

Concussion Information Sheet for Students and Parents

The following recommendations are standard for all students who suffer from a head injury and are designed to help speed your recovery. Your careful attention to them can also prevent prolonged recovery and further injury. The typical recovery period for a concussion is 7 to 10 days.

- Avoid physical activity – you should not participate in physical education or sports participation until you are headache free for one week. This includes weight training, running, exercising and heavy lifting.
- Get lots of rest. Be sure to get enough sleep at night – no late nights. Keep the same bedtime on the weekdays and weekends.
- Drink lots of fluids and eat carbohydrates or protein to maintain appropriate blood sugar levels
- Take daytime naps or rest breaks if you feel fatigued or the onset of a headache
- Limit activities that require a lot of thinking or concentration. These activities can make your symptoms worse. This may include limiting class work, homework and job related activity.
- Avoid prolonged computer use, video gaming, television watching, text messaging, telephone use.
- During recovery, it is normal to feel frustrated and sad when you do not feel right and you cannot be as active as usual.
- Seek re-evaluation as your symptoms will help guide recovery.

Academic Participation

Because recovering from a concussion can be a gradual process and school work continues while recovery is taking place, it is necessary for students, parents and school personnel to be aware of and consider the following symptoms that a student may demonstrate during recovery:

- Increased difficulty paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time needed to complete tasks or assignments
- Greater irritability, less able to cope with stress
- Headaches and fatigue that worsens when doing school work

These symptoms are normal, to be expected, and temporary.

Physical Activity and Sport Participation

It is important to avoid all physical activity, in school and out of school, in particular any physical activity that carries a risk of head injury. The likelihood of sustaining a second head injury is greater during the recovery phase of a concussion. Rapid or early return to sports and play puts you at risk for Second Impact Syndrome which can lead to severe and possibly lethal outcomes. Therefore, it is necessary to follow these recommendations for returning to sports/play:

- You should NEVER return to play if you have any concussion symptoms (see above). This includes symptoms at rest and while doing any physical or mental activity. Be sure the PE teacher, coach and athletic trainer are aware of your injury and ongoing symptoms.
- It is normal to feel frustrated, sad and even angry because you cannot return to sports right away. As with any injury, a full recovery will reduce the chances of getting hurt again. It is better to miss one or two games than the whole season.

Requirements for Academic Accommodations during Recovery

1. Medical evaluation and side two of this form is completed by student's physician
2. Parental authorization for school nurse and medical advisor to exchange information with student's physician.
3. Student has not been cleared to resume game play (athletics) or other contact/strenuous physical activity.
4. Beyond three weeks, an assessment and recommendation(s) by a neurologist or concussion specialist may be recommended.

Acute Concussion Care Plan – Must be completed by student’s physician

Student Name _____ Birth Date _____ Today’s Date _____

Date of Injury _____ Expected Date of Return to School _____

Current Symptoms:

- | | |
|--|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Feeling mentally foggy |
| <input type="checkbox"/> “Pressure in head” | <input type="checkbox"/> Sleeping more less |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Difficulty remembering |
| <input type="checkbox"/> Dizziness /Balance problems | <input type="checkbox"/> Fatigue or low energy |
| <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Noise sensitivity | <input type="checkbox"/> Sadness/emotionality |
| <input type="checkbox"/> Light sensitivity | <input type="checkbox"/> Confusion |

Suggested Academic Adjustments:

The above student will benefit from the following short term academic supports for proper concussion management in school (checked items apply):

- No school for _____ days
- No school until re-evaluated on _____
- No recess
- No Music/Band class
- No Computer
- Shortened day or modified schedule, as indicated
- Homebound tutoring as tolerated
- Extra time to complete coursework, assignments, tests, No more than one test _____ per day _____ every other day
- No significant classroom testing or standardized testing
- Pre-printed material/notes, if available
- Schedule periodic rest breaks as needed in health office during day
- Allow student to go to health office if symptoms worsen during the day
- Allow school concussion team to gradually modify accommodations if student remains symptom free
- Other recommendations: _____

Physical Exertion Accommodations

The above student should adhere to the following recommendations regarding physical education (PE) and athletic participation (checked items apply):

- May not return** to PE or sports/athletics until further notice
- Aerobic, non-contact PE** as tolerated (walk, run, jog)
- Is medically cleared** to participate in full PE
- May gradually return to school sports/athletics (for student athletes)** under the supervision of an appropriate person (e.g. athletic trainer, coach). Return to play as per return-to-play guidelines

These recommendations will be reviewed and updated on _____. **(Academic accommodations beyond three weeks may require assessment by a neurologist or concussion specialist).**

Care Plan completed by _____ MD APRN PA
Signature

Printed Name _____ Telephone _____