

CONCUSSION MANAGEMENT

RETURN TO LEARN

Symptoms of concussion will often create learning difficulties for students. Communication among the student, parents, Concussion Management Team (CMT), and healthcare provider is crucial for ease of transition back into school. Students should return to academics with support and guidance from the healthcare provider in collaboration with the CMT who has the responsibility to implement, monitor, and adjust the student's individualized return to academics plan. Although most symptoms clear within 3-4 weeks, in some cases, symptoms may not clear for months. For students with prolonged symptoms, formal procedures for learning supports will be initiated.

STEPS	PROGRESSION	DESCRIPTION
1	HOME – Cognitive & Physical Rest	<ul style="list-style-type: none"> Stay at home No driving Limited mental exertion – computer, texting, video games, homework
2	HOME – Light Mental Activity	<ul style="list-style-type: none"> Stay at home No driving Up to 30 minutes mental exertion No prolonged concentration

Progress to Step 3 when student handles up to 30 minutes of sustained mental exertion without worsening of symptoms

STEPS	PROGRESSION	DESCRIPTION
3	SCHOOL – Part time Maximum Accommodations Shortened day/schedule Built-in breaks	<ul style="list-style-type: none"> Provide quiet place for scheduled mental rest Lunch in quiet environment No significant classroom or standardized testing Modify rather than postpone academics Provide extra time, help, and modified assignments

Progress to Step 4 when student handles 30-40 minutes of sustained mental exertion without worsening of symptoms

STEPS	PROGRESSION	DESCRIPTION
4	SCHOOL – Part time Moderate Accommodations Shortened day/schedule	<ul style="list-style-type: none"> No standardized testing Modified classroom testing Moderate decrease of extra time, help, and modification of assignments

Progress to step 5 when student handles 60 minutes of sustained mental exertion without worsening of symptoms

STEPS	PROGRESSION	DESCRIPTION
5	SCHOOL – Full time Minimal Accommodations	<ul style="list-style-type: none"> No standardized testing; routine tests are okay Continued decrease of extra time, help, and modification of assignments May require more support in academically challenging subjects

Progress to step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance for full return to academics

STEPS	PROGRESSION	DESCRIPTION
	SCHOOL – Full time Full Academics, No Accommodations	<ul style="list-style-type: none"> Attends all classes Full homework and testing

Adapted from Oregon Concussion and Management Program (OCAMP) and Slocum Sports Concussion Program

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ACADEMIC ACCOMMODATIONS

Student Name: _____ Today's Date _____

Following concussion, students who receive academic adjustments without penalty for missed work are more successful and better able to reintegrate into school. Concussive symptoms fall into four major categories; Physical, Sleep/Fatigue, Thinking/Cognitive, & Social/Emotional. This list is intended to be used as a guide for academic accommodations based on medical recommendations. Be flexible and monitor frequently for signs of exhaustion. Provide adjustments as needed, and remove when no longer necessary.

GENERAL/PHYSICAL	THINKING/COGNITIVE	FATIGUE/SLEEP	SOCIAL/EMOTIONAL
	Reduce class assignments and homework to critical tasks only. Exempt non-essential written classwork or homework Base grades on adjusted work	Allow time to visit school nurse/counselor for treatment of headaches or other symptoms.	Develop plan so student can discreetly leave class as needed for rest
Adjust class schedule (alternate days, shortened days, abbreviated class, and late start).	Provide extended time to complete assignments/tests Adjust due dates	Allow strategic rest breaks (5-10 min. every 30-45 minutes) during the day	Keep student engaged in extra-curricular activities. Allow student to attend but not fully participate in sports practice as applicable.
No PE classes (including weight training, aerobics, yoga, dance) until cleared by a healthcare professional. No physical play at recess.	Once key learning objective has been presented, reduce repetition to maximize cognitive stamina (e.g., assign 5 or 30 math problems)	Allow hall passing time before or after crowds have cleared	Encourage student to explore alternative and appropriate activities of non-physical nature.
Avoid noisy and over-stimulating environments (e.g., band) if symptoms increase.	Allow student to demonstrate understanding of concepts orally instead of in writing	Allow student to wear sunglasses indoors. Control for light sensitivity (e.g., draw blinds, sit away from window, allow hats)	Develop an emotional support plan for the student (e.g., identify adult to talk with if feeling overwhelmed)
Allow student to drop high level or elective classes without penalty if accommodations go on for a long period of time.	Provide written instructions for homework/classwork that is deemed essential	Allow student to spend lunch/recess in quiet space for rest and control for noise sensitivity.	Provide quiet place to allow for de-stimulation
Allow student to audit class (e.g., participate without producing or grading)	Provide class notes by teacher or peer. Allow use of computer, smart phone, tape recorder	Allow student to spend lunch/recess in quiet space for rest and control for noise sensitivity	
Remove or limit testing (e.g., midterms, finals, standardized) or high stakes projects	Allow utilization of notes and/or word banks for test taking due to memory issues	Provide a quiet environment to take tests.	
Alternate periods of mental exertion with periods of mental rest		Don't substitute mental for physical activity (e.g., assign reading during PE)	