

Concussion Care Plan

Name: _____

Date of Birth: _____

Date of Injury: _____

The patient listed above was evaluated for a concussion/head injury. It has been determined that:

- The patient did not sustain a concussion and may resume regular activity.
- The patient did sustain a concussion at the time of injury. Prior to returning to full activity the patient must complete the following stepwise program to gradually increase exertion levels to return safely to normal activity.
 - The patient has been cleared to initiate the **Return to Learn** protocol
 - **Step 1 – Complete Cognitive and Physical Rest**
 - **Step 2 – Light Mental Activity**
 - **Step 3 – Part Time School**
 - **Step 4 – Full Time School - minimal accommodations**
 - **Step 5 – Full Time School – limited to no accommodations**

RETURN TO LEARN MUST BE COMPLETED PRIOR TO INITIATING RETURN TO PLAY

- The patient has been cleared to initiate the **Return to Play** protocol. Progress to the next step if symptom-free for 24 hours after completing each step.
 - **Step 1 – Physical Rest**
 - **Step 2 – Light Aerobic Activity**
 - **Step 3 – Sports Specific Exercise**
 - **Step 4 – Non Contact Drills**
 - **Step 5 – Full Practice**
 - **Step 6 – Return to Play**

*Typical post-concussion symptoms can include, but are not limited to: headache, dizziness, visual changes, difficulty concentrating, feeling foggy, increased irritability, or difficulty falling or staying asleep.

- The patient did sustain a concussion at the time of injury. The patient has successfully completed all the **Return to Learn** and **Return to Play** steps as listed above and may resume regular activity.

Provider Signature: _____ Date: _____

Provider Name: _____ Clinic: _____