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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: ☐ Yes ☐ No If Yes, Location Performed: _____

☒ Physical Therapy Evaluation and Treatment (order specific to IMPACT trained therapist)

☐ Impact Computerized Neurocognitive Testing

☐ Baseline

☐ Post-Concussion Test (initial)

☐ Post-Concussion Re-Test

☐ Physician to Re-test

☐ Frequency or Date of Re-test: _____

☐ Vestibular Rehabilitation

☐ Physician Follow up Required Prior to Protocol Progression

☐ Progress Appropriately as per Protocol

☐ Other: _____

☐ Exertion Protocol

☐ Stage 1 (30-40% HR Max)

☐ Stage 2 (40-60% HR Max)

☐ Stage 3 (60-80% HR Max)

☐ Stage 4 (80% HR Max) Sport Specific

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

☐ Aquatic Rehab Center

☐ Include Hydroworx

Scheduled Follow Up: _____ Physician: _____

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

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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