

ACUTE CONCUSSION EVALUATION (ACE)

CARE PLAN v4

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Name: _____

Age: _____

Date of birth: _____

TODAY'S DATE

INJURY DATE

- You have been diagnosed with a concussion, also known as a traumatic brain injury.
- To prevent further injury, **do not return to any high-risk activities** (e.g., sports, physical education, driving, etc.) until cleared by a qualified healthcare professional.
- **Concussions are treatable.** To promote recovery, **physical and cognitive activity must be carefully managed.**
- **Learn how to manage your symptoms** by managing your level of activity. Avoid too much of any activity that makes your symptoms worse, as this may affect your recovery. Use the recommendations below to help your recovery.
- **Stay positive.** Most people recover within several weeks. *For more information, go to www.cdc.gov/headsup*

Concussion Education: Key Points to Help Your Recovery

Gradual Return to Daily Activities

- 1. Sleep:** Be sure to get adequate sleep at night – aim for 9 hours per night. No late nights or overnights. Bedtime on weekdays and weekends should be within 1-2 hours. Turn off electronics (phone/tablet, TV) 1 hour before bedtime. Take only brief daytime naps (45 minutes) if you feel very tired or fatigued, unless they interfere with falling asleep at night.
- 2. Key Rule for Activity: : Not too much, not too little. Balance physical** (e.g., exercise, non-contact sport skill work), **cognitive** (e.g., schoolwork, screen time), **and social activities** with rest/recharge breaks. Find your “sweet spot” of tolerable activity. When you have symptoms, take your day in doses: **Activity - Rest/Recharge – Activity – Rest/Recharge**
- 3. Use your symptoms as your guide to activity:** As symptoms improve, **increase activities gradually.** Pay attention to returning or worsening of symptoms. Worsening and/or return of symptoms is your sign to slow down.
- 4. Food and Drink:** Maintain adequate hydration (drink lots of fluids) and eat regularly (3 meals) during recovery.
- 5. Emotions and Stress:** It is normal to feel frustrated, nervous or sad because you do not feel right and your activity is reduced. Manage stress through relaxation. Avoid high stress situations. Talk to your parents or friends for support. Seek professional help if you feel unsafe or have thoughts of self-harm.
- 6. Driving:** You are advised not to drive if you have significant symptoms or cognitive impairment, as these can interfere with safe driving.

Gradual Return to School

- 1. Provide supports.** Students with symptoms and/or neuropsychological dysfunction after a concussion often need support to perform school-related activities. As symptoms decrease during recovery, these supports may be gradually removed.
- 2. Inform** teacher(s), school nurse, school psychologist, counselor, and administrator(s) about your injury and symptoms.
- 3. Teachers should watch for** these common problems, and be prepared to provide supports:
 - * increased problems paying attention or concentrating
 - * increased problems remembering or learning new information
 - * longer time needed to complete tasks or assignments
 - * greater irritability, less tolerance for stressors
 - * increased symptoms (headache, fatigue) with concentration
 - * difficulty managing and completing complex assignments

Gradual Return to Exercise & Physical Activities

- 1. Exercise and physical activity has been shown to promote recovery.** Exercise every day. Exercise is medicine!
- 2. Most people can start with light exercise** (such as walking around the neighborhood) several days after their injury. Increase gradually as your symptoms allow.
- 3. Discuss the start of exercise** with your healthcare provider. Follow the “Not Too Much, Not Too Little” rule. And use your symptoms as your guide. Exercise can be helpful for your recovery, but too much can worsen your symptoms.
- 4. Inform** the PE teacher, teacher at school recess, coach, and/or athletic trainer of your injury and symptoms. Do not do activities that put you at risk for additional injury or cause symptoms to worsen significantly.
- 5. Gradually increase** your amount of exercise. Pay careful attention to your symptoms at each level. Move to the next level only if symptoms do not worsen at the current level. If your symptoms worsen, return to the previous level of activity.
 - a. Low levels of physical exercise may include walking, easy swimming, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
 - b. Moderate levels of exercise can include moderate jogging/ running, moderate-intensity stationary biking or swimming, moderate-intensity weightlifting (reduced time and/or weight).
 - c. Heavy exercise: Return to typical, full level of exercise. Includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills.

| Current post-concussive symptoms (Circle or check) | | ___ No reported symptoms | | |
|--|-----------------------|--------------------------|------------------------|--------------------------|
| Physical | | Cognitive | Emotional | Fatigue/ Sleep |
| Headaches | Sensitivity to light | Feeling mentally foggy | Irritability | Fatigue |
| Nausea | Sensitivity to noise | Problems concentrating | Sadness | Drowsiness |
| Dizziness | Visual problem-double | Problems remembering | Feeling more emotional | Sleeping more than usual |
| Balance Problems | Visual problem-blurry | Feeling more slowed down | Nervousness | Sleeping less than usual |
| Numbness/ tingling | Vomiting | Other: | | Trouble falling asleep |

Temporary School Support Plan (Review date: _____)

The symptoms above can affect the student's academic learning and performance. General supports and symptom-specific (STAMP) accommodations/ adjustments are provided to support the student's recovery.

The following general school supports are also recommended: ___ Return to school on _____

- ___ Shortened day. Recommend _____ hours per day until (date) _____
- ___ Shortened classes (i.e., rest breaks during classes). Suggested class length: _____ minutes
- ___ Scheduled rest/recharge breaks _____ breaks/ day _____ minutes in quiet area. _____ AM _____ PM
- ___ Rest/recharge breaks as needed; i.e., when symptoms worsen ("flash pass"). _____ minutes
- ___ Allowances for extended time to complete coursework/assignments and tests
- ___ Reduced homework load. Max. length of homework: _____ minutes. 20-30' study, 10-15' rest break.
- ___ Reduced workload. Assign **essential** work only. Modify assignments when possible, (odd/ even # problems, outline or bullet points instead of full written responses, allow oral responses to test questions, etc.)
- ___ Reduce or eliminate make up work when possible. Focus on **key learning concepts** with shortened assignments.
- ___ Tests: ___ No testing until _____
- ___ Modified classroom/ standardized testing - **if symptoms do not interfere & adequately prepared; allow breaks.**
- ___ Meet with academic coordinator to establish reasonable timeline for make-up learning/ work (as symptoms permit).
- ___ Request meeting of School Management Team to discuss this plan and coordinate accommodations.

Additional Notes/Recommendations: _____

Return to Sports/ Physical Education *You should NEVER return to play if you still have ANY symptoms.* You should not return to activities involving risk of re-injury until you are symptom-free and fully recovered. All states have a law that you must be cleared by a licensed healthcare provider to return. **No competitive sports with friends, in PE, or at recess** until fully recovered.

- ___ **Physical education (PE) class:** ___ No Activities ___ No competition, Skills/Exercise only ___ Full Return, Date: _____
- ___ **Sports practices/Games:** ___ No Activities ___ Exercise & Skill work only ___ Supervised RTP ___ Full Return, Date: _____

The **Gradual Return to Play (RTP)** is typically a 5 step process, involving increasing stages of non-contact exercise, and a final controlled contact stage; with at least 24 hours between each stage. You must be symptom free before moving to the next stage. Full clearance for return to play must come from a licensed healthcare provider.

Follow-Up: ___ Return to this office for re-evaluation, monitoring and adjustment of support plan. Date/Time _____
 ___ None needed; Recovery complete

Referral: Based on today's evaluation, the following referral plan is made:

- ___ Specialists: Behavioral Health ___ Neurology ___ Neuropsychology ___ Physiatry ___ Other: _____
- ___ Physical Rehabilitation ___ Aerobic ___ Vestibular ___ Musculoskeletal ___ Ocular-Motor
- ___ Typical Gradual Return to Play Evaluation and Treatment
- ___ Other _____

Healthcare Provider
 Signature

RED FLAGS: Call your doctor or go to the Emergency Department with sudden onset of any of the following in the first few days after the injury

| | | | |
|------------------------------|--|---|--------------------------|
| Headaches that <u>worsen</u> | Look <u>very</u> drowsy, can't be awakened | Can't <u>recognize</u> people or places | Unusual behavior change |
| Seizures | <u>Repeated</u> vomiting | Increasing confusion | Significant irritability |
| Neck Pain | Slurred speech | Weakness or numbness in arms or legs | Loss of consciousness |

Student Name: _____ Today's Date: _____ End Date: _____

Symptom Targeted Academic Management Plan (STAMP)

Below are symptoms and associated functional problems that can affect school performance. Specific recommendations are indicated for classroom accommodations and adjustments to support this student's academic learning and performance:

| Symptom (check) | Functional school problem | Accommodation/ management strategy (select) |
|--|--|---|
| Cognitive Symptoms | | |
| Attention & concentration difficulties | Short focus on lecture, classwork, homework | <input type="checkbox"/> Shorter assignments (odd/even problems, requiring outline or bullet points instead of full written responses) <input type="checkbox"/> Break down tasks and tests into chunks/segments <input type="checkbox"/> Lighter work load: Max. nightly homework (including studying): ____ min |
| Working memory (short-term memory) | Trouble holding instructions, lecture, reading material, thoughts in mind during tasks | <input type="checkbox"/> Repetition <input type="checkbox"/> Written instructions <input type="checkbox"/> Provide student with teacher generated class notes |
| Memory consolidation/ retrieval | Retaining new information Accessing learned information | <input type="checkbox"/> Smaller chunks/segments to learn, repetition <input type="checkbox"/> Recognition cues |
| Processing speed | Unable to keep pace with work load Slower reading/writing/calculation Difficulty processing verbal information effectively | <input type="checkbox"/> Allowances for extended time to complete coursework, assignments, tests <input type="checkbox"/> Reduce/slowdown verbal information and check for comprehension |
| Cognitive Fatigue/ Fogginess | Decreased arousal, mental energy; trouble thinking clearly, formulating thoughts | <input type="checkbox"/> Rest breaks during classes <input type="checkbox"/> Homework, and examinations in quiet location |
| Physical Symptoms | | |
| Headaches | Interferes with concentration Increased irritability | <input type="checkbox"/> Intersperse rest breaks, shortened day if symptom does not subside <input type="checkbox"/> Allow for short naps in quiet location (e.g., nurse's office) |
| Light/ noise sensitivity | Symptoms worsen in bright or loud environments | <input type="checkbox"/> Wear sunglasses/hat, seating away from bright sunlight <input type="checkbox"/> Limit exposure to SMART board, computers, provide class notes <input type="checkbox"/> Avoid noisy/crowded environments such as lunchroom, assemblies, chorus/music class, and hallways. Leave class early. <input type="checkbox"/> Allow student to wear earplugs as needed |
| Dizziness/ balance/ nausea | Unsteadiness when walking Nausea or vomiting | <input type="checkbox"/> Elevator pass <input type="checkbox"/> Class transition before bell |
| Sleep disturbance | Decreased arousal, shifted sleep schedule, trouble falling asleep | <input type="checkbox"/> Later start time <input type="checkbox"/> Shortened day or rest breaks |
| Fatigue | Lack of energy | <input type="checkbox"/> Periodic rest breaks, short naps in quiet location <input type="checkbox"/> Passive participation |
| Emotional Symptoms | | |
| Irritability | Poor tolerance for stress | <input type="checkbox"/> Reduce stimulation & stressors (e.g., overwhelmed with missing work) |
| Anxiety/ nervousness | Worried about falling behind, pushing through symptoms | <input type="checkbox"/> Reassurance from teachers and team about accommodations, workload reduction, alternate forms of testing <input type="checkbox"/> Time built in for socialization |
| Depression/ withdrawal | Withdrawal from school or friends because of stigma or activity restrictions | <input type="checkbox"/> Allow student to be engaged with peers during selected low stress/ extracurricular activities as tolerated <input type="checkbox"/> Lunch in a quiet room with friends |
| Specific Academic Recommendations | | |
| Subject specific difficulties | Writing | <input type="checkbox"/> Provide alternatives to written output (word bank, oral response, etc.) |
| | Mathematics calculation | <input type="checkbox"/> Use of calculator, reduced number of problems |
| | Reading comprehension | <input type="checkbox"/> Shorter reading passages <input type="checkbox"/> Provide tools to assist with visual tracking or comprehension of information (e.g., use of audio books) |
| Make-up/Missing work | Trouble managing current load of make-up work | <input type="checkbox"/> Waive previously missed work <input type="checkbox"/> Reduce amount of outstanding work (assign essential learning tasks) |
| Tests/quizzes | Unprepared for tests/quizzes | <input type="checkbox"/> No/ Modified classroom testing (e.g., breaks, extra time, quiet setting) <input type="checkbox"/> Limit number of classroom tests per day. _____ per day. |
| Other: | | |

Gradual Return to Academics

Following a concussion, the return to school process should be carefully considered with a gradual return plan based on the student's symptoms and progress. Most students can return to school in 1-3 days after their injury with supports. The stages below proceed in a graduated manner. Select the appropriate level based on the student's types and severity of symptoms. If the student is making a rapid recovery, they may skip a stage.

| Stage | Description | Activity Level | Criteria to Move to Next Stage |
|-------|---|---|--|
| 0 | No return, at home | Day 1 - Maintain low level cognitive and physical activity. No prolonged concentration. Cognitive Readiness Challenge: As symptoms improve, try reading or math challenge task for 10-30 minutes; assess for symptom increase. | To Move To Stage 1: (1) Student can sustain concentration for up to 30 minutes with little to no significant symptom exacerbation, OR (2) Symptoms reduce or disappear with cognitive rest breaks* allowing return to activity. |
| 1 | Return to School, Partial Day (1-3 hours) | Attend 1-3 classes, with interspersed rest breaks. Minimal expectations for productivity. No tests or homework. | To Move To Stage 2: Student symptom status improving, able to tolerate 4-5 hours of activity with 2-3 cognitive rest breaks built into school day. |
| 2 | Full Day, Maximal Supports (required throughout day) | Attend most classes, with 2-3 rest breaks (20-30'), no tests. Minimal HW ($\leq 60'$). Minimal-moderate expectations for productivity. | To Move To Stage 3: Number & severity of symptoms improving, needs only 1-2 cognitive rest breaks built into school day. |
| 3 | Return to Full Day, Moderate Supports (provided in response to symptoms during day) | Attend all classes with 1-2 rest breaks (20-30'); begin quizzes. Moderate HW (60-90') Moderate expectations for productivity. Design schedule for make-up work. | To Move To Stage 4: Continued symptom improvement, needs no more than 1 cognitive rest break per day |
| 4 | Return to Full Day, Minimal Supports (Monitoring final recovery) | Attend all classes with 0-1 rest breaks (20-30'); begin modified tests (breaks, extra time). HW (90+') Moderate- maximum expectations for productivity. | To Move To Stage 5: No active symptoms, no exertional effects across the full school day. |
| 5 | Full Return, No Supports Needed | Full class schedule, no rest breaks. Max. expectations for productivity. Begin to address make-up work. | N/A |

*Cognitive rest break: a period during which the student refrains from academic or other cognitively demanding activities, including schoolwork, reading, TV/games, lengthy conversation. May involve a short nap or relaxation with eyes closed in a quiet setting.