RETURN TO LEARN PLAN

Patient Name: ____
Date of Birth: ______________ Date of Evaluation: _______________
School: ____
Duration of Recommendations: ___week(s) as needed ___Until further notice

This student has been diagnosed with a concussion (a brain injury) and is currently under our care. Rest, following a concussion, is critical to brain recovery. Limiting cognitive activity to a tolerable level for this student will prevent the reemergence of symptoms and optimize recovery. Typically, tolerance of cognitive activity increases with recovery, but rate of recovery varies. Flexibility and academic supports are often needed post-concussion. The following academic accommodations have been individualized for the student and deemed appropriate for the school environment. Please feel free to contact our office (with written parent permission) to discuss this student's recovery in more detail.

Attendance

- ☐ Return to school without additional academic support/restriction.
- ☐ No return to school. ☐ Return on (date)_________ ☐ Return when tolerating 30 minutes of reading at home.
  - ☐ Gradual return to school if symptom-free. Attend 1-2 classes on 1st day and then gradually increase by 1-2 classes per day as tolerated. Do not plan make-up exams until tolerating full school day.
  - ☐ Partial days as tolerated by the student
  - ☐ Attendance at school _____ days per week
- ☐ Return to school with additional supports (If symptoms increase/recur, reduce/stop cognitive activity): See below.
  - ☐ Check for the return of symptoms when doing activities that require a lot of attention/concentration.
- ☐ Request meeting of 504 or School Management Team to discuss this plan and needed supports.

Workload

- ☐ Reduce amount of make-up work: _________
- ☐ Reduce amount of homework: ____________
  - Maximum homework:____min/night
- ☐ Prorate work load when possible
- ☐ Provide schoolwork to be completed at home

Testing

- ☐ No testing until:☐ Tolerating full school day ☐ Cleared
- ☐ Additional time to complete tests/quizzes
- ☐ No more than one test/quiz per day
- ☐ Take-home tests, if appropriate
- ☐ Consider alternatives to formal testing

Breaks

- ☐ Go to the nurse's office if symptoms increase
- ☐ Go home if symptoms do not subside
- ☐ Allow breaks during school day as needed
- ☐ Schedule rest breaks (15-20 min duration) every 2 – 2 ½ hours in quiet area during the school day

Audible Stimulus

- ☐ Lunch in a quiet place with a friend
- ☐ Avoid music or shop classes
- ☐ Allow to wear earplugs as needed
- ☐ Allow class transitions before bell

Visual Stimulus

- ☐ Allow student to wear sunglasses/hat in school
- ☐ Provide/accept printed/handwritten assignments
- ☐ Limited computer, tablet, tv use
- ☐ Reduce brightness on monitors/screens
- ☐ Change classroom seating as necessary

Classroom Participation/Attention/Behavior

- ☐ Passive participation recommended. Only call on student if student volunteers.
- ☐ No note taking; allow for note taker or provide notes
- ☐ Increase breaks to manage poor concentration
- ☐ Develop behavior plan with school administration, psychologist and teachers to manage concussion-related impulsivity, distractibility, or other behavior symptoms

Children's Hospital LOS ANGELES

CHILDREN'S ORTHOPAEDIC CENTER

RETURN TO PLAY PLAN

Patient Name: ____

Date of Evaluation: ______________

•Do NOT return to play if you still have ANY symptoms – Be sure that you have no symptoms at rest, during/after any physical activity and/or activities that require a lot of thinking or concentration.
•Inform the PE teacher, coach, and/or athletic trainer of your injury and symptoms.
•It is important to ensure that your scholastic and cognitive abilities are recovered before challenging your brain with physical exertion. Therefore, full successful attendance at school is required before beginning a return to play regimen.

☐ Do not participate in recess.
☐ Do not return to PE class at this time.
☐ Do not return to sports practices/games at this time.
☐ Do not attend games/practices, even as a spectator.
☐ Repeat computerized neurocognitive testing (ImPACT) when tolerating level IID without symptoms.
☐ Return to PE class/Sports as directed by the Gradual Return to Play Protocol below.
☐ Advance stages every ___ hours, if no symptoms recur. Do not advance >1 stage/24 hours, unless directed by physician.

Gradual Return to Play Protocol **Instructions:**

Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	No physical activity for at least 2 full symptom-free days <u>AFTER</u> you have seen a physician	• No activities requiring exertion (weight lifting, jogging, P.E. classes)	• Recovery and elimination of symptoms
	II-A	Light aerobic activity	• 10-15 minutes *(min)* of walking or stationary biking. • **Must be performed under *direct supervision* by designated individual**	• Increase heart rate to no more than 50% of perceived maximum *(max)* exertion (e.g.,< 100 beats per min) • Monitor for symptom return
	II-B	Moderate aerobic activity *(Light resistance training)*	• 20-30 min jogging or stationary biking • Body weight exercises (squats, planks, push-ups), max 1 set of 10, no more than 10 min total	• 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)*	• 30-45 min running or stationary biking • Weight lifting ≤ 50% of max weight	• Increase heart rate to > 75% max exertion • Monitor for symptom return
	II-D	Non-contact training with sport-specific drills *(No restrictions for weightlifting)*	• Non-contact drills, sport-specific activities (cutting, jumping, sprinting) • No contact with people, padding or the floor/mat	• Add total body movement • Monitor for symptom return
<u>Minimum</u> of 6 days to pass Stages I and II. 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 concussion monitor				
	III	Limited contact practice	• Controlled contact drills allowed (no scrimmaging)	• Increase acceleration, deceleration and rotational forces • Restore confidence, assess readiness for return to play • Monitor for symptom return
		Full contact practice Full unrestricted practice	• Return to normal training, with contact • Return to normal unrestricted training	
<u>MANDATORY</u>: 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

1) This *graduated return to play protocol* MUST be completed before you can return to FULL COMPETITION.
2) A certified athletic trainer (AT), physician and/or identified concussion monitor (e.g., coach, parent) must monitor your progression.
3) **If symptoms return at any stage, IMMEDIATELY STOP any physical activity and follow up with your concussion monitor or physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had <u>not</u> occurred.** Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

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323.361.2142
Children's Orthopaedic Center Sports Medicine Program
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Permission to Discuss Patient Information with School Personnel

Patient Name: ____
Date of Evaluation: _______________

I, ____, give permission for Children's Orthopaedic Center (COC) Sports Concussion Team to share the following information with my child's school and for communication to occur between the school and Sports Concussion Team for changes to the plan. I may revoke this permission at any time.

____
Parent Signature   Date

___________________________ Tracy Zaslow, MD, FAAP, CAQSM
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