

Concussion/TBI Care Plan

Information pursuant to CA STATE LAWS AB 2127 and AB 2007

Your child has been diagnosed with a concussion (also known as a mild traumatic brain injury). This personal plan is designed to help speed recovery, and careful attention to it can also prevent further injury. Your child should not participate in physical activity, like P.E., sports or riding a bike, until they have been cleared by their provider. Activities that require thinking or concentration (homework, school or job-related activities) should be **modified** if the activities make symptoms worse.

Patient Name:	
DOB:	Age:
Date:	ID/MR#:
Date of Injury :	

RED FLAGS - Call 911 or go to the nearest emergency department if your child suddenly experiences any of the following:

Increased headache or neck pain severity	Increased drowsiness, can't be awakened	Increased confusion or disorientation	Unusual behavior change
Loss of consciousness or seizures	Weakness or numbness in arms or legs	Repeated vomiting	Fluid leaking from ears/nose
			Slurred speech

Return to Daily Activities

1. Make sure your child gets lots of rest. Be sure they get enough sleep at night- no late nights. Keep the same bedtime weekdays and weekends.
2. Allow your child to take day time naps or rest breaks when they feel tired or fatigued. Limit naps to less than 1 hour.
3. Limit physical activity as well as thinking and concentration, as these activities may make symptoms worse.
 - Physical activity includes recess, PE, sports practices, weight training, running, exercising, heavy lifting, etc.
 - Thinking and concentration activities (e.g., homework, classwork load, job-related activities).
4. Encourage your child to stay well-hydrated and eat healthy foods every 3-4 hours to maintain appropriate blood sugar levels which will assist the brain in healing.
5. As symptoms decrease, begin to gradually return to daily activities. If symptoms worsen or return, reduce activity; try again the next day.
6. During recovery, it is normal for your child to feel frustrated and sad when they do not feel right and can't be as active as usual.

Return to School

1. While having concussion symptoms, your child may need extra help with schoolwork. As symptoms decrease, accommodations can be gradually lifted.
2. Inform teacher(s), school nurse, school psychologist or counselor, and administrator(s) about your child's injury and symptoms. School personnel should be instructed to watch for:

- Difficulty paying attention or concentrating
- Difficulty remembering or learning new things
- Greater irritability, less able to cope with stress
- Increased time completing tasks or assignments
- Increased symptoms (e.g., headache, tiredness) when doing schoolwork

ACADEMIC ACTIVITY STATUS (Please mark all that apply)

This student is not to return to school until _____

This student may begin to return to school based on graduated progression through **Concussion Return to Learn Protocol** (Next page).

This student is no longer experiencing any signs or symptoms of concussion and may be released to full academic participation.

Comments: _____

PHYSICAL ACTIVITY STATUS (Please mark all that apply)

This student is not to participate in physical activity of any kind.

This student is not to participate in recess or other physical activities other than untimed, voluntary walking.

This student may begin a graduated return to play progression (see **Concussion Return to Play Protocol** on back of page).

This student has medical clearance for unrestricted athletic participation (Has completed the **Concussion Return to Play Protocol**).

Comments: _____

This referral plan is based on today's evaluation:

Return to Office: Date of next appointment _____ **No Follow-up Needed**

Referral: UCSF-BCHO Sports Concussion Program UCSF-BCHO Pediatric Sports Medicine Physical Therapy Other PT

Neurology Neurosurgery Psychiatrist Psychologist Neuropsychologist Other: _____

Concussion Care Plan Completed by: _____

Provider Credentials Date



Sports Concussion Program
 Division of Orthopaedic Surgery, Sports Medicine Center for Young Athletes

Fax Referrals: 510-995-2956
 Program Information/Scheduling: 510-601-3900
 Email: ConcussionProgram@ucsf.edu

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Return to Learn Protocol

Stage	Home Activity	School Activity	Physical Activity
Brain Rest/ Restful Home Activity	Rest quietly, initially sleep as much as needed at night; keep naps < 1 hr. As symptoms improve, move towards setting a regular bedtime/wake up schedule. Avoid bright light if bothersome. Stay well-hydrated; eat healthy foods/snacks every 3-4 hrs. Limit "screen time" (text, computer, cell phone, TV, video games)	No school. No homework or take-home tests. Limit reading and studying. Begin easy tasks at home (drawing, baking, cooking). Soft music and 'books on tape' okay. Once your child can complete 60-90 minutes of light mental activity without a worsening of symptoms they may go to the next step.	Walking short distances to get around is okay. As symptoms improve, progress physical activity, like brisk walking. No strenuous exercise or contact sports/activities, activities that use a ball or outdoor biking. No driving.
	Progress to the next stage when your child starts to improve, but may still have some symptoms		
Return to School - PARTIAL DAY	Set a regular bedtime/wake-up schedule. Allow 8-10 hours of sleep per night. Limit napping to allow for full sleep at night. Stay well-hydrated and eat healthy foods/snacks every 3-4 hours. Limit "screen time" and social activities outside of school as symptoms tolerate.	Gradually return to school, start with a few hours/half-days. Take breaks in the nurse's office or a quiet room every 2 hours or as needed. Avoid loud areas (music, band, choir, shop class, locker room, cafeteria, loud hallway and gym). Use brimmed hat/earplugs as needed. Sit in front of class. Use preprinted large font (18) class notes. Complete necessary assignments only. No tests or quizzes. Limit homework time. Multiple choice or verbal assignments better than long writing assignments. Tutoring or help as needed. Stop work if symptoms increase.	Progress physical activity and as instructed by physician. No strenuous physical activity or contact sports. No driving.
	Progress to the next stage as symptoms continue to improve and your child can complete the activities listed above		
Return to School - FULL DAY	Allow 8-10 hours of sleep per night. Avoid napping. Stay well-hydrated and eat healthy foods/snacks every 3-4 hours. "Screen time" and social activities outside of school as symptoms tolerate.	Progress to attending core classes for full days of school. Add in electives when tolerated. No more than 1 test or quiz per day. Give extra time or untimed homework/tests. Tutoring or help as needed. Stop work if symptoms increase	Progress physical activity and as instructed by physician. No strenuous physical activity or contact sports. Okay to drive.
	Progress to the next stage when your child has returned to full school and is able to complete all assignments/tests without symptoms		
Full Recovery	Return to normal home and social activities.	Return to normal school schedule and course load.	Complete Return to Play Protocol (below) before returning to strenuous physical activity or contact sports.

Return to Play Protocol

CA STATE LAWS AB 2127 and AB 2007 STATE THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.

You must have written clearance to begin and progress through the following stages as outlined below, or as otherwise directed by your healthcare provider. Minimum of 6 days to pass Stages I and II.			
Stage	Activity	Example	Objective of the Stage
I	Limited physical activity that does not worsen symptoms for at least 2 days.	<ul style="list-style-type: none"> Untimed walking okay No activities requiring exertion (weight lifting, jogging, physical education) 	<ul style="list-style-type: none"> Recovery and reduction/elimination of symptoms
II-A	Light aerobic activity	<ul style="list-style-type: none"> 10-15 minutes of brisk walking or stationary biking. Must be performed under direct supervision 	<ul style="list-style-type: none"> Increase heart rate to ≤ 50% of perceived max (max) exertion (e.g., < 100 beats per min) Monitor for symptom return
II-B	Moderate aerobic activity (Light resistance training)	<ul style="list-style-type: none"> 20-30 min jogging or stationary biking Body weight exercises (squats, planks, push-ups), max 1 set of 10, ≤ 10 min total 	<ul style="list-style-type: none"> Increase heart rate to 50-75% max exertion (e.g., 100- 150 bpm) Monitor for symptom return
II-C	Strenuous aerobic activity (Moderate resistance training)	<ul style="list-style-type: none"> 30-45 min running or stationary biking Weight lifting ≤ 50% of max weight 	<ul style="list-style-type: none"> Increase heart rate to > 75% max exertion Monitor for symptom return
II-D	Non-contact training w sport-specific drills (No restrictions for weightlifting)	<ul style="list-style-type: none"> Non-contact drills, sport-specific activities (cutting, jumping, sprinting) No contact with people, padding or the floor/mat 	<ul style="list-style-type: none"> Add total body movement Monitor for symptom return
Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's or team's concussion monitor. You must be symptom-free prior to beginning Stage III.			
III	Limited contact practice	<ul style="list-style-type: none"> Controlled contact drills allowed (no scrimmaging) 	<ul style="list-style-type: none"> Increase acceleration, deceleration and rotational forces Restore confidence, assess readiness for return to play Monitor for symptom return
	Full contact practice Full unrestricted practice	<ul style="list-style-type: none"> Return to normal training, with contact Return to normal unrestricted training 	
MANDATORY: You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice (If contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above)			
IV	Return to play (competition)	<ul style="list-style-type: none"> Normal game play (competitive event) 	<ul style="list-style-type: none"> Return to full sports activity without restrictions