



Physician Letter to School



To Whom It May Concern:

Student Name: _____ DOB: _____

INJURY STATUS	Date of Concussion Diagnosis by MD/DO: _____
	Date of Injury: _____
<input type="checkbox"/> Has been diagnosed by a MD/DO with a concussion and is currently under our care.	
<input type="checkbox"/> Medical follow-up evaluation is scheduled for (date): _____	
<input type="checkbox"/> Was evaluated and did not have a concussion injury. There are no limitations on school and physical activity.	

ACADEMIC ACTIVITY STATUS <small>(Please mark all that apply)</small>
<input type="checkbox"/> This student is not to return to school.
<input type="checkbox"/> This student may begin to return to school based on graduated progression through the CIF Concussion Return to Learn Protocol .
<input type="checkbox"/> This student requires the necessary school accommodations set forth on the Physician (MD/DO) Recommended School Accommodations Following Concussion form.
<input type="checkbox"/> This student may be released to full academic participation.
<u>Comments:</u> _____
PHYSICAL ACTIVITY STATUS <small>(Please mark all that apply)</small>
<input type="checkbox"/> This student is not to participate in physical activity of any kind.
<input type="checkbox"/> This student is not to participate in recess or other physical activities except for untimed, voluntary walking.
<input type="checkbox"/> This student may begin a graduated return to play progression (see CIF Concussion RTP Protocol form).
<input type="checkbox"/> This student has medical clearance for unrestricted athletic participation (Has completed the CIF Concussion RTP Protocol).
<u>Comments:</u> _____

Physician (MD/DO) Signature: _____

Exam Date: _____

Physician Stamp and Contact Info:

Parent/Guardian Acknowledgement Signature: _____

Date: _____



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).

Area	Requested Modifications	Comments/ Clarifications
Attendance	<input type="checkbox"/> No School <input type="checkbox"/> Partial School day as tolerated by student – emphasis on core subject work <u>Encouraged Classes:</u> _____ <u>Discouraged Classes:</u> _____ <input type="checkbox"/> Full School day as tolerated by student <input type="checkbox"/> Water bottle in class/snack every 3-4 hours	
Breaks	<input type="checkbox"/> If symptoms appear/ worsen during class, allow student to go to quiet area or nurse's office; if no improvement after 30 minutes allow dismissal to home <u>Mandatory Breaks:</u> _____ <input type="checkbox"/> Allow breaks during day as deemed necessary by student or teachers/school personnel	
Visual Stimulus	<input type="checkbox"/> Enlarged print (18 font) copies of textbook material / assignments <input type="checkbox"/> Pre-printed notes (18 font) or note taker for class material <input type="checkbox"/> Limited computer, TV screen, bright screen use <input type="checkbox"/> Allow handwritten assignments (as opposed to typed on a computer) <input type="checkbox"/> Allow student to wear brimmed hat in school; seat student away from windows and bright lights <input type="checkbox"/> Reduce brightness on monitors/screens <input type="checkbox"/> Change classroom seating to front of room as necessary	
Auditory Stimulus	<input type="checkbox"/> Avoid loud classroom activities <input type="checkbox"/> Lunch in a quiet place with a friend <input type="checkbox"/> Avoid loud classes/places (i.e. music, band, choir, shop class, gym and cafeteria) <input type="checkbox"/> Allow student to wear earplugs as needed <input type="checkbox"/> Allow class transitions before the bell	
School Work	<input type="checkbox"/> Simplify tasks (i.e. 3 step instructions) <input type="checkbox"/> Short breaks (5 minutes) between tasks <input type="checkbox"/> Reduce overall amount of in-class work <input type="checkbox"/> Prorate workload (only core or important tasks) /eliminate non-essential work <input type="checkbox"/> No homework <input type="checkbox"/> Reduce amount of nightly homework _____ minutes per class; _____ minutes maximum per night; take a break every _____ minutes <input type="checkbox"/> Will attempt homework, but will stop if symptoms occur <input type="checkbox"/> Extra tutoring/assistance requested <input type="checkbox"/> May begin make-up of essential work	
Testing	<input type="checkbox"/> No Testing <input type="checkbox"/> Additional time for testing/ untimed testing <input type="checkbox"/> Alternative Testing methods: oral delivery of questions, oral response or scribe <input type="checkbox"/> No more than one test a day <input type="checkbox"/> No Standardized Testing	
Educational Plan	<input type="checkbox"/> Student is in need of a formal site-based academic support plan	
Physical Activity	<input type="checkbox"/> No physical exertion/athletics/gym/recess <input type="checkbox"/> Untimed walking in PE class/recess only <input type="checkbox"/> May begin graduated return to play protocol; see CIF Return to Play (RTP) protocol (cifstate.org)	



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



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. <u>Minimum</u> 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">Untimed walking okayNo activities requiring exertion (weight lifting, jogging, P.E. classes)	<ul style="list-style-type: none">Recovery and reduction/elimination of symptoms
	II-A	Light aerobic activity	<ul style="list-style-type: none">10-15 minutes (<i>min</i>) of brisk walking or stationary bikingMust be performed under direct supervision by designated individual	<ul style="list-style-type: none">Increase heart rate to $\leq 50\%$ of perceived maximum (<i>max</i>) exertion (e.g., < 100 beats per min)Monitor for symptom return
	II-B	Moderate aerobic activity (<i>Light resistance training</i>)	<ul style="list-style-type: none">20-30 min jogging or stationary bikingBody weight exercises (squats, planks, push-ups), max 1 set of 10, ≤ 10 min total	<ul style="list-style-type: none">Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm)Monitor for symptom return
	II-C	Strenuous aerobic activity (<i>Moderate resistance training</i>)	<ul style="list-style-type: none">30-45 min running or stationary bikingWeight lifting $\leq 50\%$ of max weight	<ul style="list-style-type: none">Increase heart rate to $> 75\%$ max exertionMonitor for symptom return
	II-D	Non-contact training with sport-specific drills (<i>No restrictions for weightlifting</i>)	<ul style="list-style-type: none">Non-contact drills, sport-specific activities (cutting, jumping, sprinting)No contact with people, padding or the floor/mat	<ul style="list-style-type: none">Add total body movementMonitor for symptom return
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>				
	III	Limited contact practice	<ul style="list-style-type: none">Controlled contact drills allowed (no scrimmaging)	<ul style="list-style-type: none">Increase acceleration, deceleration and rotational forcesRestore confidence, assess readiness for return to playMonitor for symptom return
		Full contact practice Full unrestricted practice	<ul style="list-style-type: none">Return to normal training, with contactReturn to normal unrestricted training	
MANDATORY: 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">Normal game play (competitive event)	<ul style="list-style-type: none">Return to full sports activity without restrictions

Athlete's Name: _____

Date of Injury: _____

Date of Concussion Diagnosis: _____