Concussion Management Plan

Park City High School
1750 Kearns Blvd, Park City, Ut 84060
435-645-5650/ Fax: 435-645-5659

Treasure Mountain Junior High
2530 Kearns Blvd, Park City, UT 84060
435-645-5640/ Fax: 435-645-5649

PART A – ALL students must complete this section:

Student Name: ______________________ Grade: ________ Incident Date: ________________

Health care provider name:______________________ Date seen by health care provider: ____________

PCHS team sport? ☐Yes No

If YES, Case Manager is Chris Antinori, Athletic Trainer chris.antinori@imail.org

If NO, Park City High School Case Manager is Kristen Jennings, RN kjennings@pcschools.us

If NO, Treasure Mountain Case Manager is Julie Jackson, RN jjackson@pcschools.us

☐ Original CMP ☐ Revision 1 ☐ Revision 2 ☐ Revision 3 ☐Other ____________

PART B – For PCHS student-athletes ONLY:

The expectation for all PCHS student-athletes that have experienced a concussion is to first manage their health. Secondarily, student-athletes will return to their academics before returning to play. Just as concussed athletes follow a stepwise progression for "Return to Play," a progression back to the learning environment must also occur. The **"Return to Learn"** process to assist student-athletes with their academics emphasizes a collaborative team approach between the student-athlete, parents/guardians, athletic staff (including the school's athletic trainer), teachers, counselors, the school nurse, and the school administration. In most cases, a concussion will not significantly limit a student-athlete's participation in school and usually involve temporary, informal instructional modifications and academic accommodations. The **"Return to Learn"** process encompasses the "Return to Play" progression during the entire time a student-athlete remains symptomatic. Completion of the "Return to Learn" process **precedes** the start of the "Return to Play" progression protocol.

Student-athlete acknowledgement ____
Date

Parent/Guardian acknowledgement ____
Date

PART C – Completed for ALL students by Health Care Provider or Case Manager:

Academic Accommodations

Based on (a) health care provider(s) evaluation, this student was diagnosed with a concussion. The following academic accommodations may help reduce the cognitive (thinking) load, thereby minimizing post-concussion symptoms and allowing the student to better participate in the academic process during the recovery period. These academic accommodations are recommended as part of the concussion management. **The student and parent are encouraged to discuss and establish accommodations with the school on a class-by-class basis.** The school and parent may wish to formalize accommodations through a 504 plan if symptoms persist **following** treatment and less formalized accommodations.

Current Symptoms: Symptoms can wax and wane throughout the day and include, and are not limited to:

- ☐ Headache
- ☐ Nausea
- ☐ Dizziness
- ☐ Fatigue
- ☐ Sleep difficulties
- ☐ Sensitivity to light
- ☐ Sensitivity to noise
- ☐ Foggy
- ☐ Cognitive difficulties
- ☐ Visual dysfunction
- ☐ Environmental sensitivity

Prognosis: Based on health care provider evaluation, this student is at risk for a prolonged recovery: ☐Yes ☐ No

Status: Based on health care provider evaluation the student is: ☐Progressing ☐Stable ☐Regressing

Academic Accommodations

☐ **Attendance restrictions**: Full/partial days missed due to concussion symptoms should be medically excused.
☐ Full days ☐ Modified days ☐ Initiate or continue homebound education (___hours per week)
☐ No School until _____________ then modified days until _____________then full days as able.

☐ **Testing**: Students with concussion have increased memory and attention problems. Highly demanding activities like testing can significantly raise symptoms (headache, fatigue) which in turn can make testing more difficult. Recommendations include:
☐ Extra time ☐ Test in a quiet environment ☐ Allow testing across multiple session ☐ Reduce length
☐ No standardized test ☐ No tests or quizzes ☐ Open note/book/take home test
☐ Reformat from free response to multiple choice or provide cueing (a notecard for helpful formulas)

☐ **Workload reduction**: It is possible a concussed student may take longer to complete assignments. Therefore, it is recommended that "thinking" or cognitive load be reduced just as physical exertion is reduced.
☐ Reduce overall amount of make up work, class work, and homework (recommended: 50-75%)
☐ Shorten tests and projects ☐ Audio books ☐ Audit classes ☐ Limit computer work

☐ **Note Taking:** Note taking may be difficult due to impaired multitasking abilities and increased symptoms. Allow student to obtain class notes or outlines ahead of time to aid organization and reduce multitasking demands.

☐ **Breaks:** She/he may need to go to the nurse's office to rest prior to returning to class for concussion symptoms.

☐ **Extra Time:** Students are advised to rest and may need to turn assignments in late on occasion, therefore allow students extra time to complete and turn in assignments.

☐ **Other Accommodations**:
☐ Allow for snacks and drinks ☐ Allow student to wear hat/sunglasses (sensitivity to light)
☐ Report any changes in mood/personality ☐ Change brightness/contrast setting on computer
☐ No physical education class ☐ No sports participation
☐ Avoid busy environments (leave class early to avoid hallways, cafeteria, and assemblies)

ADDITIONAL COMMENTS:

*Concussion plan is valid for **30 days** from the date seen by the provider. An updated plan is needed for any changes. By signing, I give my consent for my child to receive the services as outlined in this plan.*

____
Health Care Provider Date

______________________________ ______________________________
Parent/Guardian Date Student Date

______________________________ ______________________________
Case Manager Date Administrator Date

PART D – Re-evaluation date(s):

Record all follow up date(s) with health care provider
1) _______________, 2) _______________, 3) _______________, 4) _______________

PART E – Clearance:

Cleared by health care provider (attach supporting documentation): Date:
Clearance notification emailed to teachers, counselors, attendance: Date: