DANGER SYMPTOMS
Call 911 or seek medical attention immediately if you have:
• Sharp neck pain or tenderness
• Weakness or tingling/burning in arms or legs
• Double vision
• Severe or increasing headache
• Vomiting
• Deteriorating conscious state
• Increasingly restless, agitated or combative
• Seizure or convulsion
• Loss of consciousness

SUPPORT
Contact Parton Nurse line at 802-443-3290. After hours, call Porter Express Care at 802-388-5678 or the Emergency Room at 802-388-4701. Ask a reliable friend to monitor you for the first night/24 hours. Instructions at: go/concussionobservation
Let your Dean and professors know. Email template at: go/concussionemailtemplate

HYDRATION
• Avoid alcohol. Consume 2–3 liters of water each day. If you normally drink caffeinated beverages, you may continue to do so as long as sleep is not affected.

NUTRITION
• Eat a regular diet, including snacks as needed. Don’t let mild nausea stop you. Try to eat small amounts to keep your blood sugar normal.

SLEEP
• Maintain a good circadian rhythm, avoid napping if possible, and get eight hours of sleep each night.
• Regular bright light exposure in the mornings may help maintain a regular circadian rhythm
• Try to wake up and go to bed at the same time each day.
• Avoid screens before bedtime. Listening to soothing music or a warm bath or shower may help.
• Sleep environment should be cool, dark, quiet, comfortable.

SELF-CARE
• Avoid loud places like stadiums, busy dining halls, etc.
• Reduce exposure to bright light. Wear a hat or sunglasses when outside.
• Listen to podcasts, light music, or watch small amounts of TV as tolerated.
• No video games
• Some concussions benefit from counseling.
• Tylenol (acetominophen) for pain/headache. Follow package instructions.

ACADEMICS
HOMEWORK
• As symptoms diminish, start doing some homework in small amounts. Try reading for up to 30 minutes, then stop and take a 10–15 minute break. During the break, close your eyes and rest, or go for a short walk or get a snack. Avoid email, television, texting, etc. If symptoms clearly get worse, note how long you were able to work (i.e. 22 minutes) before symptoms got worse. Once you recover, that time will be your new work interval. Gradually increase work interval length.

CLASSROOM
• Start by attending classes and simply trying to pay attention during the class. Do not take notes or actively participate.
• Once you are able to attend a class or two without symptoms, advance to class participation. Taking notes and participating actively is OK unless your symptoms clearly increase, at which point you could either stop participation and simply attend the class, or politely excuse yourself.

ACTIVITY
Early aerobic exercise has been shown to be safe and improves recovery time following acute concussion.

Early recovery standardized stationary bike protocol (begin after 24–48 hours of rest post-injury):
• Level 1: 15-minutes light resistance and light breathing (100±120 beats per minute (bpm)), followed by
• Level 2: 30-minutes light resistance and light breathing (100±120 bpm), followed by
• Level 3: 30-minutes moderate resistance and heavy breathing (140 bpm), followed by
• Level 4: Intervals of a 1-minutes vigorous sprint every 5-minutes for a total of 30 minutes

A minimum of 2 sessions tolerated at each level is recommended prior to progression to the next level. Session should be at least 24 hours apart. Stop if symptoms are getting worse.

RETURN TO SPORT/SPECIFIC ACTIVITY
(begin once Level 4 of early recovery is complete, symptoms have resolved and you are back to normal academic function)

Level 6: Sport-specific non-contact activities (running, passing, etc.)
Level 7: Noncontact team practice and weight lifting (activities without risk of contact)
Get clearance for full participation from Parton NP or Team Physician

Level 8: Full practice, including contact activities
Level 9: Full participation
Sessions should be at least 24 hours apart. Stop if symptoms are getting worse.

TIPS
• Get help if you are not making steady improvement.
• Don’t overthink symptoms and don’t ignore them.
• Some concussions are treated with physical therapy.
• Some concussions benefit from counseling.

GENERAL GUIDANCE
This guidance is general in nature.
For best results, discuss with a Parton staff member.

Concussion Recovery

ACTIVITY
Early aerobic exercise has been shown to be safe and improves recovery time following acute concussion. Early recovery standardized stationary bike protocol (begin after 24–48 hours of rest post-injury):
• Level 1: 15-minutes light resistance and light breathing (100±120 beats per minute (bpm)), followed by
• Level 2: 30-minutes light resistance and light breathing (100±120 bpm), followed by
• Level 3: 30-minutes moderate resistance and heavy breathing (140 bpm), followed by
• Level 4: Intervals of a 1-minutes vigorous sprint every 5-minutes for a total of 30 minutes

A minimum of 2 sessions tolerated at each level is recommended prior to progression to the next level. Session should be at least 24 hours apart. Stop if symptoms are getting worse.

RETURN TO SPORT/SPECIFIC ACTIVITY
(begin once Level 4 of early recovery is complete, symptoms have resolved and you are back to normal academic function)

Level 6: Sport-specific non-contact activities (running, passing, etc.)
Level 7: Noncontact team practice and weight lifting (activities without risk of contact)
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Sessions should be at least 24 hours apart. Stop if symptoms are getting worse.

TIPS
• Get help if you are not making steady improvement.
• Don’t overthink symptoms and don’t ignore them.
• Some concussions are treated with physical therapy.
• Some concussions benefit from counseling.
• Tylenol (acetaminophen) for pain/headache. Follow package instructions.