



## INDIVIDUAL CONCUSSION ACCOMMODATION PLAN 2023-24

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**The above referenced patient has suffered a concussion and is currently under physician care. The student is not permitted to participate in physical education (PE) and any contact sport activity until formally cleared by the physician.**

- **Participation in PE will not be allowed until a written physician note for full clearance is received.**
- **Participation in sports requires either a physician's note to return to sports without restriction/partial return program is received.**

The above patient was evaluated after sustaining a head injury on: \_\_\_\_\_. The following document summarizes the academic recovery plan and recommendations.

**GENERAL CONSIDERATIONS:** Although there is significant variability in symptoms presentation and duration, all individuals who sustain a head injury will need time for their brains to recover. It is not unusual to experience headaches with difficulties with attention, concentration, and memory. These symptoms resolve overtime. However, if individuals return to pre-injury activity levels too quickly, there is potential for long term impact. Getting more rest than usual, modifying daily routines, and managing expectations can all help facilitate recovery and minimize symptom activity.

**EDUCATIONAL ACCOMMODATIONS:** The symptoms associated with head injury may affect academic performance. The cognitive exertion that school requires can provoke symptoms. Therefore, the following accommodations are recommended:

**Please only check the accommodations below that you, as a clinician, feel is required for concussion recovery at school**

School Re-entry/Attendance\*\*:

- Full days as tolerated       1/2 days, may advance as tolerated       Initiate homebound education       No School until \_\_\_\_\_, then attempt half/full days as tolerated.

**\*\*Full or partial days missed due to post-concussion symptoms will be medically excused only if a physician checks a box above.**

Academic testing: *Students recovering from head injury often demonstrate difficulties with memory, attention, and processing speed. Highly demanding activities such as testing may exacerbate other symptoms.*

- Extra time to complete tests     Testing in a quiet environment     Allow testing across multiple sessions
- Reduce length of tests       Eliminate tests when possible       Defer standardized or high stakes testing
- Reformat from free response to multiple choices or providing cueing (e.g., use of note card for helpful formulas)
- Schedule no more than one test per day.

Screen time:  No Restriction       As tolerated       Reduction to \_\_\_\_\_ (write in time amount)

No screen times

Curriculum Accommodations:

- Extended Time:** Allow student extended time to turn in assignments. *While experiencing symptoms and whenever symptoms increase, students are advised to rest, and therefore may need a modified schedule for completing assignments.*
- Workload reduction:** Reduce overall amount of make-up work, class work, and homework. *Examples of how to shorten work include reducing length of essays, have student do every other problem in a homework assignment, or highlight key concept areas for testing while eliminating testing on less critical topics. Considering books on tape as this is also helpful.*
- Make up/Keep up:** Develop a systematic plan for balancing the “make up/Keep up” challenge of recovery. The process of making up missed work can be anxiety provoking and needs to be undertaken over time, with support and supervision.
- Note taking:** Allow student to obtain class notes or outlines ahead of time to aid organization and reduce multi-tasking demands. If this is not possible, allow student photocopied notes from another student.
- Breaks:** Take breaks as needed. For example, if headache worsens during class, the student may need to put his/her head on the desk to rest. For more severe symptoms, he/she may need to go to nurse’s office. In some situations, scheduled breaks interspersed throughout the day may be required.

**ATHLETIC ACCOMMODATIONS:** No child will be allowed to return to athletics/PE until allowed to do so by a physician experienced in management of sport-related concussion. The return to athletics/PE should be gradual, should be monitored by a physician, and should proceed in a stepwise fashion. The following steps should be monitored: (1) Complete rest, no sport related activity until the patient has completely recovered from all concussion symptoms. The length of this rest should be determined by a physician experienced in the management of sport-related concussion. (2) Light aerobic activity such as walking or stationary bicycle riding. (3) Sport specific aerobic activity such as running, ice skating, swimming, or cycling. (4) Non-contact training drills and gradually progressive resistance training. (5) Full contact training after medical clearance. (6) Game play.

Restrictions: *This patient should restrict activities to those permitted below.*

- No Physical Education or sports activities.
- Restrict physical education class activity as specified below:
- Light non-contact, non-risk, exertion only
- Up to moderate non-contact, non-risk exertion only
- Up to heavy non-contact, non-risk exertion only
- No group sport, no contact sport.

**Note: Physicians note is required when physician clears patient for full return to physical education and sports activity.**

**HOME ACCOMMODATIONS:** *How families assist patients with concussions is equally important. The following recommendations are helpful in facilitating recovery, assists the above accommodations with the school, and is important for families to follow.*

- Limit activities that have been found to provoke symptoms, including television, computer games, texting, and reading.
- Get more rest than usual. Get enough sleep. Sleep is particularly important to recovery. Avoid sleepovers and late nights.
- Don't over schedule. Be careful with pacing.
- Stay hydrated
- Avoid busy, noisy, highly stimulating environments.

**ADDITIONAL NOTES/RECOMMENDATIONS:**

**Follow-up evaluation and revision of recommendation to occur \_\_\_\_\_.**  
Date

Sincerely,

\_\_\_\_\_  
Physicians Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number