

ACUTE CONCUSSION EVALUATION (ACE)

CARE PLAN

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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.** Avoid too much of any activity that makes your symptoms worse, as this may affect your recovery. Stay positive. Most people recover within a matter of several weeks. Use the individualized treatment plan and recommendations below to help your recovery.

Today the following post-concussive symptoms are present (Circle or check): _____ No reported symptoms

Physical		Cognitive	Emotional	Sleep
Headaches	Sensitivity to light	Feeling mentally foggy	Irritability	Drowsiness
Fatigue	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Visual problems	Nausea	Problems remembering	Feeling more emotional	Sleeping less than usual
Dizziness	Vomiting	Feeling more slowed down	Nervousness	Trouble falling asleep
Balance Problems	Numbness/ tingling	Other: _____		

Key Rule for Activity
“Not Too Much, Not Too Little”

KEY POINTS

Returning to Daily Activities

Sleep: Be sure to get adequate sleep at night; no late nights or overnights; keep the same bedtime on weekdays and weekends. Take daytime naps or rest breaks when you feel tired or fatigued, unless they interfere with falling asleep at night.

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 breaks.** Find the “sweet spot” of tolerable activity.

Use 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.

Food and Drink: Maintain adequate hydration (drink lots of fluids) and an appropriate diet during recovery.

Emotions and Stress: It is normal to feel frustrated, nervous or sad because you do not feel right and your activity is reduced. Seek professional help if you feel unsafe or have thoughts of self-harm. Manage stress through relaxation. Avoid high stress situations.

Driving: You are advised not to drive if you have significant symptoms or cognitive impairment, as these can interfere with safe driving.

Take the Day in Doses:
Activity-Rest-Activity-Rest

KEY POINTS

Returning to School

- 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.
- Inform the teacher(s), school nurse, school psychologist, counselor, and administrator(s) about your injury and symptoms.
- School personnel should watch for:
 - * 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
 - * increase in symptoms (e.g., headache, fatigue, etc.)
 - * difficulty managing and completing complex assignments

Based on the above symptoms, the following general supports are recommended: (Check all that apply)

___ No return to school at this time. Return when _____.

___ Return to school with following general supports. **Monitor above symptoms; they may increase** with cognitive exertion

___ Shortened day. Recommend ___ hours per day until _____

___ Shortened classes (i.e., rest breaks during classes). Suggested class length: _____ minutes

___ Rest breaks during school day. _____ rest breaks/ day in quiet area. ___ AM ___ PM

___ When symptoms worsen (“flash pass”). _____ min.

___ 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.)

___ Tests: ___ None 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.

KEY POINTS**Returning to Physical Activities**

- **Return to exercise carefully.** Ask your healthcare provider when you are ready to exercise. Exercise can be helpful for your recovery, but too much may have a negative effect. Avoid exercises that return or worsen symptoms.
- Be sure that the PE teacher, teacher at school recess, coach, and/or athletic trainer are aware of your injury and symptoms. Do not do activities that put you at risk for additional injury or cause symptoms to worsen significantly.

No physical exercise at this time. **Begin / Continue physical exercise** as indicated below:

Day/ date*	Physical Exertional Activity (NON-CONTACT ONLY) Pay careful attention to your symptoms <u>at each level</u> of exertion. Move to the next level of exertion <u>only</u> if symptoms do not worsen at the current level. <u>If your symptoms worsen</u> , let your health care provider know, and reduce activities to the previous level.
	1. Low levels of physical exertion that may include walking, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
	2. Moderate levels of exercise with body/ head movement <u>as tolerated</u> . Includes moderate jogging/ brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or weight).
	3. Heavy exertion. Return to typical, full level of exercise. Includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

KEY POINTS**Returning to Sports/ Physical Education**

- **You should NEVER return to play if you still have ANY symptoms.**
- **Avoid** activities that put you at risk for additional injury or cause your symptoms to worsen significantly (e.g., sports competition, roller coasters, trampolines). Do not play sports with friends, in PE, or at recess until you are fully recovered and cleared. Increase exertion only if symptoms do not worsen at the current level.

Physical education (PE) class: No Activities No competition, Skills/Exercise OK Full Return, Date: _____

Sports practices/Games: No Activities Exercise & Skill work Supervised RTP Full Return, Date: _____

The **Gradual Return to Play (RTP)** should be under the supervision of a health care provider. This is typically a 5 step process, involving non-contact stages 1, 2, 3 of increasing exercise, and controlled contact stages 4 and 5. Allow at least 24 hours between each stage (48 hours for younger children), must be symptom free before progressing. Full clearance for return to play must come from a licensed healthcare provider with training in concussion management. Cognitive functions, balance, and symptoms must return to 'normal' before it is safe to return to play.

Follow-Up:

Return to this office for re-evaluation and monitoring. Date/Time _____

None needed; Recovery complete

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

Primary Care Physician _____

Specialists: Behavioral Medicine Neurology Neuropsychology Psychiatry/ Psychology

Other: _____

Prolonged Recovery: Physical Rehabilitation/ Physical Activity Program Aerobic Vestibular Musculoskeletal

Typical Gradual Return to Play Evaluation and Treatment

Other _____

Licensed Healthcare Provider
Signature

RED FLAGS (within 24-48 hrs): Call your doctor or go to your Emergency Department with sudden onset of any of the following

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

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