



M.O.S.T.

Metro Orthopedics & Sports Therapy

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POST-CONCUSSION INSTRUCTIONS

Patient _____ Date of injury _____ Sport _____

Home phone _____ Parent/guardian/self name _____

Your son/daughter/self has sustained a head injury while participating in _____ . In some instances, the signs of a concussion do not become obvious until several hours or even days after the injury. Please be especially observant for the following signs and symptoms.

1. Headache that increases in intensity*
2. Nausea and vomiting*
3. Difference in pupil size from right to left eye, dilated pupils*
4. Mental confusion/behavior changes
5. Dizziness
6. Memory loss
7. Ringing in the ears
8. Changes in gait or balance
9. Blurry or double vision*
10. Slurred speech*
11. Noticeable changes in the level of consciousness (difficulty awakening, or losing consciousness suddenly)*
12. Seizure activity*
13. Decreased or irregular pulse OR respiration*

*** Seek medical attention at the nearest emergency department.**

The best guideline is to note symptoms that worsen, and behaviors that seem to represent a change in your son/daughter/self. If you have any question or concern at all about the symptoms you are observing, contact your family physician for instructions, or seek medical attention at the closest emergency department. Otherwise, you can follow the instructions outlined below.

It is OK to:

- Use acetaminophen (Tylenol) for headaches
- Use ice pack on head & neck as needed for comfort
- Eat a light diet
- Go to sleep
- Rest (no strenuous activity or sports)

There is NO need to:

- Check eyes with a flashlight
- Wake up every hour
- Test reflexes
- Stay in bed

Do NOT:

- Drink alcohol
- Drive while symptomatic
- Exercise or lift weights
- Take ibuprofen, aspirin, naproxen or other non-steroidal anti-inflammatory medications

Please remind your child to check in with the School Nurse prior to going to class, on the first day he or she returns to school. Your child should also follow up with the Certified Athletic Trainer after school.

Recommendations provided to: _____ Phone #: _____

Recommendations provided by: _____ Phone #: _____

Date: _____ Time: _____

Concussion home instructions: revised 5/2005