

Concussion Order

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**Name**: **Date**:

**Diagnosis**: **Precautions**:

**Date of Concussion**: **Sport Returning to**:

**Frequency**: **times/week** **Duration: 1 2 3 4 5 6** **Other**:

**Baseline Performed:** O **Yes** O **No** **If Yes, Location Performed**:

 **Physical Therapy Evaluation and Treatment (order specific to ImPACT trained therapist)**

О **Impact Computerized Neurocognitive Testing**

О **Baseline** O **Post-Concussion Test (initial) O Post-Concussion Re-Test**

**O Physician to Re-test O Frequency or Date of Re-test**:

О **Vestibular Rehabilitation**

O **Physician Follow up Required Prior to Protocol Progression**

O **Progress Appropriately as per Protocol**

O **Other**:

O **Exertion Protocol**

O **Stage 1 (30-40% HR Max)**

O **Stage 2 (40-60% HR Max)**

O **Stage 3 (60-80% HR Max)**

O **Stage 4 (80% HR Max) Sport Specific**

O **Stage 5 (80-100% HR Max) Sport Specific**

О **Aquatic Rehab Center**

О **Include Hydroworx**

**Scheduled Follow Up**: **Physician**:

WV Concussion Institute is located and operated by Generations RC. Inc.

**Present this order at your scheduled appointment at the location nearest you**

Barboursville: 304-733-9560 Hurricane: 304-757-2500 Winfield: 304-586-4200

Milton: 304-743-6995 Grayson: 606-474-7649

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