

Concussion Action Plan



Goals for week of: _____

Each goal needs: 1) What I am going to do 2) How much I will do 3) When I am going to do it

Rehab Exercises:

- Active Rehab (step ____): ____ min ____ bpm/RPE ____ times per week
- Cervical: ____ reps ____ sets ____ times per week
- Vision: ____ reps ____ sets ____ times per week
- Balance: ____ reps ____ sets ____ times per week
- Physical Therapy / Occupational Therapy exercises:

Assignments

- Referral to _____
- Lab work _____
- X-Ray or MRI _____
- Medications _____
- Other _____

Trigger avoidance:

Social/Play:

Academic:

Nutrition:

Sleep:

Other:

What I did this week:

	Rehab Exercises	Trigger Avoidance	Academic	Sleep	Social/Play	Nutrition	Other
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							