

# REPORT TO P A R E N T

Athlete's Name: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Date & Time: \_\_\_\_\_

What Happened / Cause of Injury: \_\_\_\_\_

\_\_\_\_\_

Coach & Staff Response: \_\_\_\_\_

How do you feel? The athlete should score themselves on the following symptoms, based on how they feel at the time.  
(i.e. 0 = not present, 1 = mild, 3 = moderate, 6 = severe)

<b>Date</b> ____/____/____	Headache/head pressure	0 1 2 3 4 5 6	Feeling slowed down	0 1 2 3 4 5 6
	Nausea/vomiting	0 1 2 3 4 5 6	Sensitivity to noise	0 1 2 3 4 5 6
<b>RTP Stage</b> _____ _____ _____	Neck Pain	0 1 2 3 4 5 6	Sensitivity to light	0 1 2 3 4 5 6
	Drowsiness	0 1 2 3 4 5 6	Visual problems/blurred vision	0 1 2 3 4 5 6
	Balance problems	0 1 2 3 4 5 6	Sleeping more than usual	0 1 2 3 4 5 6
	Dizziness	0 1 2 3 4 5 6	Sleeping less than usual	0 1 2 3 4 5 6
	Fatigue/low energy	0 1 2 3 4 5 6	Trouble falling asleep	0 1 2 3 4 5 6
	Confusion	0 1 2 3 4 5 6	Sadness	0 1 2 3 4 5 6
	"Don't feel right"	0 1 2 3 4 5 6	Nervous or anxious	0 1 2 3 4 5 6
	Feeling "in a fog"	0 1 2 3 4 5 6	Feeling more emotional	0 1 2 3 4 5 6
	Difficulty remembering	0 1 2 3 4 5 6	Irritability	0 1 2 3 4 5 6
	Difficulty concentrating	0 1 2 3 4 5 6	Numbness or tingling	0 1 2 3 4 5 6

**Total # Symptoms: of 24** \_\_\_\_\_ **Symptom Severity Score (max 24 symptoms x max 6 rating) of 144** \_\_\_\_\_

Symptom Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**MidMichigan Health**

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- **REST** until asymptomatic
- **Graduated** return to play as directed by physician
- Follow-up with physician within 24-48 hours of injury or sooner if symptoms worsen.
- When completely recovered, **written return to play** release required from a health care provider trained in concussion management.

Graduated Return to Play Strategy (RTP)		
Stage	Activities	Objective
1. No activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping <10% maximum predicted heart rate	Increase heart rate
3. Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills, e.g. passing drills in football and ice hockey	Exercise, coordination and cognitive load
5. Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	

**Guidelines for Stage Progression:** Each stage is 24 hours in duration. If symptoms return during a stage activity, stop all activity and rest for the entire day. The following day, return to the last stage above where symptoms did not occur and progress accordingly. Each stage should be performed symptom free before progression to the next stage.

**1 OR MORE OF THESE MAY = CONCUSSION:**

*May not appear for MINUTES, HOURS, DAYS or UNTIL CHALLENGED (physically OR mentally)*

- Headache
- Pressure in the Head
- Nausea or Vomiting
- Sleep Changes
- Dizziness
- Vision Changes
- Sensitive to Light or Noise
- Feeling Sluggish or Groggy
- Confusion
- Difficulty Concentrating or Remembering
- Mood Changes
- Behavior or Personality Changes
- Being Knocked out (even briefly)
- Answers Questions Slowly
- Moves Clumsily

**Keep CONCUSSIONS on the Sidelines!**

**DANGER SIGNS = IMMEDIATE MEDICAL ATTENTION:**

- Symptoms Get Worse
- Decreasing Consciousness
- Increasing Sleepiness
- Seizure
- Vomiting
- Trouble Recognizing People or Places
- Neck Pain
- Weakness in Arms or Legs
- Slurred Speech

**With proper recognition & management YOU can prevent permanent brain injury & death**