

Follow-up Post Head Injury / RTP Protocol
Pawnee City Schools

Name: _____ Date of Injury: _____

Cause of Injury: _____

Location of Impact: ___ Frontal ___ Left side ___ Right side ___ Back of Head
___ Chin ___ Other ___ Unknown

Are there events just **before** injury that student has no memory of? ___ Y ___ N

Are there events just **after** the injury that student has no memory of? ___ Y ___ N

Loss of Consciousness: ___ Y For how long: _____ ___ N

Level 1 – Rest until asymptomatic (physical and mental rest)

Date(s): _____

Comments:

Signature of coach assessor: _____

Level 2 – Light aerobic exercise, i.e. stationary bike and walking

Date(s): _____

Comments:

Signature of coach assessor: _____

Level 3 – Sport-specific exercise, i.e. Running and light resistance training

Date(s): _____

Comments:

Signature of coach assessor: _____

Level 4 – Non-contact drills; progressively increased resistance training

Date(s): _____

Comments:

Signature of coach assessor: _____

Level 5 – Return to health care provider.

Full-contact training after medical clearance.

Physician comments:

May return to full-contact play ___ Yes ___ No

Physician's signature: _____

Parent's signature: _____

Coach's signature: _____

Level 6 – Return to game play

Signs to watch for:

Headache

Dizziness

Confusion/forgetfulness

Poor balance

Drowsiness/extreme fatigue

Vomiting

Slurred speech

Blurred vision

Weakness/numb extremities

Emotional/irritable