



Mo Mortazavi, MD  
Phone (520) 222-8076 Fax (520) 300-7156 Web sparccutucson.com

Central 3124 N Swan Rd East 6369 E Tanque Verde #160 West 1775 W St. Mary's Rd #112 North 3601 W Cortaro Farms Rd

July 7, 2017

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**Subject: ICAP**

Below is your SPARCC Care Plan and Individualized Concussion Academic Plan (iCAP), which is based off of Dr. Mortazavi's review and interpretation of your neurocognitive testing results. Please maintain a copy for your records at all times and provide a copy for school and other health providers.

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Individualized Concussion Academic Plan (iCAP): YELLOW Stage

School attendance: Progress to full-time attendance if possible. 4-6 academic hours daily. (May need occasional half days or days off for flares)

For student at school

- Tell your teachers if you are having difficulty with your class work ("self advocate").
  - See the school nurse for pain management and if you need to rest.
  - Complete as much homework as possible in 20-30 minute blocks of time, rather than all at once (frequent breaks). Try to increase this by 10-15 percent a week.
  - Update your teachers and parents about what is possible and what is not.
  - Immediately communicate with your teachers and nurse if your symptoms reappear.
  - Decisions regarding band and chorus depending on symptom aggravation (due to noise levels).
- No Sports or regular PE, follow instructions from your exertional rehab step as prescribed by your doctor.

For parents/guardians

- Monitor and document symptoms (both physical and emotional).
- Support and reinforce structures and routines for recovery.
- Advise your child, as needed, on time management for school work completion.
- Continue to advocate for your child at school. Daily check ins with school personnel and head contact person.



For school personnel

- Support the student in making up the most important school work with deadlines agreed-upon in writing.
- Assign a reduced homework load (typically 50-75% of normal workload at this time with 10-15% weekly progression goal)
- Decrease the work load if symptoms reappear.
- Testing may be considered at this time with accommodations based on neurocognitive assessment ONLY if cleared by your doctor:

## NO TESTING AT THIS TIME

As part of school accommodations for recovery from post concussive syndrome please postpone any tests at this time as they can be detrimental to healing and not indicative of true scores. Concussive and cognitive symptoms should be considered when evaluating performance of any testing done inadvertently during the time of the concussion. Currently we are doing further neurocognitive testing to help determine specific cognitive deficits, which will help with optimizing academic accommodations. Also please work with student to catch up on important missed work. It is not reasonable for someone recovering from a concussion to make up ALL missed work. This can create stress and worsening symptoms. If there are any questions please contact Dr. Mortazavi's office directly to assure best care of your student and our patient.

Based on today's neurocognitive testing there are still significant memory deficits (see #1a and #4 on attached brain map). Providing memory aides, multi modal teaching, notes of presented material/slides can all be critical to accommodating these deficits until they recover.

Based on today's neurocognitive testing there are still significant deficits in processing speed scores (see #1 on attached brain map). Allow extra time for all assignments, a scribe or handouts of notes, reader for assignments or tests (when cleared), audio books or recorders, tutoring, small group or partnering support.

Reaction time is still impaired (see #1 on attached brain map). All activities requiring optimal reaction time such as driving should be restricted.

Limit reading and projector/computer screen time reading to 5-10 min at a time due to visual convergence deficiency and uncoupling (see #1,#2,#3,#6 on attached brain map). May require a reader or a scribe for assignments and note taking. Also may need to limit other tasks requiring fine oculomotor control and visual/spatial perception.

Limit long bus/car rides, heavy backpacks, excessive use of stairs, and crowded busy hallways/courtyards due to vestibular dysfunction (see #5 on attached brain map). Please allow leaving class/office several minutes early to avoid excessive vestibular stimuli in busy loud hallways, and provide an alternative calm/quiet place for recess or lunch.

Avoid excess neck strain and stress by limiting screen time, heavy shoulder bags, and providing work breaks every 15-20 minutes as needed due to cervical dysfunction and cervicogenic headaches (see #6 on attached brain map). Allow time for cervical rehab exercises at least twice daily.

Neurocognitive testing results today shows some cognitive impairment in memory and processing scores (see #1, #3, and #4 on attached brain map) compared to baseline or normative data. Other composite scores are within baseline/normative data. Overall scores are improving compared to



norms/baseline.

Test details can be reviewed at your next follow up visit.

Please don't hesitate to email us with any questions.

Mo Mortazavi, MD  
SPARCC Sports Medicine, Rehabilitation and Concussion Center  
o 520.222.8076  
f 520.300.7156  
drmo@sparcctucson.com  
sparcctucson.com

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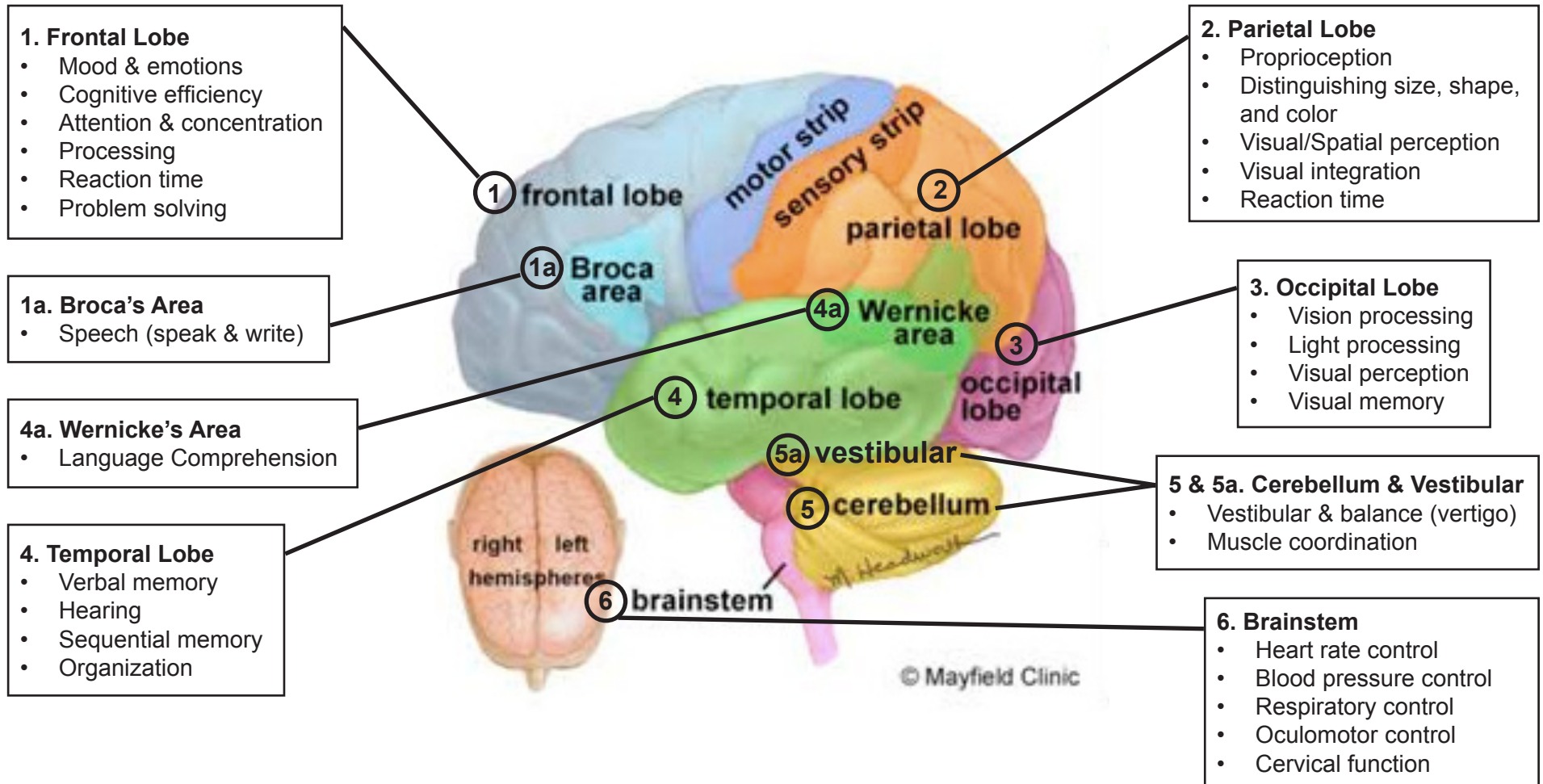
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# Brain Map



# Abnormal Function & Symptoms

Lobe	Abnormal Function
1. Frontal Lobe	<ul style="list-style-type: none"> <li>• Delayed processing &amp; reaction time</li> <li>• Unable to focus on tasks</li> <li>• Mood swings &amp; irritability</li> <li>• Difficulty with problem solving</li> </ul>
1a. Broca's Area	<ul style="list-style-type: none"> <li>• Difficulty with speech production</li> </ul>
2. Parietal Lobe	<ul style="list-style-type: none"> <li>• Difficulties with hand-eye coordination</li> <li>• Problems with reading, writing, &amp; naming</li> <li>• Difficulty with mathematics</li> <li>• Difficulty with sensory input integration</li> </ul>
3. Occipital Lobe	<ul style="list-style-type: none"> <li>• Blurred vision</li> <li>• Photophobia</li> <li>• Visual memory deficits</li> <li>• Abnormal depth perception</li> <li>• Difficulty reading and writing</li> </ul>
4. Temporal Lobe	<ul style="list-style-type: none"> <li>• Difficulty identifying/naming objects</li> <li>• Problems with short- and long-term memory</li> <li>• Difficulty with tasks and organization</li> </ul>
4a. Wernicke's Area	<ul style="list-style-type: none"> <li>• Difficulty understanding language</li> </ul>
5 & 5a. Cerebellum & Vestibular	<ul style="list-style-type: none"> <li>• Difficulty coordinating fine movements</li> <li>• Difficulty walking</li> <li>• Tremors</li> <li>• Dizziness (vertigo)</li> </ul>
6. Brainstem	<ul style="list-style-type: none"> <li>• Changes in breathing patterns</li> <li>• Problems with balance &amp; movement</li> <li>• Dizziness and nausea (vertigo)</li> <li>• Cervicogenic dysfunction</li> <li>• Exercise intolerance</li> </ul>