



Physician (MD/DO) Recommended School Accommodations Following Concussion



Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, give permission for the physician to share the following information with my child's school and for communication to occur between the school and physician for changes to this plan. Parent Signature: \_\_\_\_\_

The patient will be reevaluated for revision of these recommendations in \_\_\_\_\_ weeks. Date of Injury: \_\_\_\_\_ Date of Concussion Dx: \_\_\_\_\_

Physician Name/Signature: \_\_\_\_\_ Exam Date: \_\_\_\_\_

This student has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the student from school today due to the medical appointment. Flexibility and additional support are needed during recovery. The following are suggestions for academic accommodations to be individualized for the student as deemed appropriate in the school setting. Accommodations can be modified as the student's symptoms improve/worsen.

Please see the CIF Return to Learn Protocol for more information (cifstate.org).

Table with 3 columns: Area, Requested Modifications, and Comments/Clarifications. Rows include Attendance, Breaks, Visual Stimulus, Auditory Stimulus, School Work, Testing, Educational Plan, and Physical Activity.



**Instructions:**

- Keep brain activity below the level that causes worsening of symptoms (e.g., headache, tiredness, irritability).
- If symptoms worsen at any stage, stop activity and rest.
- Seek further medical attention if your child continues with symptoms beyond 7 days.
- If appropriate time is allowed to ensure complete brain recovery before returning to mental activity, your child may have a better outcome.
  - Do not try to rush through these stages.
- Please give this form to teachers/school administrators to help them understand your child's recovery.

Stage	Home Activity	School Activity	Physical Activity
<b>Brain Rest/ Restful Home Activity</b>	<ul style="list-style-type: none"> <li>• Initially sleep as much as needed (allow at least 8-10 hours of sleep)</li> <li>• Allow short naps during day (less than 1 hour at a time)</li> <li>• Move towards setting a regular bedtime/wake up schedule as symptoms improve</li> <li>• Avoid bright light if bothersome</li> <li>• Stay well-hydrated and eat healthy foods/snacks every 3-4 hours</li> <li>• Limit "screen time" (phone, computer, video games) as symptoms tolerate; use large font</li> </ul>	<ul style="list-style-type: none"> <li>• No school</li> <li>• No homework or take-home tests</li> <li>• May begin easy tasks at home (drawing, baking, cooking)</li> <li>• Soft music and 'books on tape' okay</li> <li>• Limit reading of hard-copy books as symptoms tolerate (e.g., short intervals of 10-15 min)</li> <li>• Once your child can complete 60-90 minutes of light mental activity without a worsening of symptoms they may go to the next step</li> </ul>	<ul style="list-style-type: none"> <li>• Walking short distances initially to get around is okay</li> <li>• As symptoms improve, progress physical activity, like vigorous walking</li> <li>• No strenuous exercise or contact sports</li> <li>• No driving</li> </ul>
	<b><i>Progress to the next stage when your child starts to improve, but may still have some symptoms</i></b>		
<b>Return to School - PARTIAL DAY</b>	<ul style="list-style-type: none"> <li>• Set a regular bedtime/wake up schedule</li> <li>• Allow 8-10 hours of sleep per night</li> <li>• Limit napping to allow for full sleep at night</li> <li>• Stay well-hydrated and eat healthy foods/snacks every 3-4 hours</li> <li>• Limit "screen time" and social activities outside of school as symptoms tolerate</li> </ul>	<ul style="list-style-type: none"> <li>• Gradually return to school</li> <li>• Sit in front of class</li> <li>• Start with a few hours/half-day</li> <li>• Take breaks in the nurse's office or a quiet room every 2 hours or as needed</li> <li>• Avoid loud areas (music, band, choir, shop class, locker room, cafeteria, loud hallway and gym)</li> <li>• Use brimmed hat/earplugs as needed</li> <li>• Use preprinted large font (18) class notes</li> <li>• Complete necessary assignments only</li> <li>• Limit homework time</li> <li>• No tests or quizzes</li> <li>• Multiple choice or verbal assignments better than long writing assignments</li> <li>• Tutoring or help as needed</li> <li>• Stop work if symptoms increase</li> </ul>	<ul style="list-style-type: none"> <li>• Progress physical activity and as instructed by physician</li> <li>• No strenuous physical activity or contact sports</li> <li>• No driving</li> </ul>
	<b><i>Progress to the next stage as symptoms continue to improve and your child can complete the activities listed above</i></b>		
<b>Return to School - FULL DAY</b>	<ul style="list-style-type: none"> <li>• Allow 8-10 hours of sleep per night</li> <li>• Avoid napping</li> <li>• Stay well-hydrated and eat healthy foods/snacks every 3-4 hours</li> <li>• "Screen time" and social activities outside of school as symptoms tolerate</li> </ul>	<ul style="list-style-type: none"> <li>• Progress to attending core classes for full days of school</li> <li>• Add in electives when tolerated</li> <li>• No more than 1 test or quiz per day</li> <li>• Give extra time or untimed homework/tests</li> <li>• Tutoring or help as needed</li> <li>• Stop work if symptoms increase</li> </ul>	<ul style="list-style-type: none"> <li>• Progress physical activity and as instructed by physician</li> <li>• No strenuous physical activity or contact sports</li> <li>• Okay to drive</li> </ul>
	<b><i>Progress to the next stage when your child has returned to full school and is able to complete all assignments/tests without symptoms</i></b>		
<b>Full Recovery</b>	<ul style="list-style-type: none"> <li>• Return to normal home and social activities</li> </ul>	<ul style="list-style-type: none"> <li>• Return to normal school schedule and course load</li> </ul>	<ul style="list-style-type: none"> <li>• Start CIF Return to Play Protocol</li> </ul>



# CIF Concussion Return to Play (RTP) Protocol



**CA STATE LAW AB 2127 STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.**

**Instructions:**

- A graduated return to play protocol **MUST** be completed before you can return to FULL COMPETITION. Below is the CIF RTP Protocol.
  - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., athletic director, coach), must initial each stage after you successfully pass it.
  - You should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms worsen at any stage in the progression, **IMMEDIATELY STOP** any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not 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.

**You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below, or as otherwise directed by your physician. Minimum of 6 days to pass Stages I and II.**

Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	Limited physical activity that does not exacerbate symptoms for at least 2 days	<ul style="list-style-type: none"> <li>• Untimed walking okay</li> <li>• No activities requiring exertion (weight lifting, jogging, P.E. classes)</li> </ul>	<ul style="list-style-type: none"> <li>• Recovery and reduction/elimination of symptoms</li> </ul>
	II-A	Light aerobic activity	<ul style="list-style-type: none"> <li>• 10-15 minutes (<i>min</i>) of brisk walking or stationary biking</li> <li>• <b>Must be performed under direct supervision by designated individual</b></li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to <math>\leq 50\%</math> of perceived maximum (<i>max</i>) exertion (e.g., <math>&lt; 100</math> beats per min)</li> <li>• Monitor for symptom return</li> </ul>
	II-B	Moderate aerobic activity ( <i>Light resistance training</i> )	<ul style="list-style-type: none"> <li>• 20-30 min jogging or stationary biking</li> <li>• Body weight exercises (squats, planks, push-ups), max 1 set of 10, <math>\leq 10</math> min total</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm)</li> <li>• Monitor for symptom return</li> </ul>
	II-C	Strenuous aerobic activity ( <i>Moderate resistance training</i> )	<ul style="list-style-type: none"> <li>• 30-45 min running or stationary biking</li> <li>• Weight lifting <math>\leq 50\%</math> of max weight</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to <math>&gt; 75\%</math> max exertion</li> <li>• Monitor for symptom return</li> </ul>
	II-D	Non-contact training with sport-specific drills ( <i>No restrictions for weightlifting</i> )	<ul style="list-style-type: none"> <li>• Non-contact drills, sport-specific activities (cutting, jumping, sprinting)</li> <li>• No contact with people, padding or the floor/mat</li> </ul>	<ul style="list-style-type: none"> <li>• Add total body movement</li> <li>• Monitor for symptom return</li> </ul>
<b>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. <i>You must be symptom-free prior to beginning Stage III.</i></b>				
	III	Limited contact practice	<ul style="list-style-type: none"> <li>• Controlled contact drills allowed (no scrimmaging)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase acceleration, deceleration and rotational forces</li> <li>• Restore confidence, assess readiness for return to play</li> <li>• Monitor for symptom return</li> </ul>
		Full contact practice Full unrestricted practice	<ul style="list-style-type: none"> <li>• Return to normal training, with contact</li> <li>• Return to normal unrestricted training</li> </ul>	
<b>MANDATORY:</b> You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice ( <i>If contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above</i> )				
	IV	Return to play (competition)	<ul style="list-style-type: none"> <li>• Normal game play (competitive event)</li> </ul>	<ul style="list-style-type: none"> <li>• Return to full sports activity without restrictions</li> </ul>

**Athlete's Name:** \_\_\_\_\_ **Date of Injury** \_\_\_\_\_ **Date of Concussion Diagnosis:** \_\_\_\_\_