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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.**

**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