CONCUSSION – RETURN TO LEARN MEDICAL RELEASE

Return to Academics after Concussion

When students have symptoms after a concussion, they may need a gradual return to their pre-injury academic load. This progression can speed recovery and support the student’s return to a full academic load. Important things to remember:

- The stages are flexible based on the student’s tolerance to school activities.
- Depending on symptoms, a student may start at any step and remain at each step as long as needed.
- If symptoms worsen, the student should return to the previous step.
- Daily check-ins with the student regarding how they are tolerating school is recommended.
- Depending on symptoms, some students can begin limited physical activity early after injury.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Suggested Accommodations</th>
<th>Criteria for Progression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rest – Limited mental activity</td>
<td>Limited mental exertion (computer, texting, video games, or homework), no driving.</td>
<td>30 minutes of mental exertion without symptom exacerbation.</td>
</tr>
<tr>
<td>Part-time school with accommodations</td>
<td>Accommodations based on symptoms (e.g., shortened day/schedule, built-in breaks, no significant classroom or standardized testing).</td>
<td>Full day of school with accommodations.</td>
</tr>
<tr>
<td>Full-time school with accommodations</td>
<td>Accommodations based on symptoms (e.g., shortened day/schedule, built-in breaks, no significant classroom or standardized testing).</td>
<td>Handles all class periods in succession without symptom increase.</td>
</tr>
<tr>
<td>Full pre-injury academic load</td>
<td>Complete return to pre-injury status</td>
<td>N/A</td>
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For more information, including a detailed list of suggested accommodations, visit CBIRT.org
If you have questions contact your School Nurse, Athletic Trainer, Counselor or staff at the Center on Brain Injury Research and Training (CBIRT) at 541.346.0593.

Signs and Symptoms

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is most often caused by a direct blow to the head, but it can also result from body actions that snap the head forward or back, shaking the brain around in the skull hard enough to cause a brain injury, such as a whiplash injury. It is possible to sustain a concussion without being directly hit in the head. Children and adolescents are among those at greatest risk for concussion. A concussion is a brain injury and should be taken seriously.

A TBI can Result from:
- Falls
- Car wrecks
- Sports injuries
- Collisions with objects or other people
- Being shaken
- Any trauma to the head

Common Symptoms of TBI

<table>
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<tr>
<th>Cognitive/Communication</th>
<th>Emotional/Behavioral</th>
<th>Physical</th>
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<tbody>
<tr>
<td>Feeling dazed or in a fog - disorientation</td>
<td>Irritability</td>
<td>Dizziness</td>
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<tr>
<td>Confusion</td>
<td>Quick to anger</td>
<td>Weakness</td>
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<tr>
<td>Difficulty concentrating slowed information processing learning problems</td>
<td>Decreased motivation</td>
<td>Changes in balance</td>
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<tr>
<td>Difficulty with memory difficulty juggling multiple tasks</td>
<td>Anxiety</td>
<td>Headaches</td>
</tr>
<tr>
<td>Communicating in “socially unacceptable” ways</td>
<td>Depression</td>
<td>Changes in vision</td>
</tr>
<tr>
<td>Difficulty with concentration and attention</td>
<td>Social withdrawal</td>
<td>Changes in hearing</td>
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<tr>
<td></td>
<td>Does not get the “gist” of social interactions</td>
<td>Sleep disturbance</td>
</tr>
<tr>
<td></td>
<td>May comment on or react to things that seems random to others</td>
<td>Fatigue</td>
</tr>
</tbody>
</table>

Any variety of the symptoms listed above can have a negative impact on a student’s learning and school experience. Recovery may be delayed when students push through symptoms. Therefore, it is important to avoid stimuli that increase symptoms. We ask that you modify learning activities vs. postpone them. Remember, injuries are unique and what increases symptoms in one student may not be in another.
Staff Notification Regarding a Student with a Concussion

Your student ____________________________ sustained a concussion on __________________.

As an educator, you play an important role in helping your student in the management and recovery of their concussion. A concussion is a mild traumatic brain injury (mTBI) and should be treated seriously. Some students may be advised to stay home immediately following concussion. However, those students should not miss more than 2-3 days of school except in rare cases.

Each concussion is unique; students may experience multiple symptoms and will recover at different rates. For most students, concussion symptoms persist for days or weeks. In rare cases, students may experience symptoms for months or longer and will require a multi-disciplinary treatment plan in addition to academic accommodations. You can help by monitoring the student and reporting any worsening symptoms to the management team.

At the time of evaluation, your student reported the following signs and symptoms:

Concussion Signs and Symptoms

- □ Appears dazed or stunned
- □ Seems confused
- □ Forgets plays or instructions
- □ Shows changes in mood, behavior or personality
- □ Responds slowly to questions
- □ Headache or pressure in the head
- □ Nausea or vomiting
- □ Balance problems or dizziness
- □ Feeling lightheaded, sluggish, fatigued or groggy
- □ Irritability, sadness, nervousness, anxiety
- □ Drowsiness
- □ Sensitivity to light or noise
- □ Feeling more emotional
- □ Feeling slowed down
- □ Foggy or hazy feeling
- □ Problems concentrating
- □ Problems remembering
- □ Double vision, blurry vision
- □ Just not feeling right
- □ Sleep problems

Notes from Medical Provider: ________________________________

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Submitted by: ___________________________________________ Date: __________________

Attached is the Return to Academics Form with guidance on a learning progression to help guide recovery, the Signs and Symptoms Fact Sheet and the Temporary Accommodations Plan that can outline a strategy to minimize symptoms and facilitate optimum recovery. Please identify a staff member to help coordinate accommodations, monitor the student and serve as school point person to respond to parent concerns and collaborate with the health care provider.

School Point Person: ________________________________________

Forms – Concussion-Return to Learn Medical Release 03/17 2019-2020 OSAA Handbook
Temporary Accommodations Plan for Concussion

Student Name: ___________________________ Date of Evaluation: ____________

After a concussion/mTBI, students who receive academic accommodations without penalty for missed work are more successful and better able to manage school demands. For most students, accommodations can be made without formal written plans such as a 504 or IEP. Students with symptoms lasting longer than three to four weeks may benefit from a more detailed assessment by a concussion specialist, who may recommend a 504 plan. If accommodations are needed longer than four months, the team should consider special education. These recommendations are based on the student’s current symptom level and tolerance to mental exertion. As the student improves or new learning needs emerge, these guidelines may be adjusted. This form is designed to outline a strategy to minimize symptoms and facilitate optimum recovery.

GENERAL RECOMMENDATIONS:
- □ No return to school until specified. To be re-evaluated on: ___________________________
- □ Return to school with the following supports: ___________________________
- □ Adjust class schedule (i.e., every other day, shortened day, shortened classes, breaks)
  - Shortened day: _______ hours/day or _______ classes/day or _______ days/week _________
- □ No physical education classes. However, the student can exercise for _______ minutes if there is no significant increase in symptoms. Walk, run, exercise bike, lift weights, other: ___________________________
- □ Limit classes with “noisy environments” (i.e., band, choir, shop, drama, lunch).
- □ Reduce in-class work and homework (select most important or critical tasks and concepts only, consider maximum hours of nightly homework, limit number of problems, questions, or pages to read, offer alternative ways for student to demonstrate knowledge).
- □ Delay testing (standardized tests, midterms, finals, etc.) until student reaches “yellow” stage.

RECOMMENDATIONS FOR COGNITIVE ISSUES:
- □ Shorten, unweight grade and/or provide extended time to complete assignments.
- □ Shorten, unweight grade and/or provide extended time to take tests in a quiet environment (including across multiple class periods). *Do not mark if student is deferred from test taking*
- □ Stagger tests, so the student only needs to prepare for one per day. *Do not mark if student is deferred from test taking*
- □ Provide concise written instructions for homework.
- □ Provide class notes by teacher or peer (i.e., online notes, recording, teacher provides notes).

RECOMMENDATIONS FOR FATIGUE/PHYSICAL ISSUES:
- □ Allow time to visit the health room or school nurse for treatment of symptoms such as headache.
- □ Allow rest breaks during the day such as resting head down on desk or resting in health office.
- □ Allow “hall passing time” before or after the crowds have cleared.
- □ Allow student to wear sunglasses and/or hat or visor indoors to control for light sensitivity.
- □ Allow student to wear earplugs (not with music) to control for noise sensitivity.
- □ Provide quiet environment for lunch.

RECOMMENDATIONS FOR EMOTIONAL ISSUES:
- □ Share progress and difficulties with parents, nurse, teacher, counselor, doctor and/or athletic trainer.
- □ Develop an emotional support plan for the student; this may include an adult with whom he/she can talk, if feeling overwhelmed.

Family signed an information release for bi-directional communication with __________________________

Signature: ___________________________ Date: ___________________________

Printed Name: ___________________________