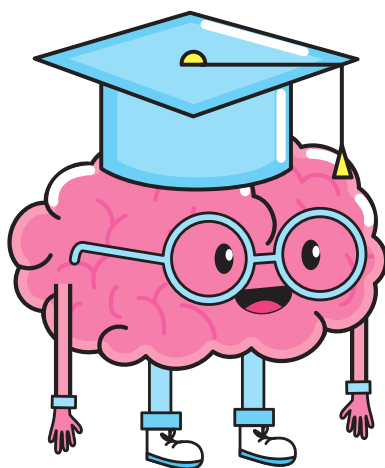


SECTION 5

RETURNING TO SCHOOL



Returning to School

[CDC Return to School Letter](#)

Returning to school after a concussion.

[Symptom Tracker](#)

Track symptoms, pain level changes, what provokes and what helps.
Good information to take back to the healthcare provider.

See the [When Concussion Symptoms Are Not Going Away Guide](#) for parents of children 5 and under and school-aged children in the Fact Sheet section for info on the TN Early Intervention System (TEIS) and the special education program in schools.

When Concussion Symptoms Are Not Going Away - Choose an age-appropriate version. This will alert you on what to look for over time and will help them know how to work with the school/workplace if problems persist.

- A Guide For Parents of Children Five and Under, [English](#) & [Español](#)
- A Guide For Parents of School-Aged Children, [English](#) & [Español](#)

NOTE: TEIS is considering expanding the age range of children served from 0- 3 years old to 0-4 years old. **Consult with [TEIS](#) or your school for more information on services.**

[504/IEP Accommodations and Modifications in the Classroom for a Student with a Traumatic Brain Injury](#)

From the Center on Brain Injury Research and Training (CBIRT).

[Building Blocks of Brain Development](#)

From the Colorado Department of Education.

[TN STEP: Support and Training for Exceptional Parents](#)

Provides information and training related to special education rights, equal access to quality education, and connections to community resources.
[Parent Manual](#)



We want to hear from you!
Complete our short survey to let us know how we're doing.

Concussion and Brain Injury in Students, Who needs to know?

Concussion is a mild Traumatic Brain Injury (TBI). A TBI during childhood may affect brain development. Children may experience changes in their health, thinking, and behavior that affect learning, self-regulation, and social participation, all of which are important to becoming a productive adult. Proactive teamwork, quick response and effective communication are essential to help a child after brain injury to Return to Learn and Return to Play.

Go Back to Play After a Concussion:

This is a concussion return to play manual created for student-athletes who do not have access to an athletic trainer to guide them through the Return To Learn (RTL) process. This manual follows the RTP process required by the Tennessee state concussion law. This resource is a way for parents or coaches to track and document the progress of their athletes. Vanderbilt Sports Concussion Center

TN Pre-Employment Transition Services

(Pre-ETS) is a collaboration between high schools and Vocational Rehabilitation (VR). For ages 14-22, they help students transition from school to work. The Pre-ETS Program provides transition services for youth with disabilities who are between the ages of 14-22 and who are still in school.

- The purpose of the program is to help prepare students for the transition from high school to a post-secondary career path which could include post-secondary education, training or employment. [Follow this link for more Information](#)
Transition from School to Work

College Living Experience

(CLE) "CLE students pursue their academic program or career of interest while also receiving services across the domains of independent living and social skill development."

Interested in learning more?

Visit Brain Links: www.tndisability.org/brain

TN TBI Program: <https://www.tn.gov/health/health-program-areas/fhw/tbi.html>

Returning to School After a Concussion



CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

DEAR SCHOOL STAFF:

This letter offers input from a healthcare provider with experience in treating concussion, a type of traumatic brain injury. This letter was created to help school professionals and parents support students returning to school after a concussion. You can use these recommendations to make decisions about support for your student based on his or her specific needs. This letter is not intended to create a 504 Plan or an IEP unless school professionals determine that one is needed. Most students will only need short-term support as they recover from a concussion. A strong relationship between the healthcare provider, the school, and the parents will help your student recover and return to school.

_____ was seen for a concussion on _____
Student Name Date
in _____ office or clinic.
Healthcare Provider's Name

The student is currently reporting the following symptoms:



PHYSICAL

- ☐ Bothered by light or noise
- ☐ Dizziness or balance problems
- ☐ Feeling tired, no energy
- ☐ Headaches
- ☐ Nausea or vomiting
- ☐ Vision problems



THINKING OR REMEMBERING

- ☐ Attention or concentration problems
- ☐ Feeling slowed down
- ☐ Foggy or groggy
- ☐ Problems with short- or long-term memory
- ☐ Trouble thinking clearly



SOCIAL OR EMOTIONAL

- ☐ Anxiety or nervousness
- ☐ Irritability or easily angered
- ☐ Feeling more emotional
- ☐ Sadness



SLEEP

- ☐ Sleeping less than usual
- ☐ Sleeping more than usual
- ☐ Trouble falling asleep

The student also reported these symptoms:

RETURNING TO SCHOOL

Based on the student's current symptoms, I recommend that the student:

- ☐ Be permitted to return to school and activities while school professionals closely monitor the student. School professionals should observe and check in with the student for the first two weeks, and note if symptoms worsen. If symptoms do not worsen during an activity, then this activity is OK for the student. If symptoms worsen, the student should cut back on time spent engaging in that activity, and may need some short-term support at school. Tell the student to update his or her teachers and school counselor if symptoms worsen.
- ☐ Is excused from school for _____ days.
- ☐ Return to school with the following changes until his or her symptoms improve.

(NOTE: Making short-term changes to a student's daily school activities can help him or her return to a regular routine more quickly. As the student begins to feel better, you can slowly remove these changes.)

Based on the student's symptoms, please make the short-term changes checked below:

- | | |
|---|--|
| <input type="checkbox"/> No physical activity during recess | <input type="checkbox"/> Allow for a quiet place to take rest breaks throughout the day |
| <input type="checkbox"/> No physical education (PE) class | <input type="checkbox"/> Lessen the amount of screen time for the student, such as on computers, tablets, etc. |
| <input type="checkbox"/> No after school sports | <input type="checkbox"/> Give ibuprofen or acetaminophen to help with headaches (as needed) |
| <input type="checkbox"/> Shorten school day | <input type="checkbox"/> Allow the student to wear sunglasses, earplugs, or headphones if bothered by light or noise |
| <input type="checkbox"/> Later school start time | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Reduce the amount of homework | |
| <input type="checkbox"/> Postpone classroom tests or standardized testing | |
| <input type="checkbox"/> Provide extended time to complete school work, homework, or take tests | |
| <input type="checkbox"/> Provide written notes for school lessons and assignments (when possible) | |

Most children with a concussion feel better within a couple of weeks. However, for some, symptoms can last for a month or longer. **If there are any symptoms that concern you, or are getting worse, notify the student's parents that the student should be seen by a healthcare provider as soon as possible.**

- For information on helping students return to school safely after a concussion, visit www.cdc.gov/HEADSUP.

Healthcare Provider's Name (printed)

Healthcare Provider's Signature

Date

For additional questions, you may reach me at: _____



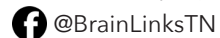


SYMPTOM TRACKER

Date	Time	Symptoms + Intensity 1-10 <small>(Ex. Headache and intensity rating 0-10)</small>		Conditions <small>(Ex. Group activity, lots of noise)</small>	What Was Done <small>(Ex: head down, headphones on)</small>	Outcome + Intensity 1-10 <small>(Ex: head down, headphones on)</small>	



<https://www.tndisability.org/brain>



Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0024-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

504/IEP Accommodations & Modifications in the Classroom for a Student with a Traumatic Brain Injury

Student: _____ Teacher: _____ Grade: _____ Date: _____ Birth Date: _____

Presenting Concerns: _____

Persons Responsible for Providing Selected Items: _____

Directions: Circle the challenges that affect your child or student. Check the accommodations that may be helpful.

Environment

- ☐ Post class rules
- ☐ Post daily schedule
- ☐ Give preferential seating
- ☐ Change to another class
- ☐ Change schedule (most difficult in morning)
- ☐ Eliminate distractions (visual, auditory & olfactory)
- ☐ Modify length of school day
- ☐ Provide frequent breaks
- ☐ Provide a quiet work place
- ☐ Maintain consistent schedule
- ☐ Provide system for transition

Transitions

- ☐ Specified person to oversee transition between classes or end of day
- ☐ Advanced planning for transition between grades/schools
- ☐ Modified graduation requirements
- ☐ Assistance with identifying post-secondary supports
- ☐ Identification of community resources for persons with brain injury

Method of Instruction

- ☐ Repeat directions
- ☐ Circulate teacher around room
- ☐ Provide visual prompts
- ☐ Provide immediate feedback
- ☐ Point out similarities to previous learning & work
- ☐ Use manipulative materials
- ☐ Teach to current level of ability (use easier materials)
- ☐ Speak clearly
- ☐ Pre-teach or reteach
- ☐ Use peer tutor or partner
- ☐ Use small group instruction
- ☐ Use simple sentences
- ☐ Use individualized instruction
- ☐ Pause frequently
- ☐ Use cooperative learning
- ☐ Encourage requests for clarification, repetition, etc.
- ☐ Use examples relevant to student's life
- ☐ Demonstrate & encourage use of technology

Behavioral Needs

- ☐ Early interventions for situations that may escalate
- ☐ Teach expected behavior
- ☐ Increase student academic success rate
- ☐ Learn to recognize signs of stress
- ☐ Give non-verbal cues to discontinue behavior
- ☐ Reinforce positive behavior
- ☐ Set goals with student
- ☐ Use social opportunities as rewards
- ☐ Teach student to use advance organizers at beginning of lesson
- ☐ Role play opportunities
- ☐ Use proactive behavior management strategies
- ☐ Daily/weekly communication with parents
- ☐ Modification of non-academic tasks (e.g., lunch or recess)
- ☐ Time & place to regroup when upset
- ☐ Additional structure in daily routine
- ☐ Frequent specific feedback about behavior

Assistive Technology

- ☐ Multimedia software
- ☐ Electronic organizers
- ☐ Shortcuts on computers
- ☐ Concept mapping software
- ☐ Accessibility options on computer
- ☐ Proofreading programs
- ☐ Alternative keyboards
- ☐ Voice output communication devices and reminders
- ☐ Enlarged text or magnifiers
- ☐ Recorded text & books
- ☐ Specialized calculators
- ☐ Picture & symbol supported software
- ☐ Talking spell checker & dictionary
- ☐ Computer for responding & homework
- ☐ Use of communication devices
- ☐ Word predicting programs
- ☐ iPad/tablet
- ☐ Smart Phone

504/IEP Accommodations & Modifications in the Classroom for a Student with a Traumatic Brain Injury

Memory Deficits

- Monitoring planner (check-off system)
- Written & verbal directions for tasks
- Posted directions
- Frequent review of information
- Strategy for note taking during long reading assignment
- Provide a copy of notes
- Open book or note tests
- Reminders for completing & turning in work
- Repetition of instructions by student to check for comprehension

Visual Spatial Deficits

- Large print materials
- Distraction free work area
- Modified materials (e.g., limit amount of material presented on single page, extraneous picture)
- Graphs & tables provided to student
- Use of math & reading template or guide

Gross Motor/Mobility Difficulties

- Priority in movement (e.g., going first or last)
- Adaptive physical education
- Modified activity level for recess
- Special transportation
- Use of ramps or elevators
- Restroom adaptations
- Early release from class
- Assistance with carrying lunch tray, books, etc.
- Escort between classes
- Alternative evacuation plan
- Simple route finding maps & cues

Attention

- Visual prompts
- Positive reinforcement
- Higher rate of task change
- Verbal prompts to check work

Organizational Skills

- Study guide or timeline
- Daily calendar for assignments & tasks (digital or written)
- Instructions in using a planner or app
- Provide color-coded materials
- High-lighted materials to emphasize important or urgent information

Academic Progress

- Assigned person to monitor student's progress
- Contact person (home & school)
- Weekly progress report (home & school)

Fine Motor Difficulties

- Copy of notes provided
- Oral examinations
- Note-taker for lectures
- Scribe for test taking
- Recorded lectures

Curriculum

- Reduce length of assignments
- Change skill or task
- Modify testing type or setting
- Allow extra time
- Teach study skills
- Teach sequencing skills
- Teach memory strategies
- Write assignments in daily log
- Teach peers how to be helpful

Fatigue

- Reduced schedule
- Planned rest breaks
- Schedule arranged for high cognitive demand tasks to be followed by less stressful coursework

Processing Delays

- Complex direction broken into steps
- Repetition of pertinent information
- Cueing student to question prior to asking
- Use of precise language

Other Considerations

Home/School Relations

- School counseling
 - Scripts about the injury & hospitalization
 - Schedule regular meetings for all staff to review progress & maintain consistency
 - Schedule parent conferences every
-
- Parent visits/contact
 - Home visits

Disability Awareness

- Explain disabilities to other students
- Teach peers how to be helpful
- Training for school staff

This checklist serves as a starting point for identifying student needs and developing appropriate accommodations. Because rapid changes take place after a brain injury, the plan must be frequently reviewed and updated to meet the changing needs of the student. Be sure to review and change the plan as frequently as needed.

Concussion and Brain Injury in Students

Who needs to know?



Concussion is a mild Traumatic Brain Injury (TBI). A TBI during childhood may affect brain development. Children may experience changes in their health, thinking, and behavior that affect

- learning,
- self-regulation, and
- social participation, all of which are important to becoming a productive adult.

Proactive teamwork, quick response and effective communication are essential to help a child after brain injury to Return to Learn and Return to Play.

cdc.gov/traumatic-brain-injury

Immediately



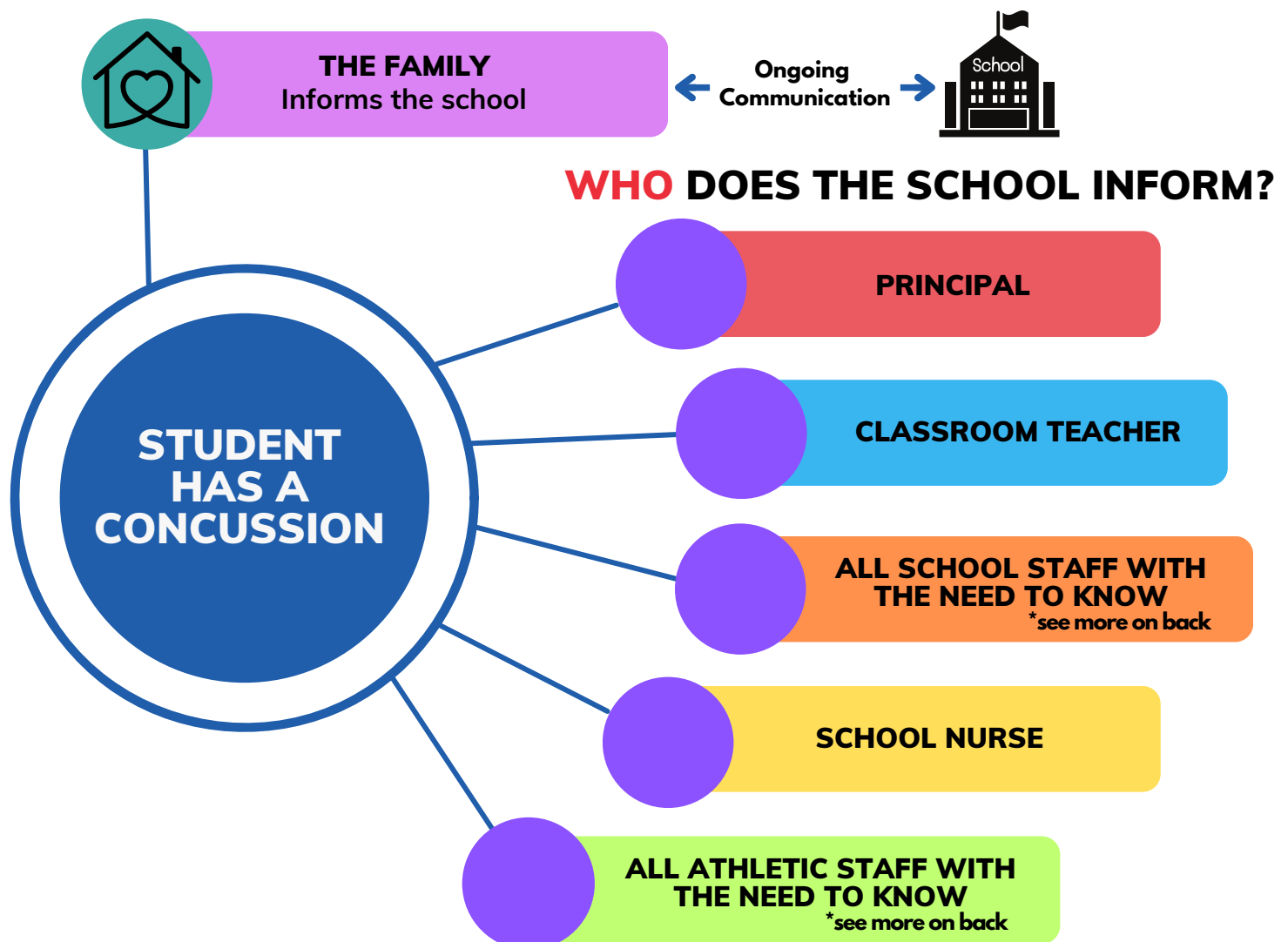
Injury Occurred **OUTSIDE** of school hours & activities

→ **Family** takes the lead

Injury Occurred **DURING** school hours & activities

→ **School** takes the lead

Ongoing communication is vital between family, school and medical team after an injury.



Ongoing communication remains vital between family, school and medical team until symptoms subside.

Injury occurred **OUTSIDE** of School Hours & Activities



The Family:

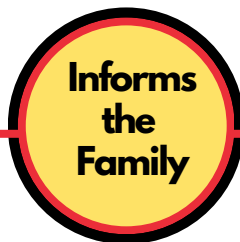
- seeks medical attention **IMMEDIATELY**
- follows care plan and watches carefully for changes
- **informs school** (principal, teachers, school nurse, counselors, etc.)
- for student athletes, informs **coaching staff** (school & community based)
- if symptoms persist, follows up for symptom-specific treatment



Complete updated concussion training. Know who to inform. Know your school's point person.

Injury occurred **DURING** School Hours & Activities

The School:



1

Seeks medical attention ASAP if needed

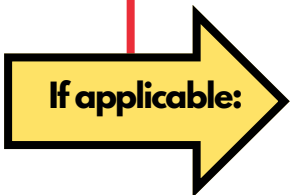
2

Identify a point person to lead the school team to follow concussion management plan



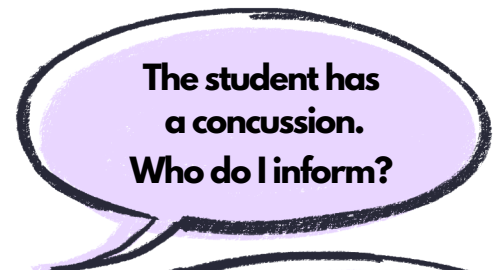
* School Staff with the need to know

- Principal
- Classroom Teachers
- School Nurse
- Staff working with student
 - Therapist (SLP, OT, PT)
 - Counselor



* Athletic Staff with the need to know

- Athletic Director
- Athletic Trainer
- Coach & Assistant Coach
- Physical Education Teacher
- Before & After School Program staff
- Preschool, Early Intervention



Return to Learn & Return to Play Concussion Resources

- [CBIRT Post Concussion Academic Accommodation Protocol](#)
- [REAP Community-based Concussion Management](#)
- [CDC HEADS UP concussion training & resources](#)
- [BrainSTEPS Brain Injury School Re-entry Consulting Program](#)
- [Concussion Awareness Now awareness & education](#)
- [Strategy for Return to School After Concussion flowchart](#)



[Tennessee Return to Learn/Return to Play: Concussion Management Guidelines](#)

[TSSAA Concussion Policy, Training & Forms](#)

[Brain Links](#)

[Brain Injury Toolkits](#)



Download & customize this PDF with your state resources



<https://www.tndisability.org/brain>
@BrainLinksTN



Go Back to Play After a Concussion

Your provider has said it's safe for you to go back to your sport. The Tennessee Sports Concussion Law says you must follow a 5-day process before you can play again. This guide tells you what you can do each day and what to do if you have any symptoms.

You must also be back in the classroom without the need for any special help before you return to your sport.



How does the process work?

You'll start with very light exercise and add harder things each day.

- **Day 1:** light aerobic exercise
- **Day 2:** moderate exercise that includes head and neck movement
- **Day 3:** heavy, non-contact activity and exercises related to your sport
- **Day 4:** non-contact practice
- **Day 5:** full-contact drills or practice
- **Day 6:** go back to full competition

You'll also rate your symptoms before and after each day's activity.

If you have **any** symptoms before, during, or after a day's activity, you must rest for 24 hours and then do that step again.

Call us if you have any questions

- Vanderbilt Sports Concussion Center
615-936-7846
- Vanderbilt Youth Sports Health Center
615-421-8900

If you have symptoms that won't go away, call your provider right away.

Day 1: Light aerobic activity

You may do 15 minutes of light jogging or light exercise on an exercise bike.

Rate your symptoms before you work out.

Symptoms	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
Pressure in your head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Throw up or feel sick to your stomach	0	1	2	3	4	5	6
Feel dizzy	0	1	2	3	4	5	6
Blurry vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitive to light	0	1	2	3	4	5	6
Sensitive to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like you're in a fog	0	1	2	3	4	5	6
Don't feel right	0	1	2	3	4	5	6
Hard to concentrate	0	1	2	3	4	5	6
Hard to remember things	0	1	2	3	4	5	6
Very tired or low energy	0	1	2	3	4	5	6
Feel confused	0	1	2	3	4	5	6
Feel sleepy	0	1	2	3	4	5	6
Get upset more than normal	0	1	2	3	4	5	6
Get annoyed easily	0	1	2	3	4	5	6
Feel sad	0	1	2	3	4	5	6
Feel nervous or anxious	0	1	2	3	4	5	6
Hard to fall asleep	0	1	2	3	4	5	6

Rate your symptoms after you work out.

Symptoms	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
Pressure in your head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Throw up or feel sick to your stomach	0	1	2	3	4	5	6
Feel dizzy	0	1	2	3	4	5	6
Blurry vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitive to light	0	1	2	3	4	5	6
Sensitive to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like you're in a fog	0	1	2	3	4	5	6
Don't feel right	0	1	2	3	4	5	6
Hard to concentrate	0	1	2	3	4	5	6
Hard to remember things	0	1	2	3	4	5	6
Very tired or low energy	0	1	2	3	4	5	6
Feel confused	0	1	2	3	4	5	6
Feel sleepy	0	1	2	3	4	5	6
Get upset more than normal	0	1	2	3	4	5	6
Get annoyed easily	0	1	2	3	4	5	6
Feel sad	0	1	2	3	4	5	6
Feel nervous or anxious	0	1	2	3	4	5	6
Hard to fall asleep	0	1	2	3	4	5	6

Did you have any symptoms during day 1?

☐ Yes: rest for 24 hours and do this day again.

☐ No: move on to day 2 tomorrow.

Notes: _____

Day 2: Moderate activity

You may do moderate activities that include head and neck movement. Warm up with light jogging or light exercise on a stationary bike.

Then you can do more exercises like:

- sit-ups
- push-ups

- burpees
- sprints

This workout should last about 30 minutes.

Rate your symptoms before you work out.

Symptoms	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
Pressure in your head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Throw up or feel sick to your stomach	0	1	2	3	4	5	6
Feel dizzy	0	1	2	3	4	5	6
Blurry vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitive to light	0	1	2	3	4	5	6
Sensitive to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like you're in a fog	0	1	2	3	4	5	6
Don't feel right	0	1	2	3	4	5	6
Hard to concentrate	0	1	2	3	4	5	6
Hard to remember things	0	1	2	3	4	5	6
Very tired or low energy	0	1	2	3	4	5	6
Feel confused	0	1	2	3	4	5	6
Feel sleepy	0	1	2	3	4	5	6
Get upset more than normal	0	1	2	3	4	5	6
Get annoyed easily	0	1	2	3	4	5	6
Feel sad	0	1	2	3	4	5	6
Feel nervous or anxious	0	1	2	3	4	5	6
Hard to fall asleep	0	1	2	3	4	5	6

Rate your symptoms after you work out.

Symptoms	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
Pressure in your head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Throw up or feel sick to your stomach	0	1	2	3	4	5	6
Feel dizzy	0	1	2	3	4	5	6
Blurry vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
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Feel sleepy	0	1	2	3	4	5	6
Get upset more than normal	0	1	2	3	4	5	6
Get annoyed easily	0	1	2	3	4	5	6
Feel sad	0	1	2	3	4	5	6
Feel nervous or anxious	0	1	2	3	4	5	6
Hard to fall asleep	0	1	2	3	4	5	6

Did you have any symptoms during day 2?

☐ Yes: rest for 24 hours and do this day again.

☐ No: move on to day 3 tomorrow.

Notes: _____

Day 3: Heavy, non-contact activity

You may now take part in non-contact drills and things that are related to your sport. You may also include sprints, running, or your regular weightlifting routine. Here's a list of things you can do for each sport:

Sport	Starting exercises	Advanced exercises
Baseball	Jogging poles, short tosses (60 to 90 feet), ground balls and defense work, swings off batting tee	Baserunning, position drills (catcher, infield, outfield), front toss or side in cages
Basketball	Court agilities, dribbling drills, lateral shuffle, passing drills, stationary shooting	Court sprints, offense and defense drills, shooting drills, post drills
Football	Stance starts, pass routes, run routes	Run blocking and rushing with dummies, pass blocking and rushing with dummies
Gymnastics	Leaps, approach only for vault, beam, bars, and rings	Standing tumbling. If that feels OK, then running tumbling
Hockey	Passing drills, stick work with footwork, defense drills	Play routines with stick, cone work with stop and start
Lacrosse	Field running drills, stick work with footwork, wall ball catch	Play routes with stick, passing drills, offense and defense drills
Soccer	Field running and agility drills, ball footwork, passing drills, short headers, dynamic run passing	Run plays and shooting, long headers, offense and defense drills. Goalies: lay down dive stops, kneeling dives, shuffle catches, standing dives
Softball	Jogging poles, short tosses, ground balls and defense work, swings off batting tee	Baserunning, position drills (catcher, infield, outfield), front toss or side in cages
Tennis	On-court agility, footwork drills, sprints to net for volley, ball machine	Service returns, point play with all strokes and serve
Volleyball	On-court agility, footwork drills, shadow block and approaches, passing drills, setting against the wall	Blocking and hitting drills with ball, jump serving, setting to target
Wrestling	Alternate direction mat jogs, wall through stand drills, shadow drills	Drills for takedowns, escapes, carries, and sweeps; explosive stand-up drill with partner low resistance, fast-paced shadow drills

Rate your symptoms before you work out.

Symptoms	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
Pressure in your head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Throw up or feel sick to your stomach	0	1	2	3	4	5	6
Feel dizzy	0	1	2	3	4	5	6
Blurry vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
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Hard to remember things	0	1	2	3	4	5	6
Very tired or low energy	0	1	2	3	4	5	6
Feel confused	0	1	2	3	4	5	6
Feel sleepy	0	1	2	3	4	5	6
Get upset more than normal	0	1	2	3	4	5	6
Get annoyed easily	0	1	2	3	4	5	6
Feel sad	0	1	2	3	4	5	6
Feel nervous or anxious	0	1	2	3	4	5	6
Hard to fall asleep	0	1	2	3	4	5	6

Rate your symptoms after you work out.

Symptoms	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
Pressure in your head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Throw up or feel sick to your stomach	0	1	2	3	4	5	6
Feel dizzy	0	1	2	3	4	5	6
Blurry vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitive to light	0	1	2	3	4	5	6
Sensitive to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like you're in a fog	0	1	2	3	4	5	6
Don't feel right	0	1	2	3	4	5	6
Hard to concentrate	0	1	2	3	4	5	6
Hard to remember things	0	1	2	3	4	5	6
Very tired or low energy	0	1	2	3	4	5	6
Feel confused	0	1	2	3	4	5	6
Feel sleepy	0	1	2	3	4	5	6
Get upset more than normal	0	1	2	3	4	5	6
Get annoyed easily	0	1	2	3	4	5	6
Feel sad	0	1	2	3	4	5	6
Feel nervous or anxious	0	1	2	3	4	5	6
Hard to fall asleep	0	1	2	3	4	5	6

Did you have any symptoms during day 3?

☐ Yes: rest for 24 hours and do this day again.

☐ No: move on to day 4 tomorrow.

Notes: _____

Day 4: Non-contact practice

You may take part in a full, non-contact practice related to your sport.

Rate your symptoms before practice.

Symptoms	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
Pressure in your head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Throw up or feel sick to your stomach	0	1	2	3	4	5	6
Feel dizzy	0	1	2	3	4	5	6
Blurry vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitive to light	0	1	2	3	4	5	6
Sensitive to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like you're in a fog	0	1	2	3	4	5	6
Don't feel right	0	1	2	3	4	5	6
Hard to concentrate	0	1	2	3	4	5	6
Hard to remember things	0	1	2	3	4	5	6
Very tired or low energy	0	1	2	3	4	5	6
Feel confused	0	1	2	3	4	5	6
Feel sleepy	0	1	2	3	4	5	6
Get upset more than normal	0	1	2	3	4	5	6
Get annoyed easily	0	1	2	3	4	5	6
Feel sad	0	1	2	3	4	5	6
Feel nervous or anxious	0	1	2	3	4	5	6
Hard to fall asleep	0	1	2	3	4	5	6

Rate your symptoms after practice.

Symptoms	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
Pressure in your head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Throw up or feel sick to your stomach	0	1	2	3	4	5	6
Feel dizzy	0	1	2	3	4	5	6
Blurry vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitive to light	0	1	2	3	4	5	6
Sensitive to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like you're in a fog	0	1	2	3	4	5	6
Don't feel right	0	1	2	3	4	5	6
Hard to concentrate	0	1	2	3	4	5	6
Hard to remember things	0	1	2	3	4	5	6
Very tired or low energy	0	1	2	3	4	5	6
Feel confused	0	1	2	3	4	5	6
Feel sleepy	0	1	2	3	4	5	6
Get upset more than normal	0	1	2	3	4	5	6
Get annoyed easily	0	1	2	3	4	5	6
Feel sad	0	1	2	3	4	5	6
Feel nervous or anxious	0	1	2	3	4	5	6
Hard to fall asleep	0	1	2	3	4	5	6

Did you have any symptoms during day 4?

☐ Yes: rest for 24 hours and do this day again.

☐ No: move on to day 5 tomorrow.

Notes: _____

Day 5: Full-contact in controlled drill or practice

You must be able to get through a full-contact practice before you can play in a live game.

Rate your symptoms before practice.

Symptoms	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
Pressure in your head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Throw up or feel sick to your stomach	0	1	2	3	4	5	6
Feel dizzy	0	1	2	3	4	5	6
Blurry vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitive to light	0	1	2	3	4	5	6
Sensitive to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like you're in a fog	0	1	2	3	4	5	6
Don't feel right	0	1	2	3	4	5	6
Hard to concentrate	0	1	2	3	4	5	6
Hard to remember things	0	1	2	3	4	5	6
Very tired or low energy	0	1	2	3	4	5	6
Feel confused	0	1	2	3	4	5	6
Feel sleepy	0	1	2	3	4	5	6
Get upset more than normal	0	1	2	3	4	5	6
Get annoyed easily	0	1	2	3	4	5	6
Feel sad	0	1	2	3	4	5	6
Feel nervous or anxious	0	1	2	3	4	5	6
Hard to fall asleep	0	1	2	3	4	5	6

Rate your symptoms after practice.

Symptoms	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
Pressure in your head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Throw up or feel sick to your stomach	0	1	2	3	4	5	6
Feel dizzy	0	1	2	3	4	5	6
Blurry vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitive to light	0	1	2	3	4	5	6
Sensitive to noise	0	1	2	3	4	5	6
Feel slowed down	0	1	2	3	4	5	6
Feel like you're in a fog	0	1	2	3	4	5	6
Don't feel right	0	1	2	3	4	5	6
Hard to concentrate	0	1	2	3	4	5	6
Hard to remember things	0	1	2	3	4	5	6
Very tired or low energy	0	1	2	3	4	5	6
Feel confused	0	1	2	3	4	5	6
Feel sleepy	0	1	2	3	4	5	6
Get upset more than normal	0	1	2	3	4	5	6
Get annoyed easily	0	1	2	3	4	5	6
Feel sad	0	1	2	3	4	5	6
Feel nervous or anxious	0	1	2	3	4	5	6
Hard to fall asleep	0	1	2	3	4	5	6

Did you have any symptoms during day 5?

☐ Yes: rest for 24 hours and do this day again.

☐ No: go back to full competition.

Notes: _____

Thank You!

We're here to help.

Our mission is to bring together professionals to recognize the far-reaching and unique nature of brain injury and to improve services for survivors. If we can help you, please feel free to reach out!



Contact us:

tbi@tndisability.org

Check out our website:

www.tndisability.org/brain

Follow us on social media:

