ACUTE CONCUSSION EVALUATION (ACE)

Physician/Clinician Office Version

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Patient Name_____
DOB:_____ Age:_____
Date:_____ ID/MR#_____

A. Injury Characteristics **Date/Time of Injury**_____ **Reporter: __Patient __Parent __Spouse __Other**_____

1. Injury Description_____

_____

1a. Is there evidence of a forcible blow to the head (direct or indirect)? __Yes __No __Unknown
1b. Is there evidence of intracranial injury or skull fracture? __Yes __No __Unknown
1c. Location of Impact: __Frontal __Lft Temporal __Rt Temporal __Lft Parietal __Rt Parietal __Occipital __Neck __Indirect Force
2. Cause: __MVC __Pedestrian-MVC __Fall __Assault __Sports (specify)_____ Other_____
3. Amnesia Before (Retrograde) Are there any events just BEFORE the injury that you/ person has no memory of (even brief)? __Yes __No Duration_____
4. Amnesia After (Anterograde) Are there any events just AFTER the injury that you/ person has no memory of (even brief)? __Yes __No Duration_____
5. Loss of Consciousness: Did you/ person lose consciousness? __Yes __No Duration_____
6. EARLY SIGNS: __Appears dazed or stunned __Is confused about events __Answers questions slowly __Repeats Questions __Forgetful (recent info)
7. Seizures: Were seizures observed? No__ Yes___ Detail_____

B. Symptom Check List* Since the injury, has the person experienced any of these symptoms any **more than usual** today or in the past day?

Indicate presence of each symptom (0=No, 1=Yes). ***Lovell & Collins, 1998 JHTR***

PHYSICAL (9)		COGNITIVE (4)		SLEEP/ FATIGUE (5)		
Headache	0 1	Feeling mentally foggy	0 1	Fatigue	0 1	
Nausea	0 1	Feeling slowed down	0 1	Drowsiness	0 1	
Sensitivity to light	0 1	Difficulty concentrating	0 1	Sleeping less than usual	0 1	N/A
Sensitivity to noise	0 1	Difficulty remembering	0 1	Sleeping more than usual	0 1	N/A
Dizziness	0 1	**COGNITIVE Total (0-4)**		Trouble falling asleep	0 1	N/A
Balance problems	0 1	**EMOTIONAL (4)**		**SLEEP Total (0-5)** ____		
Visual problems (blurry, double)	0 1	Irritability	0 1			
Vomiting	0 1	Sadness	0 1			
Numbness/Tingling	0 1	More emotional	0 1			
PHYSICAL Total (0-9)		Nervousness	0 1			
		EMOTIONAL Total (0-4)				
(Add Phys, Cog, Emotion, Sleep totals) TOTAL ACE Sx Score (0-22) ____						

Exertion: Do these symptoms worsen with:
Physical Activity __Yes __No __N/A
Cognitive Activity __Yes __No __N/A

Overall Rating: How different is the person acting compared to his/her usual self? (circle)
Normal 0 1 2 3 4 5 6 Very Different

C. Risk Factors/ Modifiers of Recovery (check all that apply)

Concussion History? Y___ N___	√	**Headache History?** Y___ N___	√	**Developmental History**	√	**Psychiatric History**
Previous # 1 2 3 4 5		Prior treatment for headache		Learning disabilities		Anxiety
Longest symptom duration Days__ Weeks__ Months__ Years__		History of migraine headache __ Personal __ Family_____		Attention-Deficit/ Hyperactivity Disorder		Depression
If multiple concussions, less force caused reinjury? Yes__ No__				Other developmental disorder_____		Sleep disorder
						Other psychiatric disorder _____

List other comorbid medical disorders or medication usage (e.g., hypothyroid, seizures)_____

_____

D. RED FLAGS for acute emergency management: Refer to the emergency department with sudden onset of any of the following:

- *** Headaches that worsen**
- ***Seizures**
- *** Focal neurologic signs**
- *** Looks very drowsy/ can't be awakened**
- *** Repeated vomiting**
- *** Slurred speech**
- *** Can't recognize people or places**
- *** Increasing confusion or irritability**
- *** Weakness or numbness in arms/legs**
- *** Neck pain**
- *** Unusual behavioral change**
- *** Change in state of consciousness**

E. Diagnosis (ICD-10): __ S06.0X0A Concussion w/o LOC __ S06.0X1A Concussion w/ LOC <30 min __ S06.0X9A Concussion w LOC, duration unknown
__No diagnosis __ S06.890A (Intracranial injury) __Other _____

F. Follow-Up Action Plan **Complete *ACE Care Plan* and provide copy to patient/family.**

___ **No Follow-Up Needed**
___ **Physician/ Clinician Office Monitoring**: Date of next follow-up _____
___ **Referral:**
___ Neuropsychologist ___ Neurology____ Neurosurgery____ Sports Medicine____ Physiatrist____ Psychiatrist____ Multi-Discipl. Concussion Clinic___
___ Emergency Department ____Other_____

ACE Completed by:_____ **MD RN NP PhD ATC**

A concussion (or mild traumatic brain injury (MTBI)) is a complex pathophysiologic process affecting the brain, induced by traumatic biomechanical forces secondary to direct or indirect forces to the head. Disturbance of brain function is typically related to neurometabolic dysfunction, rather than structural injury, and is typically associated with normal structural neuroimaging findings (i.e., CT scan, MRI). Concussion may or may not involve a loss of consciousness (LOC). Concussion results in a constellation of physical, cognitive, emotional and sleep-related symptoms. Symptoms may last from several minutes to days, weeks, months or even longer in some cases.

ACE Instructions

The ACE is intended to provide an evidence-based clinical protocol to conduct an initial evaluation and diagnosis of patients (both children and adults) with known or suspected MTBI.

A. Injury Characteristics:

1. Obtain **description of the injury** - how injury occurred, type of force, location on the head or body if force transmitted to head. Different biomechanics of injury may result in differential symptom patterns (e.g., occipital blow may result in visual changes, balance difficulties).

2. Indicate the **cause of injury**. Greater forces associated with the trauma are likely to result in more severe presentation of symptoms.

3/ 4. **Amnesia:** Amnesia is defined as the failure to form new memories. Determine whether amnesia has occurred and attempt to determine length of time of memory dysfunction – before (retrograde) and after (anterograde) injury. Even seconds to minutes of memory loss can be predictive of outcome. Recent research has indicated that amnesia may be up to 4-10 times more predictive of symptoms and cognitive deficits following concussion than is LOC (less than 1 minute).[1]

5. **Loss of consciousness (LOC) -** If occurs, determine length of LOC, if possible.

6. **Early signs.** If present, ask the individuals who know the patient (parent, spouse, friend, etc) about specific signs of the concussion/ MTBI that may have been observed. These signs are typically observed early after the injury.

7. Inquire whether **seizures** were observed or not.

B. Symptom Checklist:[2]

1. Ask patient (and/ or parent, if child) to report presence of the four categories of symptoms any more than usual since injury. It is important to assess all listed symptoms as different parts of the brain control different functions. One or all symptoms may be present depending upon mechanisms of injury.[3] Record 1 for Yes or 0 for No for their presence or absence, respectively.

2. For all symptoms, indicate presence of symptoms as experienced within the past 24 hours. Since symptoms can be present premorbidly/at baseline (e.g., inattention, headaches, sleep, sadness), it is important to assess change from their typical presentation. Physical symptoms can be clustered into headache-related (headache, nausea, sensitivity to light/noise), vestibular (balance, dizziness), ocular-motor (Visual problems- blurry, double)

3. **Scoring**: Sum total number of symptoms present per area, and sum all four areas into Total Symptom Score (score range 0-22). (Note: most sleep symptoms are only applicable after a night has passed since the injury. Drowsiness may be present on the day of injury.) If symptoms are new and present, there is no lower limit symptom score. Any score > 0 indicates positive symptom history.

4. **Exertion:** Inquire whether any symptoms worsen with physical (e.g., running, climbing stairs, bike riding) and/or cognitive (e.g., academic studies, multi-tasking at work, reading or other tasks requiring focused concentration) exertion. Clinicians should be aware that symptoms will typically worsen or re-emerge with exertion, indicating incomplete recovery. Chronic over-exertion may protract recovery.

5. **Overall Rating**: Assess how different the person is acting, by their report, from their usual self. Circle 0 (Normal) to 6 (Very Different).

C. Risk Factors/ Modifiers of Recovery: Assess the following risk factors as possible complicating or modifying factors in the recovery process.

1. **Concussion history**: Assess the number and date(s) of prior concussions, the duration of symptoms for each injury, and whether less biomechanical force resulted in re-injury. Research indicates that cognitive and symptom effects of concussion may be cumulative, especially if there is minimal duration of time between injuries and less biomechanical force results in subsequent concussion (which may indicate incomplete recovery from initial trauma).[4-8]

2. **Headache history:** Assess personal and/or family history of diagnosis/treatment for headaches. Recent research indicates headache (migraine in particular) can result in protracted recovery from concussion.[8-11]

3. **Developmental history**: Assess history of learning disabilities, Attention-Deficit/Hyperactivity Disorder or other developmental disorders. Symptoms of these disorders can mimic concussion symptoms and should be taken into account.

4. **Psychiatric history**: Assess for history of depression/mood disorder, anxiety, and/or sleep disorder. [13-16]

D. Red Flags: The patient should be carefully observed over the first 24-48 hours for these serious signs. Red flags are to be assessed as possible signs of deteriorating neurological functioning. Any positive report should prompt strong consideration of referral for emergency medical evaluation (e.g. CT scan to rule out intracranial bleed or other structural pathology).[17]

E. Diagnosis: The following ICD-10 diagnostic codes may be applicable.

S06.0X0A Concussion, with no loss of consciousness – Positive injury description with evidence of forcible direct/ indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); no evidence of LOC (A5), skull fracture or intracranial injury (A1b).

S06.0X1A Concussion with loss of consciousness of 30 minutes or less - Positive injury description with evidence of forcible direct/ indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); positive evidence of LOC (A5), skull fracture or intracranial injury (A1b).

S06.0X9A Concussion with loss of consciousness of unspecified duration- Positive injury description with evidence of forcible direct/ indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); unclear/unknown injury details; unclear evidence of LOC (A5), no skull fracture or intracranial injury.

Other Diagnoses – If the patient presents with a positive injury description and associated symptoms, but additional evidence of intracranial injury (A 1b) such as from neuroimaging, a moderate TBI and the diagnostic category of **S06.890A (Intracranial injury)** should be considered.

F. Follow-Up Action Plan: Develop a follow-up plan of action for symptomatic patients. The physician/clinician may decide to (1) monitor the patient in the office or (2) refer them to a specialist. Serial evaluation of the concussion is critical as symptoms may resolve, worsen, or ebb and flow depending upon many factors (e.g., cognitive/ physical exertion, comorbidities). Referral to a specialist can be particularly valuable to help manage certain aspects of the patient's condition. (Physician/clinician should also complete the ACE Care Plan included in this tool kit.)

1. **Physician/clinician office serial monitoring-** Particularly appropriate if number and severity of symptoms are steadily decreasing over time and/or fully resolve within 1-2 weeks. If steady reduction is not evident, referral to a specialist is warranted.

2. **Referral to a specialist** – Appropriate if symptom reduction is not evident in 1-2 weeks, or sooner if symptom profile is concerning in type/severity.

- Evaluation by a specialist is particularly relevant for evaluating and managing persisting symptoms, focal neurologic, sensory, vestibular, and motor concerns. It may be useful for active, targeted rehabilitation, medication management (e.g., headaches, sleep disturbance, depression) if post-concussive problems persist. Cognitive, social-emotional or school-related concerns should be referred to a neuropsychologist. Multi-disciplinary clinics are especially useful when multiple symptom types (e.g., physical, cognitive, emotional) are persisting and require further definition for active treatment.

ACUTE CONCUSSION EVALUATION (ACE)

CARE PLAN v4

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Name:_____

Age:_____

Date of birth: _____

TODAY'S DATE_____ **INJURY DATE**_____

- You have been diagnosed with a concussion, also known as a traumatic brain injury.
- To prevent further injury, **do not return to any high-risk activities** (e.g., sports, physical education, driving, etc.) until cleared by a qualified healthcare professional.
- **Concussions are treatable**. To promote recovery, **physical and cognitive activity must be carefully managed.**
- **Learn how to manage your symptoms** by managing your level of activity. Avoid too much of any activity that makes your symptoms worse, as this may affect your recovery. Use the recommendations below to help your recovery.
- **Stay positive.** Most people recover within several weeks. ***For more information, go to www.cdc.gov/headsup***

Concussion Education: Key Points to Help Your Recovery

Gradual Return to Daily Activities

1. Sleep: Be sure to get adequate sleep at night – aim for 9 hours per night. No late nights or overnights. Bedtime on weekdays and weekends should be within 1-2 hours. Turn off electronics (phone/tablet, TV) 1 hour before bedtime. Take only brief daytime naps (45 minutes) if you feel very tired or fatigued, unless they interfere with falling asleep at night.

2. Key Rule for Activity: : Not too much, not too little. Balance physical (e.g., exercise, non-contact sport skill work), **cognitive** (e.g., schoolwork, screen time**), and social activities** with rest/recharge breaks. Find your "**sweet spot"** of tolerable activity. When you have symptoms, take your day in doses: **Activity - Rest/Recharge – Activity – Rest/Recharge**

3. Use your symptoms as your guide to activity: As symptoms improve, **increase activities gradually**. **Pay attention to** returning or worsening of symptoms. Worsening and/or return of symptoms is your sign to slow down.

4. Food and Drink: Maintain adequate hydration (drink lots of fluids) and eat regularly (3 meals) during recovery.

5. Emotions and Stress: It is normal to feel frustrated, nervous or sad because you do not feel right and your activity is reduced. Manage stress through relaxation. Avoid high stress situations. Talk to your parents or friends for support. Seek professional help if you feel unsafe or have thoughts of self-harm.

6. Driving: You are advised not to drive if you have significant symptoms or cognitive impairment, as these can interfere with safe driving.

Gradual Return to School

1. Provide supports. Students with symptoms and/or neuropsychological dysfunction after a concussion often need support to perform school-related activities. As symptoms decrease during recovery, these supports may be gradually removed.

2. Inform teacher(s), school nurse, school psychologist, counselor, and administrator(s) about your injury and symptoms.

3. Teachers should watch for these common problems, and be prepared to provide supports:

* increased problems paying attention or concentrating
* increased problems remembering or learning new information
* longer time needed to complete tasks or assignments
* greater irritability, less tolerance for stressors
* increased symptoms (headache, fatigue) with concentration
* difficulty managing and completing complex assignments

Gradual Return to Exercise & Physical Activities

1. Exercise and physical activity has been shown to promote recovery. Exercise every day. Exercise is medicine!

2. Most people can start with light exercise (such as walking around the neighborhood) several days after their injury. Increase gradually as your symptoms allow.

3. Discuss the start of exercise with your healthcare provider. Follow the "Not Too Much, Not Too Little" rule. And use your symptoms as your guide. Exercise can be helpful for your recovery, but too much can worsen your symptoms.

4. Inform the PE teacher, teacher at school recess, coach, and/or athletic trainer of your injury and symptoms. Do not do activities that put you at risk for additional injury or cause symptoms to worsen significantly.

5. Gradually increase your amount of exercise. Pay careful attention to your symptoms at each level. Move to the next level only if symptoms do not worsen at the current level. If your symptoms worsen, return to the previous level of activity.

a. Low levels of physical execise may include walking, easy swimming, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).

b. Moderate levels of exercise can includes moderate jogging/ running, moderate-intensity stationary biking or swimming, moderate-intensity weightlifting (reduced time and/or weight).

c. Heavy exercise: Return to typical, full level of exercise. Includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills.

Current post-concussive symptoms (Circle or check)		___No reported symptoms		
Physical		**Cognitive**	**Emotional**	**Fatigue/ Sleep**
Headaches	Sensitivity to light	Feeling mentally foggy	Irritability	Fatigue
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Drowsiness
Dizziness	Visual problem-double	Problems remembering	Feeling more emotional	Sleeping more than usual
Balance Problems	Visual problem-blurry	Feeling more slowed down	Nervousness	Sleeping less than usual
Numbness/ tingling	Vomiting	Other:		Trouble falling asleep

Temporary School Support Plan (Review date:_____)

The symptoms above can affect the student's academic learning and performance. General supports and symptom-specific (STAMP) accommodations/ adjustments are provided to support the student's recovery.

The following general school supports are also recommended: __Return to school on _____

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

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

__Scheduled rest/recharge breaks_____ breaks/ day _____ minutes in quiet area. ____ AM ____PM

__Rest/recharge breaks as needed; i.e., when symptoms worsen ("flash pass")._____minutes

__Allowances for extended time to complete coursework/assignments and tests

__Reduced homework load. Max. length of homework:_____ minutes. 20-30' study, 10-15' rest break.

__Reduced workload. Assign **essential** work only. Modify assignments when possible, (odd/ even # problems, outline or bullet points instead of full written responses, allow oral responses to test questions, etc.)

__Reduce or eliminate make up work when possible. Focus on **key learning concepts** with shortened assignments.

__Tests: ___No testing until _____

___Modified classroom/ standardized testing - **if symptoms do not interfere & adequately prepared; allow breaks**.

__Meet with academic coordinator to establish reasonable timeline for make-up learning/ work (as symptoms permit).

__Request meeting of School Management Team to discuss this plan and coordinate accommodations.

Additional Notes/Recommendations:_____

_____

Return to Sports/ Physical Education

You should NEVER return to play if you still have ANY symptoms. You should not return to activities involving risk of re-injury until you are symptom-free and fully recovered. All states have a law that you must be cleared by a licensed healthcare provider to return. **No competitive sports with friends, in PE, or at recess** until fully recovered.

___ **Physical education (PE) class:** ___No Activities ___No competition, Skills/Exercise only ___Full Return, Date:_____

___ **Sports practices/Games:** ___No Activities ___ Exercise & Skill work only ___Supervised RTP ___Full Return, Date:_____

The **Gradual Return to Play (RTP)** is typically a 5 step process, involving increasing stages of non-contact exercise, and a final controlled contact stage; with at least 24 hours between each stage. You must be symptom free before moving to the next stage. Full clearance for return to play must come from a licensed healthcare provider.

_____

Follow-Up: ___ Return to this office for re-evaluation, monitoring and adjustment of support plan. Date/Time_____

___ None needed; Recovery complete

Referral: Based on today's evaluation, the following referral plan is made:

___ Specialists: Behavioral Health__ Neurology __ Neuropsychology __ Physiatry____ Other:_____

___ Physical Rehabilitation ___Aerobic ___Vestibular ___Musculoskeletal __Ocular-Motor

___ Typical Gradual Return to Play Evaluation and Treatment

___ Other_____

_____

Healthcare Provider
Signature

RED FLAGS: Call your doctor or go to the Emergency Department with sudden onset of any of the following in the first few days after the injury			
Headaches that worsen	Look very drowsy, can't be awakened	Can't recognize people or places	Unusual behavior change
Seizures	Repeated vomiting	Increasing confusion	Significant irritability
Neck Pain	Slurred speech	Weakness or numbness in arms or legs	Loss of consciousness

Student Name: _____ **Today's Date:** _____ **End Date:** _____

Symptom Targeted Academic Management Plan (STAMP)

Below are symptoms and associated functional problems that can affect school performance. Specific recommendations are indicated for classroom accommodations and adjustments to support this student's academic learning and performance:

Symptom (check)	**Functional school problem**	**Accommodation/ management strategy** (select)
Cognitive Symptoms		
Attention & concentration difficulties	Short focus on lecture, classwork, homework	___ Shorter assignments (odd/even problems, requiring outline or bullet points instead of full written responses) ___ Break down tasks and tests into chunks/segments ___ Lighter work load: Max. nightly homework (including studying): ___ min
Working memory (short-term memory)	Trouble holding instructions, lecture, reading material, thoughts in mind during tasks	___ Repetition ___ Written instructions ___ Provide student with teacher generated class notes
Memory consolidation/ retrieval	Retaining new information Accessing learned information	___ Smaller chunks/segments to learn, repetition ___ Recognition cues
Processing speed	Unable to keep pace with work load Slower reading/writing/calculation Difficulty processing verbal information effectively	___ Allowances for extended time to complete coursework, assignments, tests ___ Reduce/slowdown verbal information and check for comprehension
Cognitive Fatigue/ Fogginess	Decreased arousal, mental energy; trouble thinking clearly, formulating thoughts	___ Rest breaks during classes ___ Homework, and examinations in quiet location
Physical Symptoms		
Headaches	Interferes with concentration Increased irritability	___ Intersperse rest breaks, shortened day if symptom does not subside ___ Allow for short naps in quiet location (e.g., nurse's office)
Light/ noise sensitivity	Symptoms worsen in bright or loud environments	___ Wear sunglasses/hat, seating away from bright sunlight ___ Limit exposure to SMART board, computers, provide class notes ___ Avoid noisy/crowded environments such as lunchroom, assemblies, chorus/music class, and hallways. Leave class early. ___ Allow student to wear earplugs as needed
Dizziness/ balance/ nausea	Unsteadiness when walking Nausea or vomiting	___ Elevator pass ___ Class transition before bell
Sleep disturbance	Decreased arousal, shifted sleep schedule, trouble falling asleep	___ Later start time ___ Shortened day or rest breaks
Fatigue	Lack of energy	___ Periodic rest breaks, short naps in quiet location ___ Passive participation
Emotional Symptoms		
Irritability	Poor tolerance for stress	___ Reduce stimulation & stressors (e.g., overwhelmed with missing work)
Anxiety/ nervousness	Worried about falling behind, pushing through symptoms	___ Reassurance from teachers and team about accommodations, workload reduction, alternate forms of testing ___ Time built in for socialization
Depression/ withdrawal	Withdrawal from school or friends because of stigma or activity restrictions	___ Allow student to be engaged with peers during selected low stress/ extracurricular activities as tolerated ___ Lunch in a quiet room with friends
Specific Academic Recommendations		
Subject specific difficulties	Writing	___ Provide alternatives to written output (word bank, oral response, etc.)
	Mathematics calculation	___ Use of calculator, reduced number of problems
	Reading comprehension	___ Shorter reading passages ___ Provide tools to assist with visual tracking or comprehension of information (e.g., use of audio books)
Make-up/Missing work	Trouble managing current load of make-up work	___ Waive previously missed work ___ Reduce amount of outstanding work (assign essential learning tasks)
Tests/quizzes	Unprepared for tests/quizzes	___ No/ Modified classroom testing (e.g., breaks, extra time, quiet setting) ___ Limit number of classroom tests per day. _____ per day.
Other:		

Gradual Return to Academics

Following a concussion, the return to school process should be carefully considered with a gradual return plan based on the student's symptoms and progress. Most students can return to school in 1-3 days after their injury with supports. The stages below proceed in a graduated manner. Select the appropriate level based on the student's types and severity of symptoms. If the student is making a rapid recovery, they may skip a stage.

Stage	Description	Activity Level	Criteria to Move to Next Stage
0	No return, at home	Day 1 - Maintain low level cognitive and physical activity. No prolonged concentration. Cognitive Readiness Challenge: As symptoms improve, try reading or math challenge task for 10-30 minutes; assess for symptom increase.	To Move To Stage 1: (1) Student can sustain concentration for up to 30 minutes with little to no significant symptom exacerbation, OR (2) Symptoms reduce or disappear with cognitive rest breaks* allowing return to activity.
1	Return to School, Partial Day (1-3 hours)	Attend 1-3 classes, with interspersed rest breaks. Minimal expectations for productivity. No tests or homework.	To Move To Stage 2: Student symptom status improving, able to tolerate 4-5 hours of activity with 2-3 cognitive rest breaks built into school day.
2	Full Day, Maximal Supports (required throughout day)	Attend most classes, with 2-3 rest breaks (20-30'), no tests. Minimal HW (≤ 60'). Minimal-moderate expectations for productivity.	To Move To Stage 3: Number & severity of symptoms improving, needs only 1-2 cognitive rest breaks built into school day.
3	Return to Full Day, Moderate Supports (provided in response to symptoms during day)	Attend all classes with 1-2 rest breaks (20-30'); begin quizzes. Moderate HW (60-90') Moderate expectations for productivity. Design schedule for make-up work.	To Move To Stage 4: Continued symptom improvement, needs no more than 1 cognitive rest break per day
4	Return to Full Day, Minimal Supports (Monitoring final recovery)	Attend all classes with 0-1 rest breaks (20-30'); begin modified tests (breaks, extra time). HW (90+') Moderate- maximum expectations for productivity.	To Move To Stage 5: No active symptoms, no exertional effects across the full school day.
5	Full Return, No Supports Needed	Full class schedule, no rest breaks. Max. expectations for productivity. Begin to address make-up work.	N/A

*Cognitive rest break: a period during which the student refrains from academic or other cognitively demanding activities, including schoolwork, reading, TV/games, lengthy conversation. May involve a short nap or relaxation with eyes closed in a quiet setting.