



YOUR HEALTH. EXPECT MORE.

## Concussion Care Plan

Adapted from Gerard Gioia, PhD & Micky Collins, PhD

Patient Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Date of Service: \_\_\_\_\_

You have been diagnosed with a concussion (also known as mild traumatic brain injury). Enclosed is a personal care plan based on your signs and symptoms and is designed to help speed your recovery. Your careful attention and adherence to this plan can also help prevent further injury.

**Rest is the key.** You should not participate in any high risk activities (sports, exercise, driving, etc.) if you still have any of the symptoms below. It is important to limit activities that require significant thinking or concentration (homework, job-related activities, electronic devices, television, etc), as this can also make your symptoms worse.

### Today the following symptoms are present (circle):

### No Reported Symptoms

<b>Physical:</b>	Headaches	Sensitivity to light	<b>Thinking:</b>	Feeling slowed down
	Nausea	Sensitivity to noise		Feeling mentally foggy
	Vomiting	Numbness/ Tingling		Problems concentrating
	Balance Problems	Vision problems		Problems remembering
	Dizziness	Neck Pain		
	Fatigue	ringing in Ears		
<b>Emotional:</b>	Feeling Nervous/Anxious		<b>Sleep:</b>	Trouble falling asleep
	Sadness			Sleeping more than usual
	Irritable			Sleeping less than usual
	Feeling more emotional			Drowsiness

### Red Flags for Emergency Referral:

Call your medical provider during business hours or on-call number after hours, or go to the emergency room if you **SUDDENLY** experience any of the following:

Headaches that worsen	Increased neck pain	Slurred speech	Can't recognize people or places
Unusual behavior change	Seizures	Repeated vomiting	Looks very drowsy, can't be awakened
Increased irritability	Loss of consciousness	Increased confusion	Weakness or numbness in arms or legs

### **Returning to Daily Activities**

1. Get plenty of rest. Be sure to get enough sleep at night, therefore no late nights staying awake. Keep the same bedtime weekdays and weekends.
2. Take daytime naps or rest breaks when you feel tired or fatigued.
3. Drink plenty of fluid and eat carbohydrates and/or protein to maintain appropriate blood sugar levels.
4. The following activities can make symptoms worse:
  - Physical activity: PE class, sports, weight-training, exercising, heavy lifting, etc.
  - Thinking and concentration activities: homework, classwork, job-related activities, electronic devices, television, driving, etc.
5. As symptoms decrease, you may begin to gradually return to your daily activities as directed by your physician. While returning to activities it is recommended to repeat evaluation of you symptoms to help guide your recovery. If symptoms worsen or return, reduce your activity load, and then try again to increase your activities gradually.
6. During recovery, it is normal to feel frustrated and sad when your are experiencing symptoms and cannot be as active as usual.

### **Returning to School / Work**

1. If you are still having symptoms of concussion, you may need extra help to perform school or work related activities. As your symptoms decrease during recovery, the extra help or supports can be removed gradually.
2. Inform personnel around you (teachers, nurse, co-workers, psychologist/counselor, supervisors, and administration) about your injury and symptoms. Personnel should be instructed to watch for:
  - Increased problems 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
  - Symptoms worsen (headache, tiredness, etc) when doing work or school related tasks

#### **The following are recommended at the present time (check all that apply):**

Cleared to return to school/work and activities of daily living without restrictions.

Not cleared to return to school/work until further notice.

Return to school/work with following supports on (date) \_\_\_\_\_.

Shortened day. Recommend \_\_\_\_\_ until (date)\_\_\_\_\_.

Allow extra time to complete tasks.

Lessen work/homework load to allow adequate cognitive rest.

Work \_\_\_\_ minutes with intervals of \_\_\_\_\_ minute breaks (total \_\_\_\_ hours)

No significant classroom or standardized testing at this time.

Patient is to limit any cognitive stimulants including: driving, watching television/movies, listening to music, reading, cell phone usage, gaming devices, etc to ensure strict cognitive rest.

Activity \_\_\_\_ minutes with intervals of \_\_\_\_ minute breaks (total \_\_\_\_ hours)

Take rest breaks during the day as needed. Check for the return of symptoms (use symptom list on Concussion Care Plan Packet) when participating in activities requiring a significant amount of attention or concentration.

Additional instructions:\_\_\_\_\_.

### **Returning to Physical Activity**

1. You should **NEVER** return to play if you have **ANY** symptoms, therefore you should have **NO** symptoms at rest, doing any physical activity or activities that require thinking/concentration.
2. Be sure that the athletic trainer and/or physician are aware of your injury and symptoms. It is very important to be completely honest about how you are feeling and whether or not you are experiencing any symptoms.
3. It is normal to feel frustrated, sad, and even angry because you cannot return to sports right away. With any injury, a full recovery will reduce the chances of becoming injured again.  
**It is better to miss one or two games rather than the whole season.**

**The following are recommended at the present time:**

<p>Cleared to fully return to physical activity participation without restriction.</p> <p>Not cleared for physical activity at this time (includes PE class, sport practices/games, weight training, etc).</p> <p>Gradual return to physical activity under the supervision of a physician and/or athletic trainer:</p> <p>Once asymptomatic for 24 hours, patient may start (stage) _____ of (sport) _____ Exercise Progression Protocol. This is to be monitored by _____.</p> <p>May start (stage) _____ of (sport) _____ Exercise Progression Protocol. This is to be monitored by _____.</p> <p>Patient is not cleared for full contact, physical education class, or unsupervised physical activity while participating in his/her Exercise Progression. Check for return of symptoms (use symptom list on Concussion Care Plan Packet) when participating in activity and 24 hours following. Call our office for further recommendations if symptoms return.</p> <p>Additional Instructions: _____.</p>
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**This referral plan is based on today's evaluation:**

<p>Return to this office: Date / Time _____</p> <p>Refer to: Neurology _____ Optometry _____ Neuropsychology _____ Vestibular Therapy _____ Nutritionist _____ Physical Therapy _____ Psychiatrist _____ Hyperbarics _____</p> <p>Other: _____</p>
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Plan completed by: \_\_\_\_\_ (Provider signature) \_\_\_\_\_ (Date)