Supervisor:

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