



Concussion Return-To-Learn Recommendations

(To be completed by Licensed Physician (MD/DO) or an LAT, PA, or NP under treating physician's supervision)

Name of Athlete: _____ Date: _____

Following a concussion, most individuals typically need some degree of cognitive and physical rest to facilitate and expedite recovery. Activities such as reading, watching TV or movies, playing video games, working/playing on the computer and/or texting require cognitive effort and can worsen symptoms during the acute period after concussion. Navigating academic requirements and a school setting present a challenge to a recently concussed student-athlete. A Return-To-Learn policy facilitates a gradual progression of cognitive demand for student-athletes in a learning environment. Healthcare providers should consider whether academic and school modifications may help expedite recovery and lower symptom burden. It is important to review academic/school situation for each student athlete and identify educational accommodations that may be beneficial.

Educational accommodations that may be helpful are listed below.

Return to school with the following supports:

Length of Day

- ☐ Shortened day. Recommended _____ hours per day until re-evaluated or (date) _____.
- ☐ ≤ 4 hours per day in class (consider alternating days of morning/afternoon classes to maximize class participation)
- ☐ Shortened classes (i.e. rest breaks during classes). Maximum class length of _____ minutes.
- ☐ Use _____ class as a study hall in a quiet environment.
- ☐ Check for the return of symptoms when doing activities that require a lot of attention or concentration.

Extra Time

- ☐ Allow extra time to complete coursework/assignments and tests.
- ☐ Take rest breaks during the day as needed (particularly if symptoms recur).

Homework

- ☐ Lessen homework by _____ % per class, or _____ minutes/class; or to a maximum of _____ minutes nightly, no more than _____ minutes continuous.

Testing

- ☐ No significant classroom or standardized testing at this time, as this does not reflect the patient's true abilities.
- ☐ Limited classroom testing allowed. No more than _____ questions and/or _____ total time.
 - ☐ Student is able to take quizzes or tests but no bubble sheets.
 - ☐ Student able to take tests but should be allowed extra time to complete.
- ☐ Limit test and quiz taking to no more than one per day.
- ☐ May resume regular test taking.

Vision

- ☐ Lessen screen time (SMART board, computer, videos, etc.) to a maximum _____ minutes per class AND no more than _____ continuous minutes (with 5-10 minute break in between). This includes reading notes off screens.
- ☐ Print class notes and online assignments (14 font or larger recommended) to allow to keep up with online work.
- ☐ Allow student to wear sunglasses or hat with bill worn forward to reduce light exposure.

Environment

- ☐ Provide alternative setting during band or music class (outside of that room).
- ☐ Provide alternative setting during PE and/or recess to avoid noise exposure and risk of injury (out of gym).
- ☐ Allow early class release for class transitions to reduce exposure to hallway noise/activity.
- ☐ Provide alternative location to eat lunch outside of cafeteria.
- ☐ Allow the use of earplugs when in noisy environment.
- ☐ Patient should not attend athletic practice
- ☐ Patient is allowed to be present but not participate in practice, limited to _____ hours

Additional Recommendations:



Medical Provider Concussion Evaluation Recommendations

(To be completed by Licensed Physician (MD/DO) or an LAT, PA, or NP under treating physician's supervision)

Name of Athlete: _____ Date of Evaluation: _____

All NC public high school and middle school student-athletes must have a Licensed Physician's (MD/DO) signature on the **Return to Play Form: Medical Clearance Releasing the Student-Athlete to Return to Athletic Participation** prior to them returning to play. Due to the need to monitor concussions for recurrence of signs & symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians should not make clearance decisions at the time of first visit. All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Providers should refer to NC Session Law 2011-147, House Bill 792 Gfeller-Waller Concussion Awareness Act for requirements for clearance, and please initial any recommendations you select. (Adapted from the Acute Concussion Evaluation (ACE) care plan (<http://www.cdc.gov/concussion/index.html>) and the NCHSAA concussion Return to Play Protocol Form.)

The recommendations indicated below are based on today's evaluation.

RETURN TO SCHOOL:

PLEASE NOTE →

1. The North Carolina State Board of Education approved "Return-To- Learn after Concussion" policy effective 2016-2017 school year to address learning and educational needs for students following a concussion.
2. A sample of accommodations is found on the **Concussion Return to Learn Recommendations** page.

SCHOOL (ACADEMICS):

(Physician identified below should check all recommendations that apply.)

- ☐ Out of school until _____.
- ☐ May return to school on _____ with accommodations selected on the **Concussion Return to Learn Recommendations** page.
- ☐ May return to school now with no accommodations needed.

RETURN TO SPORTS:

PLEASE NOTE →

A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and an athlete can return to sport safely. The **NCHSAA Concussion Return to Play Protocol** has been designed using a step-by-step progression.

SPORTS & PHYSICAL: EDUCATION

(Physician identified below should check all recommendations that apply.)

- ☐ Not cleared for sports or physical education at this time.
- ☐ May do light physical education that poses no risk of head trauma such (i.e. walking laps).
- ☐ May start RTP Protocol under appropriate monitoring.
- ☐ Must return to examining physician for clearance before returning to sports/physical education.
- ☐ Has completed a gradual RTP Protocol without any recurrence of symptoms. The **RETURN TO PLAY FORM** has been completed and signed by the Licensed Physician releasing the student-athlete to full participation.

Physicians may choose to delegate aspects of the student-athlete's care to a physician practice based licensed athletic trainer, licensed nurse practitioner or licensed physician assistant who is working under that physician's supervision, and may work in collaboration with a licensed neuropsychologist in compliance with the Gfeller-Waller Concussion Law for RTP clearance. * If this option is chosen, that individual should be designated by completing the requested information at the bottom of this page *.

Signature of Physician Licensed to Practice Medicine MD / DO

Date _____

Please Print Name

Office Address _____

Phone Number _____

Physician signing this form is licensed under Article 1 of Chapter 90 of the General Statutes and has training in concussion management.

*** The physician above has delegated aspects of the student-athlete's care to the individual designated below *.**

Signature of Physician Practice Based LAT, NP, PA-C, Neuropsychologist (Please Circle)

Date _____

Please Print Name

Office Address _____

Phone Number _____

Last Updated January 2017