

# Health Care Plan following a suspected concussion

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

\*Healthcare Provider Name: \_\_\_\_\_ Clinic's Name: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_

**Date of Concussion Diagnosis:** \_\_\_\_\_ **(Accommodations can be modified as the student's symptoms improve/worsen)**

\*The above named student has been diagnosed with a concussion (a brain injury) and is currently under our care. Classroom flexibility, accommodations and additional supports are needed during recovery. The following are suggestions for academic accommodations to be individualized for the student as deemed appropriate in the school setting.

Area	Requested Accommodations RETURN TO LEARN PROTOCOL - RTL	Comments
<b>Attendance</b>	<input type="checkbox"/> No School <input type="checkbox"/> Partial school day as tolerated by student—emphasis on core subject work <i>encouraged classes:</i> _____ <i>discouraged classes:</i> _____ <input type="checkbox"/> Half school days (alternate half days mornings and afternoons, if possible) <input type="checkbox"/> Full school days as tolerated by student (note accommodations in comment section) <input type="checkbox"/> Allow water bottle in classes and a snack every 2 - 4 hours	
<b>Breaks</b>	<input type="checkbox"/> If symptoms appear or worsen during class, allow student to go to a supervised quiet area or nurse's office. <i>*If no improvement in symptoms within 30-60 minutes, allow dismissal home.</i> <input type="checkbox"/> <i>Mandatory Breaks:</i> _____ <input type="checkbox"/> Allow breaks during day as deemed necessary by student or teachers/school personnel	
<b>Visual Stimulus</b>	<input type="checkbox"/> Enlarged print (18 font) copies of textbook material/assignments/preprinted notes. Use of soft colored paper for reading (pastels) <input type="checkbox"/> Note taker for in class materials <input type="checkbox"/> Limited computer/TV screen, bright screen use (reduce brightness setting on monitors/screens), limit PowerPoint presentations <input type="checkbox"/> Allow handwritten assignments (as opposed to typed on a computer) <input type="checkbox"/> Allow student to wear brimmed hat in school, seat student away from windows and bright lights <input type="checkbox"/> Change classroom seating to front of room as needed	
<b>Auditory Stimulus</b>	<input type="checkbox"/> Avoid noisy classroom activities and loud classes and/or places (i.e. music or shop class, cafeteria, gym, etc.) <input type="checkbox"/> Lunch in a quiet place (with a friend - avoid social isolation) <input type="checkbox"/> Allow student to wear earplugs (or unplugged earbuds) as needed <input type="checkbox"/> Allow class transitions <b>before</b> the bell (avoiding noisy, congested hallways)	
<b>School Work</b>	<input type="checkbox"/> Simplify tasks (i.e. three (3) step instructions) <input type="checkbox"/> Short breaks (5 min.) between tasks <input type="checkbox"/> Reduce overall amount of in-class work <input type="checkbox"/> Prorate workload (only core or essential tasks) and/or <i>eliminate non-essential work</i> <input type="checkbox"/> No homework <input type="checkbox"/> Reduce amount of nightly homework (ex: _____ minutes/class, _____ minutes max/night, break every _____ minutes) <input type="checkbox"/> Attempt homework, will stop if symptoms occur <input type="checkbox"/> Extra tutoring/assistance requested <input type="checkbox"/> May begin make-up of essential class work	
<b>Testing</b>	<input type="checkbox"/> No Testing <input type="checkbox"/> Additional time for testing/untimed testing <input type="checkbox"/> Alternative testing methods: oral delivery of questions, oral response, and/or scribe <input type="checkbox"/> No more than one test a day <input type="checkbox"/> No standardized testing	
<b>Educational Plan</b>	<input type="checkbox"/> Student is in need of a formal site-based academic support plan <input type="checkbox"/> Consider evaluation for a 504 plan if prolonged symptoms (usually >month) are interfering with academic performance	
<b>Physical Activity</b>	<input type="checkbox"/> No physical exertion - including athletics, gym/PE, recess, band, choir and/or other _____ <input type="checkbox"/> Untimed walking in PE class/recess ONLY <input type="checkbox"/> <b>May begin graduated Return to Play protocol</b>	
<b>Other</b>		

The patient will be reevaluated at a follow up appointment for revision of these accommodations in \_\_\_\_\_ weeks. (date of appointment: \_\_\_\_\_)

*If student fails to follow up as scheduled, the student may not be allowed to progress to the return to participation stage, and accommodations may be removed*

I, \_\_\_\_\_, give permission for the licensed healthcare provider (LHP) to share the above information with my child's school & for communication to occur between the school & LHP for changes to this plan.  
 (parent/legal guardian name printed)

Parent/Guardian Name (Print): \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Name (Print): \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

LHP - Licensed Healthcare Provider (Print): \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**The student is now released back to academic activities without accommodations & may begin the physically exertional return to play protocol on \_\_\_\_\_**

# RETURN TO PLAY (PARTICIPATION) PROTOCOL - RTP

SCHOOL SITE: \_\_\_\_\_ school contact name: \_\_\_\_\_ phone #: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

School Nurse Name: \_\_\_\_\_ School Nurse Phone: \_\_\_\_\_

Licensed Healthcare Provider Name: \_\_\_\_\_ Clinic's Name: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_

School Licensed Athletic Trainer (LAT) Name: \_\_\_\_\_ LAT Phone: \_\_\_\_\_

**Written clearance by a Licensed Healthcare Provider (LHP: MD, DO, ARNP, PA-C, LAT, ND) trained in concussion management is required** to begin and progress through the return to play protocol. This graduated return to play protocol **MUST** be completed before return to FULL COMPETITION. Steps 1 to 6 take a minimum of six (6) days to complete. An **identified concussion monitor must date and initial each step as it is completed**. If symptoms return at any step in the protocol, the student must IMMEDIATELY STOP any physical activity and notify the identified concussion monitor and/or LHP. In general, if the student is symptom-free the next day, they may restart the protocol at the step previously attempted. If the student cannot pass a step after three (3) attempts due to concussion symptoms, or if the student is uncomfortable with progressing the exertional activities, the student should return to the Licensed Healthcare Provider (LHP) for further evaluation.

RTP steps	Aim	Activity	Goal of each step	Initial
				Date completed
1*	Symptom limited activity	Daily activities that do not provoke or increase in symptoms	Progressive reintroduction of work/school activities	
2*	Light aerobic exercise 15-20 minutes	Walking or stationary bike at slow to medium pace No resistance (weight) training	Increase heart rate	
3*	Sport specific exercise 30-45 minutes	Running or skating drills— <b>no head impact activities</b> No resistance (weight) training	Increase heart rate add triplaner movement	
4*	<b>Non-contact</b> training drills 45-60 minutes	Harder training drills - passing drills, catching, throwing, footwork/agility, ball hitting. <i>May start weight training</i>	Exercise, coordination and increased thinking	
5*	<b>Full (contact)</b> practice 60-90 minutes	Participate in all normal supervised training/practice activities	Restore confidence, coaches to assess functional skills	
6*	<b>Return to sport/ game participation</b>	<i>FOLLOWING MEDICAL CLEARANCE,</i> UNRESTRICTED PARTICIPATION (as per level of conditioning)	<b>FULL RETURN TO COMPETITION</b>	

PHYSICAL (10)		COGNITIVE (4)		SLEEP (4)	
Headache	0 1	Feeling mentally foggy	0 1	Drowsiness	0 1
Nausea	0 1	Feeling slowed down	0 1	Sleeping less than usual	0 1 N/A
Vomiting	0 1	Difficulty concentrating	0 1	Sleeping more than usual	0 1 N/A
Balance Problems	0 1	Difficulty remembering	0 1	Trouble falling asleep	0 1 N/A
Dizziness	0 1	<b>COGNITIVE Total (0-4)</b>		<b>SLEEP Total (0-4)</b>	
Visual Problems	0 1	<b>EMOTION (4)</b>		Exertion: Do these symptoms worsen with:	
Fatigue	0 1	Irritability	0 1	Physical Activity ___ Yes ___ No ___ N/A	
Sensitivity to light	0 1	Sadness	0 1	Cognitive Activity ___ Yes ___ No ___ N/A	
Sensitivity to noise	0 1	More emotional	0 1	<b>Overall Rating: How different is the person acting compared to his/her usual self?</b>	
Numbness/tingling	0 1	Nervousness	0 1	(circle one)	
<b>PHYSICAL Total (0-10)</b>		<b>EMOTION Total (0-4)</b>		Normal 0 1 2 3 4 5 6 Very Different	

**Post concussion symptom score sheet**  
(from ACE evaluation)

(Add Physical, Cognitive, Emotion, Sleep totals)

**Total symptom score (0-22):** \_\_\_\_\_

Upon completion of step 4 please provide a copy of this form to the licensed health care provider\* (MD, DO, ARNP, PA-C, LAT, ND) who is providing clearance for their signature. The signed form is then faxed back to the school for full clearance/unrestricted participation.

**The above named student has FULLY RECOVERED & MAY RETURN WITHOUT LIMITATIONS to all cognitively & physically exertional school and sports activities**

Parent Name (Print): \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

\*LHP Name & Credential (Print): \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

## General Concussion Management Information:

A concussion is an injury to the brain causing a chemical change temporarily altering how the brain normally processes information. Usual causes are a sudden blow or jolt to the head and/or body (running into someone or something including the ground), although children can often bump or hit their heads without suffering a concussion. Signs and symptoms can include: dizziness, headache, sensitivity to light and/or noise, vomiting, neck pain, confusion, acting dazed, and/or forgetting what happened before or after the injury.

Other terms used by medical providers for a concussion include mild traumatic brain injury (MTBI) and/or closed-head injury.

**A person does NOT need to be “knocked out” or lose consciousness to have had a concussion.**

***In Washington, students participating in school and/or youth club sports at or under age 18 must be cleared by a licensed health care provider (MD, DO, ARNP, PA-C, LAT, ND) trained in the evaluation & management of concussion prior to returning to sports.***

*Following a concussion, most individuals typically need some degree of cognitive “rest” and modifications, especially in the first 7-14 days post injury. For youth, school based cognitive demands such as reading, computer use, SMART boards, note taking, and other academic/school work, as well as physically exertional school activities such as PE, recess, choir, band, dance, cafeteria meals, often present challenges to the concussed student. A “Return to Learn” policy facilitates a gradual progression of cognitive demands within the school environment with the intent of assisting recovery. It is important to review the academic situation for each student, identifying beneficial accommodations, in cooperation with parents, school staff and medical providers. **Students must fully “Return to Learn” (fully engaged with all cognitive/class work activities) prior to initiating the “Return to Play” protocol.***

Once the student is fully engaged and symptom free with all cognitive related school activities, they may begin a graded exertional “Return to Play” protocol to reintegrate back into the physically exertional school activities such as recess, PE, choir, sports, etc.

Once the student is fully back in all school activities, they may then progress to sports participation—practice first with specific guidelines for intensity and duration of physically exertional practice participation. Again, the student progresses through each step symptom free, and when the Return to Play protocol is completed, the student is evaluated and released to sports competition by a concussion management trained licensed physician, ARNP, PA-C, athletic trainer, and/or a naturopathic physician.

### **Concussion return to full activities and/or sports participation protocol:**

- ◆ **Evaluation by a concussion management trained licensed Physician, ARNP, PA-C, Athletic Trainer, and/or a Naturopathic physician.**
- ◆ **Cognitive and exertional rest** – modification of thinking (cognitive) stress and physical (exertion) stress, using “light” at home activities, ex.: walking the dog, reading (10-15 minutes) with breaks, modification of time spent with electronic devices, etc.. Management of mild stressors that do not increase symptoms. Usual sleep habits are encouraged.
- ◆ **“Return to Learn”** (cognitive) modification of classwork activities as directed by a licensed health care provider.
- ◆ **Return to normal academic activities**—including classwork, testing, homework; with school work and grades reflective of pre-injury status.
- ◆ **Assessment** – directed by a concussion management trained health care provider. May include assessing balance, vestibular systems, exertion, agility, neurocognition, and other assessments as comparison with previous assessments including baseline tests or with established norms.
- ◆ **Return to Play—physical activities** (sports, PE, recess) *When symptom free*, progress thru the “Return to Play” protocol for physically exertional PE/recess/sports activities supervised by a licensed athletic trainer, school nurse, physical therapist, school administrator/athletic director, teacher, and/or parent.
- ◆ **For school or club sports, clearance by a concussion management trained licensed Physician, ARNP, PA-C, Athletic Trainer, and/or a Naturopathic physician** (as per WA RCW 28a.600.190 - Lystedt Law)

For more information:

McCroly et al. Consensus Statement On Concussion In Sport – The 5th International Conference On Concussion In Sport Held In Berlin, October 2016. British Journal of Sports Medicine 2017.

# Concussion Protocol Form General Information

The North East Washington Sports Medicine Advisory Council (NEWSMAC) has developed a concussion protocol form for the use by area schools, youth sports groups, health care providers, and parents in assisting with return to school and sports activities following a suspected concussion.

No definitive data exists that allows licensed health care providers to absolutely predict when a youth with a concussion can safely return to participation in cognitive and physically exertional activities. The work of NEWSMAC is to provide information and guidance regarding current best medical practices for concussion “Return to Learn and Return to Play” protocols for school age youth.

The NEWSMAC does not presume to dictate to professionals how to practice medicine. Individual management and return-to-play decisions remain in the realm of clinical judgement. The form is only a guide, and is of a general nature consistent with the reasonable practice of a licensed healthcare provider (LHP). Individual treatment will depend on the facts and circumstances specific to each individual case. The protocols represent a summary consensus of the current literature. The components of the concussion “Return to Learn and Return to Play” protocol form are relevant to addressing the concerns of school administrators, coaches, parents, and licensed health care providers.

## IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. Inclusion of the latest consensus statement recommendations\* so licensed health care providers will be aware youth must be symptom free at rest, with both cognitive and physical exertion, and complete a graduated return to participation protocol. Returning youths to sports/physically exertional activities on an arbitrary date is not an option.
2. Inclusion of the consensus statement recommendations before returning the youth to participation. The 2017 Concussion in Sport Group (CISG) consensus statement is designed to build on the principles outlined in the previous statements (1–4) and to develop further conceptual understanding of SRC using an expert consensus-based approach. This should enhance the likelihood that all youths are managed safely and fairly.
3. Inclusion of all of the components discussed has the potential to remove liability from a school and/or youth sports group in the youth’s return to participation in cognitively and physically demanding activities. If a return to participation is questioned, the school and/or youth sports group’s role could appropriately be limited to determining if the youth can provide a completed medical release form (allowing the youth to return to participation in school/youth sports activities).

## GOALS FOR ESTABLISHING A WIDELY USED FORM:

1. Protect youth from further injury following suffering a concussion. Youth appear to be particularly vulnerable to the effects of concussion. Literature shows they may be more likely than adults to experience problems after concussion and often take longer to recover. They also appear to be more prone to a second injury to the brain that occurs while the brain is still healing from an initial concussion. This second impact can result in long-term impairment or even death. The importance of proper recognition and management of concussed youth cannot be over-emphasized.
2. Utilize the Berlin Consensus statement recommendations to allow youths to return to school and to return to sports participation in a safe manner by following current recommendations for a step-wise return to participation protocol
3. Provide information to help minimize major differences in management among licensed health care providers who are providing care and completing “return to participation” forms.
4. Provide a basis to support LHP decisions about when a youth can or cannot participate. This should help the LHP who may face incredible pressure from many fronts to return a youth to competition.

**\*\*Note to licensed health care providers:** Please familiarize yourself with “Consensus Statement on Concussion in Sport- the 5th International Conference on Concussion in Sport Held in Berlin, October 2016”. <http://bjsm.bmj.com/content/early/2017/04/26/bjsports-2017-097699>

*This form may be reproduced if desired. In addition, the North East Washington Sports Medicine Advisory Council (NEWSMAC) welcomes comments and questions as this form may continue to be a work in progress. Please email [hpeterson2@multicare.org](mailto:hpeterson2@multicare.org) with comments/questions.*

*Users of the form are encouraged to freely distribute and utilize the aforementioned Berlin Consensus Statement on Concussion in Sport, the Concussion Recognition Tool version 5 (CRT5), the Sports Concussion Assessment Tool Version 5 (SCAT5) and/or the Child SCAT5 in providing the care and management of sports related concussions with youth student athletes.*

**\*\*In 1998, a AMA resolution passed urging all schools to provide the services of a certified athletic trainer for student-athletes (AMA Resolution 431, A-97). For more information on athletic trainers, contact the Washington State Athletic Trainers Association (WSATA) and/or the National Athletic Trainers Association (NATA) via their websites: <http://www.wsata.org/> and/or website: <http://www.nata.org/>**