Acute Concussion Evaluation (ACE)
Care Plan

Gerard Gioia, PhD[1] & Micky Collins, PhD[2]
[1]Children's National Medical Center
[2]University of Pittsburgh Medical Center

Patient Name:_____
DOB: _____ Age:_____
Date:_____ ID/MR#_____
Date of Injury:_____

You have been diagnosed with a concussion (also known as a mild traumatic brain injury). This personal plan is based on your symptoms and is designed to help speed your recovery. Your careful attention to it can also prevent further injury.

Rest is the key. You should not participate in any high risk activities (e.g., sports, physical education (PE), riding a bike, etc.) if you still have any of the symptoms below. It is important to limit activities that require a lot of thinking or concentration (homework, job-related activities), as this can also make your symptoms worse. If you no longer have any symptoms and believe that your concentration and thinking are back to normal, you can slowly and carefully return to your daily activities. Children and teenagers will need help from their parents, teachers, coaches, or athletic trainers to help monitor their recovery and return to activities.

Today the following symptoms are present (circle or check). ____**No reported symptoms**

Physical		Thinking	Emotional	Sleep
Headaches	Sensitivity to light	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/Tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Visual problems	Vomiting	Feeling more slowed down	Nervousness	Trouble falling asleep
Balance Problems	Dizziness			

RED FLAGS: Call your doctor or go to your emergency department if you suddenly experience any of the following

Headaches that worsen	Look very drowsy, can't be awakened	Can't recognize people or places	Unusual behavior change
Seizures	Repeated vomiting	Increasing confusion	Increasing irritability
Neck pain	Slurred speech	Weakness or numbness in arms or legs	Loss of consciousness

— SCHOOL VERSION —

Returning to Daily Activities

1. Get lots of rest. Be sure to get enough sleep at night- no late nights. Keep the same bedtime weekdays and weekends.
2. Take daytime naps or rest breaks when you feel tired or fatigued.
3. **Limit physical activity as well as activities that require a lot of thinking or concentration. These activities can make symptoms worse.**
   - Physical activity includes PE, sports practices, weight-training, running, exercising, heavy lifting, etc.
   - Thinking and concentration activities (e.g., homework, classwork load, job-related activity).
4. Drink lots of fluids and eat carbohydrates or protein to main appropriate blood sugar levels.
5. **As symptoms decrease, you may begin to gradually return to your daily activities. If symptoms worsen or return, lessen your activities, then try again to increase your activities gradually.**
6. During recovery, it is normal to feel frustrated and sad when you do not feel right and you can't be as active as usual.
7. Repeated evaluation of your symptoms is recommended to help guide recovery.

Returning to School

1. If you (or your child) are still having symptoms of concussion you may need extra help to perform school-related activities. As your (or your child's) symptoms decrease during recovery, the extra help or supports can be removed gradually.
2. Inform the teacher(s), school nurse, school psychologist or counselor, and administrator(s) about your (or your child's) injury and symptoms. School personnel should be instructed to watch for:
   - Increased problems paying attention or concentrating
   - Increased problems remembering or learning new information
   - Longer time needed to complete tasks or assignments
   - Greater irritability, less able to cope with stress
   - Symptoms worsen (e.g., headache, tiredness) when doing schoolwork

~Continued on back page~

This form is part of the "Heads Up: Brain Injury in Your Practice" tool kit developed by the Centers for Disease Control and Prevention (CDC).

Returning to School (Continued)

Until you (or your child) have fully recovered, the following supports are recommended: *(check all that apply)*

__No return to school. Return on (date)_____

__Return to school with following supports. Review on (date)_____

__Shortened day. Recommend ___ hours per day until (date)_____

__Shortened classes (i.e., rest breaks during classes). Maximum class length: _____ minutes.

__Allow extra time to complete coursework/assignments and tests.

__Lessen homework load by _____%. Maximum length of nightly homework: _____ minutes.

__No significant classroom or standardized testing at this time.

__Check for the return of symptoms (use symptom table on front page of this form) when doing activities that require a lot of attention or concentration.

__Take rest breaks during the day as needed.

__Request meeting of 504 or School Management Team to discuss this plan and needed supports.

Returning to Sports

1. **You should NEVER return to play if you still have ANY symptoms** – (Be sure that you do not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration.)
2. Be sure that the PE teacher, coach, and/or athletic trainer are aware of your injury and symptoms.
3. It is normal to feel frustrated, sad and even angry because you cannot return to sports right away. With any injury, a full recovery will reduce the chances of getting hurt again. It is better to miss one or two games than the whole season.

The following are recommended at the present time:

___ Do not return to PE class at this time

___ Return to PE class

___ Do not return to sports practices/games at this time

___ **Gradual** return to sports practices under the supervision of an appropriate health care provider (e.g., athletic trainer, coach, or physical education teacher).

- Return to play should occur in gradual steps beginning with aerobic exercise only to increase your heart rate (e.g., stationary cycle); moving to increasing your heart rate with movement (e.g., running); then adding controlled contact if appropriate; and finally return to sports competition.
- Pay careful attention to your symptoms and your thinking and concentration skills at each stage of activity. Move to the next level of activity only if you do not experience any symptoms at the each level. If your symptoms return, let your health care provider know, return to the first level, and restart the program gradually.

Gradual Return to Play Plan

1. No physical activity
2. Low levels of physical activity (i.e., *symptoms do not come back during or after the activity*). This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
3. Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).
4. Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).
5. Full contact in controlled practice.
6. Full contact in game play.

*Neuropsychological testing can provide valuable information to assist physicians with treatment planning, such as return to play decisions.

This referral plan is based on today's evaluation:

___ Return to this office. Date/Time_____

___ Refer to: Neurosurgery____ Neurology____ Sports Medicine____ Physiatrist____ Psychiatrist____ Other____

___ Refer for neuropsychological testing

___ Other_____

ACE Care Plan Completed by:_____

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Physician Release form for Post Concussion Assessment

Student/Athlete Name: _____ School: _____
Date concussion symptoms noted by school official: _____
School officials name: _____ School Officials Title: _____
Describe symptoms noted and/or attach Head Injury Sideline Evaluation:
_____
_____
_____

PHYSICIANS SECTION:
Note to Physician: This athlete demonstrated signs, symptoms or behaviors of concussion at his/her school and is seeing you for professional evaluation and recommendations for care. Per Kansas Law and recommendations by the Kansas State High School Activities Association and the National Federation of High Schools, any athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be immediately removed from the contest (or practice) and shall not return to play until cleared by an appropriate health care professional.

Initial Physician Assessment:

___ I find NO evidence of concussion. The patient is ***cleared for return to full participation*** on _____ which is 24 hours after signs, symptoms or behaviors were first noted.

____ This patient has been examined by me and diagnosed with a concussion and ***may NOT return to sports or physical activities(including but not limited to practices, gym class, running, jumping, or weight lifting)*** until further notice. A follow up appointment has been made for further evaluation and return to play considerations.

Follow-up Physician Assessment:

_____ Follow-up examination indicates that the patient ***continues to demonstrate signs, symptoms or behaviors of concussion*** and **MAY NOT** return to sports or physical activity (including but not limited to practice, gym class, running, jumping, or weight lifting) until further notice.

_____ Upon follow-up examination the patient demonstrates continued recovery from concussion and may begin graduated return-to-play protocol. Only after successful completion of the graduated return to play protocol will the patient be cleared to return-to- play without restriction.

____ Upon follow-up examination the patient demonstrated complete recovery from concussion and may return to all activities without restriction.

Name of Physician: _____ MD/DO
(Please print clearly)
Signature of Physician: _____ Date: _____

Office telephone number: _____

Reference: Part or all of the above form is taken from the different web sites.

Center for Disease Control and Prevention	www.cdc.gov.	
Kansas State High School Activities Association	www. KSHSAA.com	
National Federation of State High Schools Association	www.NFHS.com	Rev. 9/2012