



# DISCHARGE INSTRUCTIONS FOLLOWING A CONCUSSION

## STAMP HOSPITAL CARD HERE

### Has been examined and can return home at this time.

However, certain symptoms may appear within 24-48 hours following the injury. If any of the following develop, please return to the Emergency Department:

- Loss or deterioration in level of consciousness.
- Excessive drowsiness; if you find your child extremely sleepy or difficult to arouse.
- Persistent vomiting.
- Worsening headache, especially if localized.
- Difficulty seeing, hearing, speaking, or walking.
- Behavioral changes (persistent irritability in younger children, increased agitation in teens).
- Seizure.
- Confusion or disorientation (does not recognize people or places).

**If you have concerns, please seek medical attention. If your symptoms have not improved within 10 days following the concussion, please call the Mild Traumatic Brain Injury Program / Concussion Clinic at 514-412-4400 extension 23310.**

A referral from a doctor is required. A referral to the MTBI Program is always accepted immediately following an initial consultation and concussion diagnosis.

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**Valid for 4 weeks.**

The signs and symptoms following a concussion, also known as a mild traumatic brain injury (MTBI), usually improve over a period of 2-4 weeks, but may occasionally last longer.

#### Common symptoms include:

- Headaches, dizziness.
- Nausea.
- Difficulty sleeping and fatigue.

#### Other symptoms include:

- Behavioural changes (irritability, anxiety/stress).
- Difficulty with memory, concentration and attention.
- Sensitivity to light, sound and motion.

#### A period of physical and cognitive activity restrictions until symptoms have fully resolved is extremely important.

This reduces the likelihood of persistent symptoms.

#### HEADACHES

Acetaminophen and/or ibuprofen can be taken regularly for 3-5 days as needed. Ibuprofen should not be taken within the first 24 hours following the injury unless otherwise advised by your doctor. **Check labels for dosage instructions and warnings.** If still needed after 3-5 days, **reduce** to no more than **3 doses per week**. If in doubt, consult your pediatrician, family doctor or local clinic.

#### GENERAL ACTIVITY MANAGEMENT AND RECOMMENDATIONS DURING THE FIRST FEW DAYS FOLLOWING A CONCUSSION

- Do not attend school for the first 2 days.
- Inform daycare, school, teachers, and coaches of the concussion sustained and the restrictions and recommendations in place.
- No gym, sports, or other strenuous activities. The student should not be in the same room during these activities.
- Do not attend sport practices or games.
- Do not attend music and / or drama classes.
- No computers, video games, texting, watching television, and playing musical instruments.
- Short leisurely walks are permitted.
- Adequate rest and breaks are encouraged.

#### See reverse side for next steps.

#### ADDITIONAL RECOMMENDATIONS FOR TEENS

- No parties or movies as the excessive noise and light may provoke headaches.
- Avoid driving until symptoms have resolved.
- Absolutely no energy drinks, alcohol or drugs.



## ACADEMIC RECOMMENDATIONS FOLLOWING A CONCUSSION

In order to minimize post-concussive symptoms, the following academic recommendations have been implemented to reduce cognitive load. These recommendations will help the student participate in academic activities throughout the recovery period. Accommodations may vary per course as well as according to the individual needs of the student.

The student and parent(s) are encouraged to discuss and determine accommodations with both the school administration and teachers in order to ensure consistency.

### ATTENDANCE RESTRICTIONS

#### No school for 2 days then progress to:

- 1 or 2 half-days, and finally full days as tolerated.
- Allow for late arrival or early departure.

### BREAKS

If headaches worsen during class time, allow the student to be excused from class in order to seek a quiet area to rest until symptoms have decreased.

- Allow breaks as needed in order to control symptom levels (i.e. rest for an entire period in between classes as needed).
- Allow the student to leave class early to avoid hallway noise.
- Allow the student to eat lunch away from the cafeteria.
- The student should not participate in, or observe extracurricular activities.

### WORKLOAD REDUCTION

A concussed student may require more time to complete assignments due to an increase in memory problems and decreased speed of processing. It is therefore recommended to reduce the cognitive load, which may include reducing homework during the first week, and allocating additional time for projects and assignments.

### NOTE TAKING

As a result of impaired multitasking abilities and increased symptoms, taking notes may become a difficult task. Provide the student with lecture notes/outlines ahead of time in order to assist with organization and reduce multi-tasking demands. If this is not possible, permit the student to photocopy notes from another student.

### READING AND SCREENS / OTHER ACCOMMODATIONS

- Limit reading, using computers, and looking at smart boards as per the student's tolerance.
- Allow the use of audio books if the student is very symptomatic while reading.
- May gradually begin participating in music and / or drama classes as tolerated.
- Allow the student to bring a water bottle to class and wear sunglasses if light-sensitive.
- Students may have been advised to take analgesics for headache management, please allow them to do so if consent has been given.

### TESTING

Students who have sustained a concussion can experience an increase in memory and attention problems. Highly demanding activities such as testing can significantly increase these symptoms and cause headaches and fatigue subsequently making testing more difficult. Begin progressive testing once attending full days at school and up to date with current material.

Possible accommodations:

- Additional time to complete tests.
- Testing in a quiet environment.
- Allow testing across multiple sessions.
- Reduced length of tests.
- Open book / take home tests when possible.
- Allow 1-2 days between tests.
- Reformat from free response to multiple choice.

## RETURNING TO PHYSICAL ACTIVITY/SPORTS FOLLOWING A CONCUSSION

If you have sustained a concussion, it is recommended to follow these steps before fully returning to physical activity.

- After an initial period of rest of at least 48 hours, may start the Return to Physical Activity / Sports Management Plan (steps 1-3 only). This should be done in conjunction with the Return to Learn Management Plan.
- There should be approximately 24 hours or longer between each step. If your symptoms worsen or you experience new symptoms, stop working out. Rest for 24 hours, then return to the previous step.
- It is important to be symptom-free for a few days and to have returned to school for full days before progressing to steps 4-6.

### STEP 1 VERY LIGHT PHYSICAL ACTIVITY – 30% effort

- NO CONTACT.
- Start a cardio workout of 15-20 minutes which can include: stationary bicycle, treadmill, walking or swimming.

### STEP 2 LIGHT AEROBIC ACTIVITY AND SPORT SPECIFIC SKILL WORK DONE INDIVIDUALLY – 50% effort

- NO CONTACT.
- Begin with a warm up (stretching/flexibility) for 5-10 minutes.

- Increase intensity and duration of cardio workout to 20-30 minutes.
- Begin sport specific skill work within the workout, but no spins, dives or jumps.

### STEP 3 GENERAL CONDITIONING, SKILL WORK DONE INDIVIDUALLY – 75% effort

- NO CONTACT.
- Increase duration of session up to 60 minutes. Begin body weight strengthening exercises.
- Continue practicing sport specific individual skills: dribbling, shooting, footwork.
- Start beginner level spins, dives and jumps.

**Progress to Step 4 only once symptom-free for a few days and attending school full days.**

### STEP 4 TEAM PRACTICES AND DRILLS WITHOUT CONTACT – 75%-90% effort

- NO CONTACT. NO SCRIMMAGES.
- May return to physical education class.
- Resume pre-injury duration of practice and team drills.
- Increase resistance training and skill work as required.
- Gradually increase skill level of spins, dives and jumps.

**Progress to step 5 only following full return to cognitive and academic activities without accommodations.**

### STEP 5 FULL PRACTICE WITH BODY CONTACT – 90%-100% effort

- CONTACT, SCRIMMAGES PERMITTED.
- Participate in a full practice. If completed with no symptoms, discuss returning to play with the coach.

#### Do not progress until the following is achieved:

- Coaches make sure that the athlete has regained their pre-injury skill-level.
- The child or teen is confident in their ability to return to play.

### STEP 6 RETURN TO FULL ACTIVITY/COMPETITION – 100% effort

**For more details, please refer to the Concussion Kit 4<sup>th</sup> edition.**