Licensed Health Care Provider Concussion Evaluation Recommendations

Licensed Health Care Providers (LHCP) are **STRONGLY ENCOURAGED** by the NCHSAA to have expertise and training in concussion management. LHCPs include the following individuals: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist.

Name of Athlete: _____ **DOB:** _____ **Date of Evaluation:** _____

All NCHSAA member school student-athletes diagnosed with a concussion are STRONGLY RECOMMENDED to have input and signature from a physician (MD/DO who is licensed under Article 1 of Chapter 90 of the General Statutes and has expertise and training in concussion management) before being cleared to resume full participation in athletics. *Due to the need to monitor concussions for recurrence of signs & symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians should not make clearance decisions at the time of first visit.* All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. *Providers should refer to NC Session Law 2011-147, House Bill 792 Gfeller-Waller Concussion Awareness Act for requirements for clearance, and please initial any recommendations you select.* (Adapted from the Acute Concussion Evaluation (ACE) care plan (http://www.cdc.gov/concussion/index.html) and the NCHSAA concussion Return to Play Protocol.) The recommendations indicated below are based on today's evaluation.

RETURN TO SCHOOL:

PLEASE NOTE

1. The North Carolina State Board of Education approved "Return-To- Learn after Concussion" policy to address learning and educational needs for students following a concussion.
2. A sample of accommodations is found on the **LHCP Concussion Return to Learn Recommendations** page.

SCHOOL (ACADEMICS):

(LHCP identified below should check all recommendations that apply.)

☐ Out of school until _____/_____/20_____ (date). LHCP Initial: _____ Date: _____

☐ Return for further evaluation on _____/_____/20_____ (date). LHCP Initial: _____ Date: _____

☐ May return to school on _____/_____/20_____ (date) with accommodations as selected on the **LHCP Concussion Return to Learn Recommendations** page. LHCP Initial: _____ Date: _____

☐ May return to school now with no accommodations needed. LHCP Initial: _____ Date: _____

RETURN TO SPORTS:

PLEASE NOTE

A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The **NCHSAA Concussion Return to Play (RTP) Protocol**, therefore, has been designed using a step-by-step progression and is **REQUIRED** to be completed in its entirety by any concussed student-athlete before they are released to full participation in athletics.

SPORTS & PHYSICAL EDUCATION:

(LHCP identified below should check all recommendations that apply.)

☐ Not cleared for sports at this time.

☐ Not cleared for physical education at this time.

☐ May do light physical education that poses no risk of head trauma such (i.e. walking laps).

☐ May start RTP Protocol under appropriate monitoring and may return to PE activities after completion.

☐ Must return to the examining LHCP for clearance before returning to sports/physical education.

☐ May start the RTP Protocol under monitoring of **First Responder**. The examining LHCP must review progress of student-athlete through stage 4 and before beginning stage 5 either electronically, by phone, or in person and an additional office visit is not required unless otherwise indicated by the LHCP. If the student-athlete has remained free of signs/symptoms after stage 5 is completed, the LHCP must then sign the **RETURN TO PLAY FORM** before the student-athlete is allowed to resume full participation in athletics.

☐ May start the RTP Protocol under monitoring of **LHCP** and progress through all five stages with no office contact necessary unless required by examining LHCP. If student-athlete remains free of signs/symptoms the LHCP must sign the **RETURN TO PLAY FORM** before the student-athlete is allowed to resume full participation in athletics.

Comment: _____

_____ Date: _____

Signature of MD, DO, LAT, PA, NP, Neuropsychologist (Please Circle)

Please Print Name _____

Office Address _____ Phone Number _____

The Licensed Health Care Provider above has delegated aspects of the student-athlete's care to the individual designated below.

_____ Date: _____

Signature of LAT, NP, PA-C, Neuropsychologist, First Responder (Please Circle)

Please Print Name _____

Office Address _____ Phone Number _____

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Licensed Health Care Provider Concussion Return-To-Learn Recommendations

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Name of Athlete: _____ **DOB:** _____ **Date:** _____

Following a concussion, most individuals typically need some degree of cognitive and physical rest to facilitate and expedite recovery. Activities such as reading, watching TV or movies, playing video games, working/playing on the computer and/or texting require cognitive effort and can worsen symptoms during the acute period after concussion. Navigating academic requirements and a school setting present a challenge to a recently concussed student-athlete. A Return-To-Learn policy facilitates a gradual progression of cognitive demand for student-athletes in a learning environment. Licensed Health Care Providers should consider whether academic and school modifications may help expedite recovery and lower symptom burden. It is important to the review academic/school situation for each student athlete and identify educational accommodations that may be beneficial.

Educational accommodations that may be helpful are listed below.

Return to school with the following supports:

Length of Day

__ Shortened day. Recommended ____ hours per day until re-evaluated or (date) _____.
__ ≤ 4 hours per day in class (consider alternating days of morning/afternoon classes to maximize class participation)
__ Shortened classes (i.e. rest breaks during classes). Maximum class length of _____ minutes.
__ Use _____ class as a study hall in a quiet environment.
__ Check for the return of symptoms when doing activities that require a lot of attention or concentration.

Extra Time

__ Allow extra time to complete coursework/assignments and tests.
__ Take rest breaks during the day as needed (particularly if symptoms recur).

Homework

__ Lessen homework by _____ % per class, or _____ minutes/class; or to a maximum of _____ minutes nightly, no more than _____minutes continuous.

Testing

__ No significant classroom or standardized testing at this time, as this does not reflect the patient's true abilities.
__ Limited classroom testing allowed. No more than _____ questions and/or _____ total time.
    __ Student is able to take quizzes or tests but no bubble sheets.
    __ Student able to take tests but should be allowed extra time to complete.
__ Limit test and quiz taking to no more than one per day.
__ May resume regular test taking.

Vision

__ Lessen screen time (SMART board, computer, videos, etc.) to a maximum _____ minutes per class AND no more than _____ continuous minutes (with 5-10 minute break in between). This includes reading notes off screens.
__ Print class notes and online assignments (14 font or larger recommended) to allow to keep up with online work.
__ Allow student to wear sunglasses or hat with bill worn forward to reduce light exposure.

Environment

__ Provide alternative setting during band or music class (outside of that room).
__ Provide alternative setting during PE and/or recess to avoid noise exposure and risk of injury (out of gym).
__ Allow early class release for class transitions to reduce exposure to hallway noise/activity.
__ Provide alternative location to eat lunch outside of cafeteria.
__ Allow the use of earplugs when in noisy environment.
__ Patient should not attend athletic practice
__ Patient is allowed to be present but not participate in practice, limited to ___ hours

Additional Recommendations:

_____

_____

_____