



PERFORMANCE

INJURY CARE & SPORTS MEDICINE

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Return to Learn After Concussion

Patient Name: _____ **Date of Birth** _____ **Date of Evaluation:** _____

Duration of Recommendations: 1 week 2 weeks 4 weeks Until further notice

The patient will be reassessed for revision of these recommendations in _____ weeks.

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

Attendance

- ___ No School for ___ school days(s)
- ___ Attendance at School _____ days per week
- ___ Full School days as tolerated by the student
- ___ Partial days as tolerated by the student

Visual Stimulus

- ___ Allow student to wear sunglasses/hat in school.
- ___ Pre-printed notes for class material or note taker
- ___ Limited Computer, TV screen, bright screen use
- ___ Reduce brightness on monitor/screens
- ___ Change classroom seating as necessary

Workload/Multi-Tasking

- ___ Reduce overall amount of make-up work, class work & homework
- ___ Reduce amount of homework given each night

Physical Exertion

- ___ No physical exertion/athletics/gym/recess
- ___ Walking in gym class only
- ___ Begin return to play protocol as outlined by Montana RTP Guidelines

Breaks

- ___ Allow the student to go to nurse's office if symptoms increase
- ___ Allow student to go home if symptoms do not subside
- ___ Allow other breaks during school day as deemed necessary and appropriate by school personnel

Audible Stimulus

- ___ Lunch in a quiet place with a friend
- ___ Allow to wear earplugs as needed

- ___ Avoid music or shop classes
- ___ Allow class transitions before bell

Testing

- ___ Additional time to complete test
- ___ No more than one test a day
- ___ No standardized testing until _____

- ___ Allow for scribe, oral response
- ___ Allow for scribe, oral response
- ___ Delivery of questions, if available

Student is reporting most difficulty with:

- | | | | | |
|--------------------------|----------------------|--------------------------|---------------------------|-----------|
| ___ Visual problems | ___ Balance problems | ___ Sensitivity to light | | |
| ___ Sensitivity to noise | ___ Feeling foggy | ___ Concentration | | |
| ___ All subjects | ___ Science | ___ Focusing | ___ Using computers | ___ Music |
| ___ Listening | ___ Foreign Language | ___ History | ___ Reading/Language arts | ___ Math |

Provider: _____ Date _____ Parent: _____ Date _____