



D127 Concussion Protocol

Return to Learn and Return to Play

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I. PURPOSE

The following policy and procedures on education, baseline testing, and subsequent assessment and management of concussions, as well as return to learn and return to play guidelines, have been developed in accordance with the Youth Sports Concussion Act (Public Act 099-0245) and the Illinois High School Association to provide quality healthcare services to each student of Grayslake District 127.

A. THE CONCUSSION OVERSIGHT TEAM

In accordance with the Youth Sports Concussion Act, the Grayslake School District has established a Concussion Oversight Team (COT). The COT's primary function is to develop return-to-play and return-to-learn protocols for students believed to have experienced a concussion. The protocols are based on peer-reviewed scientific evidence consistent with guidelines from the Center for Disease Control and Prevention. The COT consists of a physician licensed to practice medicine in all of its branches, certified athletic trainers, and district employees, including athletic directors, school nurses, school counselors, and administrators.

B. EDUCATION

All interscholastic coaches will need to complete a training program of at least two hours on concussions. Coaches and nurses must provide the school or district with proof of successful completion of the training. Training must be completed every two years. Head coaches and assistant coaches must complete the required training as well as all members of the Concussion Oversight Team. This training is in-line with IHSA policy and may include classroom teaching, website information, collateral materials and other forms of teaching.

II. INTRODUCTION TO CONCUSSION

A concussion is a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns and which may or may not involve a loss of consciousness.

Students who show or report one or more of the signs and symptoms listed below, or simply say they just “don't feel right” after a bump, blow, or jolt to the head or body, may have a concussion or more serious brain injury.¹ While loss of consciousness is a symptom of concussion, the majority of concussions in sport occur without loss of consciousness.²

Signs and symptoms of concussion include:^{1,5}

Physical	Cognitive	Emotional	Sleep
<ul style="list-style-type: none">● Headache● Dizziness● Nausea● Vomiting● Sensitivity to noise or light● Balance problems● Blurry vision● Any loss of consciousness	<ul style="list-style-type: none">● Confusion● Difficulty concentrating● Difficulty thinking clearly● Difficulty remembering new information● Taking longer to figure things out● Amnesia	<ul style="list-style-type: none">● Irritability● Sadness● Mood swings● Feeling nervous or anxious● Crying more	<ul style="list-style-type: none">● Sleeping more than usual● Sleeping less than usual● Trouble falling or staying asleep● Feeling tired

Concussion typically results in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously. However, in some cases, symptoms and signs may evolve over a number of minutes to hours. In some cases, problems can arise over the first 24-48 hours. The student should not be left alone and must immediately seek emergency care if they:²

- Have a headache that gets worse or does not improve
- Lose consciousness
- Are very drowsy or can't be awakened
- Have repeated vomiting
- Behave unusually or seem confused; are very irritable
- Have seizures (arms and legs jerk uncontrollably)
- Have weak or numb legs
- Have difficulty balancing
- Have slurred speech
- Have any symptoms that worsen

It is important to note that the recovery from a concussion is a very individualized process. Caution must be taken not to compare students with concussions as they progress through the recovery process.

Points of Emphasis:

- For the concussion management plan to be initiated, injury documentation must be provided to a D127 Nurse or Certified Athletic Trainer following evaluation by one of the following health care professionals:
 - Physicians licensed to practice medicine in all its branches (MD/DO)
 - Certified Athletic Trainers (ATC)
 - Advanced Practice Nurses (APN)
 - Physician Assistants (PA)
- Written clearance for return to physical and full cognitive/academic activities is required from one of the above designated health care providers.
- If a student-athlete is seen by an Emergency Room/Acute Care Center Licensed Physician, the student-athlete may be required to see their Primary Care Physician or concussion specialist prior to receiving full clearance.
- FOR THE STUDENT-ATHLETE: Upon return to school, it is important that the student-athlete report to a School Nurse AND Certified Athletic Trainer daily to monitor symptoms and determine progression to the next stage within this concussion management plan.
- FOR THE STUDENT-ATHLETE: Low intensity, cardiovascular activity may be introduced prior to starting a formal Return to Play under the supervision of a certified athletic trainer.
- FOR THE NON-ATHLETE STUDENT: Report daily to a School Nurse ~~ONLY~~.

III. CONCUSSION MANAGEMENT PLAN

A. Concussion Assessment Tools

FOR THE STUDENT-ATHLETE:

The Sport Concussion Assessment Tool (SCAT5) is a standardized tool that may be used to evaluate a suspected head injury. It is a screening tool designed for use only by qualified healthcare providers.

ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) is a neurocognitive assessment used by District 127 for all of its student-athletes. ImPACT is a computer based test administered online in a controlled environment. ImPACT has two components: baseline testing and post injury testing which are used in conjunction to determine if a patient can safely return to activity. Baseline testing is used to establish the student-athlete's "normal" pre-injury performance level and to provide the most reliable benchmark against which to measure post-injury recovery. This information will be used to assess any changes in brain function in the event a student experiences a concussion. The Baseline evaluation is valid for two years, however, students may be asked to perform another evaluation prior to the expiration of their previous baseline. Results of the testing will be made available to the parent upon request.⁴

FOR THE NON-ATHLETE STUDENT:

The ACE (Acute Concussion Evaluation) assessment tool from the CDC (Center for Disease Control and Prevention) will be used when evaluating the non-athlete student for a possible concussion. The ACE is intended to provide an evidence-based clinical protocol to conduct an initial evaluation and diagnosis of patients (both children and adults) with known or suspected head injury.⁶

B. Concussion Evaluation - Certified Athletic Trainer/School Nurse

A head injury evaluation may be warranted if a student has any observed or reported symptoms, sustained a significant blow to the head or body, or disclosure of a head injury (by student or other person). If a student is suspected to have a head injury, he/she will be removed from activity until they are evaluated and cleared to return to activity by a qualified healthcare provider (physician, APN, PA, school nurse, certified athletic trainer). Any students with a suspected head injury during school hours should be evaluated by the school nurse. It is the responsibility of the supervising adult to ensure that the school nurse is summoned or the student is accompanied to the nurse for evaluation. The school nurse will follow the concussion management plan and will notify parents/guardians and provide them with care instructions.

FOR THE STUDENT-ATHLETE:

If a student-athlete sustains a possible head injury outside of school hours, the coach, certified athletic trainer or supervising adult will remove the student from the activity and notify the student's parents/guardians. The supervising adult will notify the school nurse/certified athletic trainer on the next school day and complete the accident report. If a certified athletic trainer is present, he/she will conduct an evaluation, notify parents/guardians if a concussion is suspected, provide home care instructions, and will also notify the school nurse.

FOR THE NON-ATHLETE STUDENT:

If the student sustains a head injury in an activity not affiliated with the school, the parents/guardians should notify the school nurse. Any student deemed to have a concussion by the school nurse must be evaluated by a qualified healthcare provider (physician, APN, PA, school nurse, certified athletic trainer). Any student diagnosed with a concussion will begin the concussion management plan supervised by the school nurse and school counselor.

C. Return to Learn (RTL)

The school nurse along with the student's counselor will supervise students in the RTL program. Students with a concussion will progress through stages of recovery at their own pace. Initially, both cognitive and physical rest have been shown to be important factors in the quick resolution of concussion symptoms.² Based on a student's individual progress, the RTL plans can be modified as appropriate. If a student is not progressing, or there is an indication of a more serious head injury, the school nurse will notify the student's parents/guardians.

The student may be required to see their primary care physician prior to continuing his or her RTL program.

The student is encouraged to meet with the school counselor regularly to discuss progress, grades, and status of make-up work.

Academic Stage	Examples of Appropriate Academic Activity	Objective
1. No Activity	- Cognitive Rest - no school work, computer usage, reading, or physical activity	- To allow most severe physical and cognitive symptoms to decrease to manageable levels so that a student can begin to function in a school environment
2. School Re-entry	- Part-time school attendance - Limit computer usage - Breaks during school day for cognitive rest - Short periods of cognitive work	- Return to school avoiding environments and tasks that worsen symptoms. - Begin to re-integrate student into and discover tolerance for various school activities - Provide accommodations to address specific symptoms
3. Full-day Attendance with Accommodations	- Gradually increase cognitive work as tolerated by student: completing additional class assignments, homework, and assessments - Continue to provide breaks during the school day as needed by student	- Increase participation in all academic activities as symptoms decrease - Continue to provide accommodations to address specific symptoms - Reduce level of accommodations required
4. Full-day Attendance without Accommodations	- Follow through on a plan to make-up missed academic work and assessments - Gradual return to physical education and extracurricular athletics per Return to Learn PE & Return to Play protocols	- Return to full academic functioning when symptoms are very mild or absent

When beginning Stage 2 of RTL, each student will have an individualized Concussion Accommodation Plan. The concussion plan will be developed by the school counselor and student with input from the school nurse, teachers, and other school staff based on a student's symptoms and academic needs. Student's parents/guardians will also be invited to be participants in development of the Concussion Accommodation Plan. Additionally, recommendations from the student's medical providers will be considered. The Concussion Accommodation Plan will be reviewed regularly to assess student progress and the appropriateness of the current accommodations. A sample Concussion Accommodation Plan with possible accommodations are included in the appendix.

If a student's symptoms persist over an extended period of time and to a degree that learning or another major life function may be affected, then the student may be assessed to determine eligibility for a Section 504 Plan. Other possible interventions for symptoms persisting over an extended period of time may include possible class withdrawal, modification of class levels, and/or provision of incomplete grades at the conclusion of a semester.

D. Return to Learn - Life Fitness (RTL-PE)

The Life Fitness staff will supervise students in the RTL-PE protocol. The Life Fitness staff will work daily with the school nurse to ensure the student progresses safely through the RTL-PE protocol. The following criteria must be met before a non-athlete student diagnosed with a concussion is allowed to return to full Life Fitness participation:

- be symptom free for a minimum of 24 hours prior to beginning RTL-PE protocol
- obtain written clearance from a physician licensed to practice medicine in all its branches (MD/DO), an Advanced Practice Nurse (APN) or a Physician Assistant (PA). (must be signed and dated)
- Must work daily with both his/her Life Fitness instructor and a School Nurse to progress through the RTL-PE protocol stages indicated below

A School Nurse will be monitoring the non-student athlete stage progression with supervision provided by a Life Fitness Instructor. In some cases due to availability, there may be situations where there are days between stages (i.e. no cardiovascular room supervision available). The non-athlete student and a School Nurse will be completing the Concussion Symptom Checklist daily to monitor any returning symptoms and determine the appropriate stage of progression. In most cases, there should be approximately 24 hours (or longer) rest period between each stage. If any post-concussion symptoms occur while in the stepwise program, then the non-athlete student should drop back to the previous asymptomatic level and try to progress again after an additional 24-hour period of rest has passed. If the non-athlete student is not progressing or this is any indication of a more serious head injury, the School Nurse will notify the non-athlete student's parents/guardians. The non-athlete student may be required to see a concussion specialist prior to continuing any stage of Return to Learn Protocol.

Rehabilitation Stage	Examples of Functional Exercise at Each Stage of Rehabilitation	Success Goal of Each Stage
1. No activity	Complete physical and mental rest	Recovery (symptom free at rest)
2. Low-impact, light activity	Stationary cycling keeping intensity <70%maximum predicted HR (20 minutes)	Increase heart rate without symptoms
3. Increased light activity	Cardiovascular activity (cycling, elliptical, running) while keeping intensity <70% maximum predicted HR (at least 20 minutes)	Increase duration of activity without symptoms
4. Moderate activity, resistance training	No head-impact activity; may start progressive resistance training and plyometric exercises (at least 20 minutes)	Add coordination and cognition without symptoms. Increase exercise, coordination, and cognitive load without symptoms
5. Return to Physical Education	Return to all sections of Physical Education without restrictions	

E. Return to Play (RTP)

The following criteria must be met before a student diagnosed with concussion is allowed to return to athletic participation:

- symptom free for a minimum of 24 hours
- ImPACT Post Injury test scores may be used as a tool in the evaluation of the student-athlete
- a written clearance to return to activity from a healthcare provider listed below (must be signed and dated) is provided to the school nurse/certified athletic trainer
 - Physicians licensed to practice medicine in all its branches (MD/DO)
 - Advanced Practice Nurses (APN)
 - Physician Assistants (PA)
- a signed parental consent form
- completion of the gradual Return to Play protocol

Certified athletic trainers and administration reserve the right to exclude any student-athlete from participation in sport in any capacity based on student-athlete safety considerations.

The certified athletic trainer will supervise student athletes in the return to play protocol. In most cases, there should be approximately 24 hours (or longer) of rest between each stage. If any post-concussion symptoms occur while in the stepwise program, then the student should drop back to the previous asymptomatic level and try to progress again after an additional 24-hour period of rest has passed. If a student is not progressing or there is any indication of a more serious head injury, the certified athletic trainer will notify the school nurse and the student's parents/guardians. The student may be required to see a concussion specialist prior to continuing the Return to Play Protocol.

Rehabilitation Stage	Examples of Functional Exercise at Each Stage of Rehabilitation	Success Goal of Each Stage
1. No activity	Complete physical and mental rest	Recovery (symptom free at rest)
2. Low impact, light activity	Stationary cycling keeping intensity <70% maximum predicted heart rate (30 min. max)	Increase heart rate without symptoms
3. Sport specific exercise	Running while keeping intensity <70% maximum predicted heart rate (30 min. max)	Add movement without symptoms
4. Non-contact training drills	Sport-specific exercises/full practice without contact. No head- impact activities. May start progressive resistance training.	Add coordination and cognition without symptoms Increase exercise, coordination, and cognitive load without symptoms
5. Unrestricted training	Full contact training drills and intense aerobic activity	Restore confidence and assess functional skills by coaching staff without symptoms
6. Return to play	Normal game play without restrictions	

Adapted from Consensus Statement on Concussion in Sport—the 4th International Conference on Concussion in Sport Held in Zurich, Nov.2012.

District 127 Concussion Oversight Team

Dr. Nicole Reams, Sports Neurologist - Associate Director for the Sports Concussion Program at North Shore University HealthSystem

Meg Licht, Associate Principal for Student Services - North

Mike Przybylski, Associate Principal for Student Services - Central

Tina Woolard, Athletic Director - North

Brian Moe, Athletic Director - Central

Patrick O'Connell, Counseling Department Chair - North

Lori Mitchell, Counseling Department Chair - Central

Tim Hough, Life Fitness Department Chair - North

Jason Schaal, Life Fitness Department Chair - Central

Annie Swiatek, School Nurse - North

Julie Szymczak, School Nurse - Central

Matt Benoit, School Psychologist -Central

Caitlin Bender, Certified Athletic Trainer - North

Glen D. Gerdes, Certified Athletic Trainer - Central

References

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4. ImPACT Test. ImPACT Applications. [Online] March 20, 2016. www.impacttest.com/test.
5. What is a Concussion? CDC - Heads Up Concussion. [Online] February 16, 2015.
[What is a concussion?](#)
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[Acute Concussion Evaluation \(ACE\) CDC](#)

GRAYSLAKE COMMUNITY HIGH SCHOOL – DISTRICT 127 Return to Learn CONCUSSION ACCOMMODATION PLAN

In the early stages of recovery after a concussion, increased cognitive demands, such as academic coursework, as well as physical demands may worsen symptoms and prolong recovery. Accordingly, a comprehensive concussion management plan will provide appropriate provisions for adjustment of academic coursework on a case-by-case basis.

Student's Name: _____ **Date Implemented:** _____

Counselor's Name: _____

Parent/Guardian Notification Date: _____ **Re-evaluation Date:** _____

****School personnel should watch for an increase or change in any of the following signs and symptoms of concussion***

Physical	Cognitive	Emotional	Sleep
<ul style="list-style-type: none"> ● Headache ● Dizziness ● Nausea ● Vomiting ● Sensitivity to noise or light ● Balance problems ● Blurry vision ● Any loss of consciousness 	<ul style="list-style-type: none"> ● Confusion ● Difficulty concentrating ● Difficulty thinking clearly ● Difficulty remembering new information ● Taking longer to figure things out ● Amnesia 	<ul style="list-style-type: none"> ● Irritability ● Sadness ● Mood swings ● Feeling nervous or anxious ● Crying more 	<ul style="list-style-type: none"> ● Sleeping more than usual ● Sleeping less than usual ● Trouble falling or staying asleep ● Feeling tired

The following supports will be implemented:

TESTING ACCOMMODATIONS:

- ☐ Provide extra time to complete
- ☐ Provide alternative location
- ☐ Postpone test completion
- ☐ Use notes for tests
- ☐ Eliminate test completion
- ☐ Other:

HOMEWORK/PROJECT ACCOMMODATIONS:

- ☐ Provide extra time to complete
- ☐ Postpone homework completion
- ☐ Excusal from homework completion
- ☐ Provide written directions for homework assignments
- ☐ Assign only essential homework
- ☐ Other:

GENERAL ACCOMMODATIONS:

- ☐ No Life Fitness class participation (no writing assignments). Student will report to the library.
- ☐ No Behind the Wheel for Driver's Education Class
- ☐ Provide copy of class notes from teacher or peer
- ☐ Allow student to see counselor, social worker, or nurse as needed
- ☐ Allow student to take breaks from classwork
- ☐ Allow student to leave class early (early out pass during passing periods)
- ☐ Accommodate for sensory sensitivity: _____
- ☐ Specific Course Limitations: _____

☐ Other: _____



ACUTE CONCUSSION EVALUATION (ACE)

PHYSICIAN/CLINICIAN OFFICE VERSION

Gerard Gioia, PhD¹ & Micky Collins, PhD²

¹Children's National Medical Center

²University of Pittsburgh Medical Center

Patient Name: _____

DOB: _____ Age: _____

Date: _____ ID/MR# _____

A. Injury Characteristics Date/Time of Injury _____ Reporter: ☐ Patient ☐ Parent ☐ Spouse ☐ Other _____

1. Injury Description _____

1a. Is there evidence of a forcible blow to the head (direct or indirect)? ☐ Yes ☐ No ☐ Unknown

1b. Is there evidence of intracranial injury or skull fracture? ☐ Yes ☐ No ☐ Unknown

1c. Location of Impact: ☐ Frontal ☐ Lt Temporal ☐ Rt Temporal ☐ Lt Parietal ☐ Rt Parietal ☐ Occipital ☐ Neck ☐ Indirect Force

2. Cause: ☐ MVC ☐ Pedestrian-MVC ☐ Fall ☐ Assault ☐ Sports (specify) _____ ☐ Other _____

3. Amnesia Before (Retrograde) Are there any events just BEFORE the injury that you/ person has no memory of (even brief)? ☐ Yes ☐ No Duration _____

4. Amnesia After (Anterograde) Are there any events just AFTER the injury that you/ person has no memory of (even brief)? ☐ Yes ☐ No Duration _____

5. Loss of Consciousness: Did you/ person lose consciousness? ☐ Yes ☐ No Duration _____

6. EARLY SIGNS: ☐ Appears dazed or stunned ☐ Is confused about events ☐ Answers questions slowly ☐ Repeats Questions ☐ Forgetful (recent info)

7. Seizures: Were seizures observed? No ☐ Yes ☐ Detail _____

B. Symptom Check List* Since the injury, has the person experienced any of these symptoms any more than usual today or in the past day?

Indicate presence of each symptom (0=No, 1=Yes).

*Lovell & Collins, 1998 JHTR

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	COGNITIVE Total (0-4) _____		SLEEP Total (0-4) _____	
Visual problems	0 1	EMOTIONAL (4)		Exertion: Do these symptoms <u>worsen</u> with: Physical Activity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Cognitive Activity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Overall Rating: How <u>different</u> is the person acting compared to his/her usual self? (circle) Normal 0 1 2 3 4 5 6 Very Different	
Fatigue	0 1	Irritability	0 1		
Sensitivity to light	0 1	Sadness	0 1		
Sensitivity to noise	0 1	More emotional	0 1		
Numbness/Tingling	0 1	Nervousness	0 1		
PHYSICAL Total (0-10) _____		EMOTIONAL Total (0-4) _____			
(Add Physical, Cognitive, Emotion, Sleep totals)					
Total Symptom Score (0-22) _____					

C. Risk Factors for Prolonged Recovery (check all that apply)

Concussion History? Y <input type="checkbox"/> N <input type="checkbox"/>	Headache History? Y <input type="checkbox"/> N <input type="checkbox"/>	Developmental History	Psychiatric History
Previous # 1 2 3 4 5 6+	Prior treatment for headache	Learning disabilities	Anxiety
Longest symptom duration Days _____ Weeks _____ Months _____ Years _____	History of migraine headache ____ Personal ____ Family	Attention-Deficit/ Hyperactivity Disorder	Depression
If multiple concussions, less force caused reinjury? Yes <input type="checkbox"/> No <input type="checkbox"/>		Other developmental disorder _____	Sleep disorder
			Other psychiatric disorder _____

List other comorbid medical disorders or medication usage (e.g., hypothyroid, seizures) _____

D. RED FLAGS for acute emergency management: Refer to the emergency department with sudden onset of any of the following:

- * Headaches that worsen
- * Looks very drowsy/ can't be awakened
- * Can't recognize people or places
- * Neck pain
- * Seizures
- * Repeated vomiting
- * Increasing confusion or irritability
- * Unusual behavioral change
- * Focal neurologic signs
- * Slurred speech
- * Weakness or numbness in arms/legs
- * Change in state of consciousness

E. Diagnosis (ICD): ☐ Concussion w/o LOC 850.0 ☐ Concussion w/ LOC 850.1 ☐ Concussion (Unspecified) 850.9 ☐ Other (854) _____
☐ No diagnosis

F. Follow-Up Action Plan Complete **ACE Care Plan** and provide copy to patient/family.

☐ No Follow-Up Needed

☐ Physician/Clinician Office Monitoring: Date of next follow-up _____

☐ Referral:

☐ Neuropsychological Testing

☐ Physician: Neurosurgery _____ Neurology _____ Sports Medicine _____ Physiatrist _____ Psychiatrist _____ Other _____

☐ Emergency Department

ACE Completed by: _____

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This form is part of the "Heads Up: Brain Injury in Your Practice" tool kit developed by the Centers for Disease Control and Prevention (CDC).

Student's Name: _____ DOB: _____ Date of Injury: _____ LF CLASS: _____

CONCUSSION SYMPTOM CHECKLIST

DATE												
Do you have any of the following symptoms?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Headache												
"Pressure in Head"												
Neck Pain												
Nausea or Vomiting												
Dizziness												
Blurred Vision												
Balance Problems												
Sensitivity to Light												
Sensitivity to Noise												
Feeling Slowed Down												
Feeling "In a Fog"												
Don't "Feel right"												
Difficulty Concentrating												
Difficulty Remembering												
Fatigue or Low Energy												
Confusion												
Drowsiness												
More Emotional												
Irritability												
Sadness												
Nervous or Anxious												
Trouble Falling Asleep												
Student Initials												
Nurse Initials												
STAGE FOR THE DAY												
Asymptomatic Following?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Student Initials												
Nurse Initials												

Rehabilitation Stage	Examples of Functional Exercise at Each Stage of Rehabilitation	Success Goal of Each Stage
1. No activity	Complete physical and mental rest	Recovery (symptom free at rest)
2. Low-impact, light activity	Stationary cycling keeping intensity <70% maximum predicted HR (20 minutes max)	Increase heart rate without symptoms
3. Increased light activity	Cardiovascular activity (cycling, elliptical, running) while keeping intensity <70 maximum predicted HR (30 minutes max)	Increase the duration of activity without symptoms
4. Moderate activity, resistance training	No head-impact activity; may start progressive resistance training and plyometric exercises (at least 30 minutes)	Add coordination and cognition without symptoms. Increase exercise, coordination, and cognitive load without symptoms
5. Return to Physical Education	Return to all sections of Physical Education without restrictions	

COMMENTS:

SCHOOL NURSE NAME & SIGNATURE: _____ COMPLETION DATE: _____