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.

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

<table>
<thead>
<tr>
<th>Increased headache or neck pain severity</th>
<th>Increased drowsiness, can’t be awakened</th>
<th>Increased confusion or disorientation</th>
<th>Unusual behavior change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of consciousness or seizures</td>
<td>Weakness or numbness in arms or legs</td>
<td>Repeated vomiting</td>
<td>Fluid leaking from ears/nose</td>
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</table>

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, coursework 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

UCSF Benioff Children’s Hospital
Oakland

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

<table>
<thead>
<tr>
<th>Stage</th>
<th>Home Activity</th>
<th>School Activity</th>
<th>Physical Activity</th>
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</thead>
<tbody>
<tr>
<td>Brain Rest/ Restful Home Activity</td>
<td>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)</td>
<td>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.</td>
<td>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.</td>
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</tbody>
</table>

#### 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 hrs. 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 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 hrs. "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.

**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.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Example</th>
<th>Objective of the Stage</th>
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<tbody>
<tr>
<td>I</td>
<td>Limited physical activity that does not worsen symptoms for at least 2 days.</td>
<td>Untimed walking okay</td>
<td>Recovery and reduction/elimination of symptoms</td>
</tr>
<tr>
<td>II-A</td>
<td>Light aerobic activity</td>
<td>10-15 minutes of brisk walking or stationary biking. Must be performed under direct supervision</td>
<td>Increase heart rate to &lt; 50% of perceived max (max) exertion (e.g., &lt; 100 beats per min) Monitor for symptom return</td>
</tr>
<tr>
<td>II-B</td>
<td>Moderate aerobic activity (Light resistance training)</td>
<td>20-30 min jogging or stationary biking. Body weight exercises (squats, planks, push-ups), max 1 set of 10. ≤ 10 min total</td>
<td>Increase heart rate to 50-75% max exertion (e.g.,100-150 bpm) Monitor for symptom return</td>
</tr>
<tr>
<td>II-C</td>
<td>Strenuous aerobic activity (Moderate resistance training)</td>
<td>30-45 min running or stationary biking. Weight lifting ≤ 50% of max weight</td>
<td>Increase heart rate &gt; 75% max exertion Monitor for symptom return</td>
</tr>
<tr>
<td>II-D</td>
<td>Non-contact training w sport-specific drills (No restrictions for weightlifting)</td>
<td>Non-contact drills, sport-specific activities (cutting, jumping, sprinting). No contact with people, padding or the floor/mat</td>
<td>Add total body movement Monitor for symptom return</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>III</th>
<th>Limited contact practice</th>
<th>Controlled contact drills allowed (no scrimmaging)</th>
<th>Increase acceleration, deceleration and rotational forces Restore confidence, assess readiness for return to play Monitor for symptom return</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full contact practice</td>
<td>Return to normal training, with contact</td>
<td>Restore confidence, assess readiness for return to play</td>
<td></td>
</tr>
<tr>
<td>Full unrestricted practice</td>
<td>Return to normal unrestricted training</td>
<td>Monitor for symptom return</td>
<td></td>
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</table>

**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) | Normal game play (competitive event) | Return to full sports activity without restrictions |

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**Sports Concussion Program**

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