RETURN TO LEARN:

BRIDGING THE GAP from CONCUSSION to the CLASSROOM

SCHOOLING • CARING • SUCCEEDING

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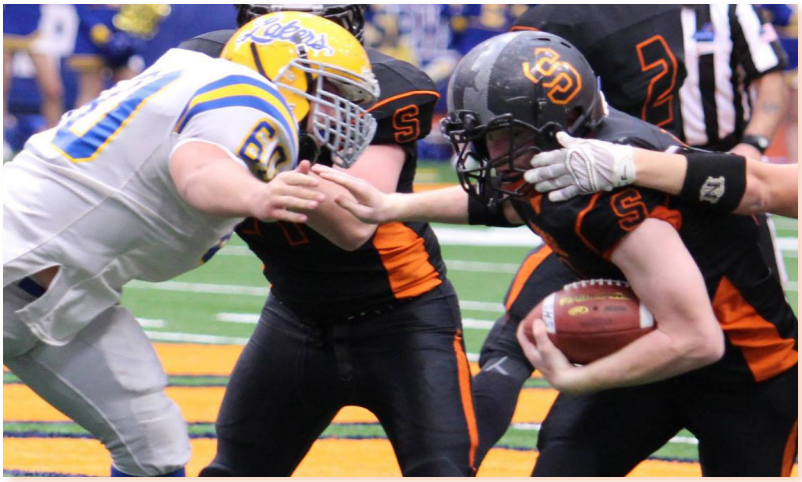
What is a Concussion?

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head. A concussion is any head trauma that causes an altered mental state that may or may not involve a loss of consciousness.



Concussions can also occur following a fall or a blow to the body that causes the head and brain to move back and forth quickly.

This sudden movement can cause the brain to bounce around in the skull, stretching and damaging the brain cells and creating chemical changes in the brain.

Health care professionals may describe a concussion as a "mild" brain injury because concussions are usually not life-threatening. Even so, their effects can be serious. (Centers for Disease Control & Prevention)

Why are Concussions Such a Big Deal?

A concussion is a brain injury that can occur in any sport or off the athletic field. A "ding," "getting your bell rung," or what seems to be a mild bump, blow or jolt to the head can be serious and can change the way the brain normally works. (Centers for Disease Control 2013).

Because of the changes in the neurophysiology of the brain, symptoms may continue to develop over the next few hours/days following an injury.

After a concussion, among other effects, connections within the brain become stressed, resulting in the breaking of some connections between different brain areas and limiting the ability of the brain to process information efficiently and quickly. (Molfese 2013).

These changes can lead to a set of symptoms affecting the student's cognitive, physical, emotional and sleep functions, which may result in reduced ability to do tasks at home, school, or work. Concussions can have an impact on the student's ability to learn in the classroom.

During this time, returning to play or full-time academics before symptoms have cleared can result in prolonged recovery time or risk of further injury.

Ignoring the symptoms and trying to "tough it out" often makes symptoms worse!

Symptoms of Concussion

School professionals can best support a student's return to school by understanding the effects of a concussion and providing the needed academic adjustments and supports. Knowledge of concussion symptoms can help the student and the school team identify the specific needs of the student, monitor changes and provide appropriate accommodations to facilitate the student's recovery and minimize the pressure to return to activities too soon. (Centers for Disease Control 2013).

Symptoms of TBI/concussion that may affect school performance fall into four categories:

- Thinking/Cognitive/Remembering
- Sleep
- Physical Symptoms
- Emotional/Mood Symptoms

Thinking/Cognitive Red Flags

Look for increased difficulty with:

- Thinking clearly
- Concentrating, staying on task
- Remembering new information
- Slowed response or processing of information (feeling slowed down)
- Reduced academic performance

Sleep Red Flags

Sleep symptoms tend to last longer than other symptoms. Look for increased:

- Drowsiness
- Sleeps more than usual
- Sleeps less than usual
- Difficulty falling asleep
- Fatigue – tired, having no energy

Physical Red Flags

Look for increased difficulty with:

- Headaches
- Fuzzy or blurred vision (visual problems)
- Balance problems
- Dizziness
- Nausea, vomiting
- Sensitivity to light
- Sensitivity to noise
- Disorientation

Social Emotional Red Flags

Look for increased difficulty with:

- Irritability
- Sadness
- More emotional
- Changes in mood
- Nervousness
- Anxiety

Return to Learn Procedures

Once a student has been diagnosed with concussion by a health care provider, the student should remain at home until he/she has been cleared to return to school. While tutoring may be provided with medical justification, it should only be done based on a student's ability to participate safely and without symptoms.

Once the student returns to school, the school nurse and/or AT will do the same daily monitoring of the student that is done for re-entry to physical activity including physical education and interscholastic sports, using a standardized assessment tool, like ACE or SCAT among others. The nurse and/or AT will share his information with the counseling office. The school nurse and/or athletic trainer will monitor the student for any persistent symptoms as the student progresses in academic and physical demands.

If cognitive testing is available, such as, but not limited to ImPACT, the school nurse and/or AT will review test results in collaboration with the district physician/NP. The school nurse will share pertinent information with the counseling office when the student is symptom free for 24 hours.

Once a student is symptom free for 24 hours or is only mildly symptomatic and is able to return to class and learn, the student may begin a full or graduated return to academics as tolerated and in coordination of the parents, physicians, teachers, and counselors. Based on the student's stamina level his/her return initially may require a shortened school day, such as a later start or earlier dismissal. All intellectually demanding activities should be assigned "as tolerated" meaning that the student is instructed to alert the nurse, counselor, AT if and when he develops any difficulties suggestive of a return of symptoms.

Initially and depending on the severity of the injury and the amount of time the student has been out of school, based on a team decision including the counselors, the teachers, the parents, and the medical team, the student may be allowed only to attend core courses, or only specials. If the student participates in physical education, the graduated re-entry plan shall be followed. Homework should be withheld in the first few days of reentry until it is clear that the student is tolerating the return to academic demands by

remaining symptom free. Similarly, testing, including standardized tests, and long-term projects that require strategic planning and time management while a student is still symptomatic should be reduced, eliminated, or postponed.

Over the course of a five to six day period, with close monitoring by the counselor, the student should plan to add more courses, lengthen their day, participate more fully in class discussion, and begin to accept reasonable amounts of homework lasting no longer than an hour in the evening to start. If there is a re-emergence of symptoms, the student may need to drop back to the last level of symptom-free activity. Efforts are important not to penalize a student for time or work missed secondary to a bona fide head injury.

Tips for Teachers

Symptoms of concussion often create learning difficulties for students. Immediately after diagnosis of a concussion, an individualized plan for learning adjustments should be initiated with a gradual, monitored return to full academics as symptoms clear. Typical classroom adjustments and accommodations include:

- Reduce course workload
- Decrease homework
- Allow breaks during the day, i.e., rest in quiet area
- Allow additional time to complete assignments
- Provide instructor's notes, outline or study guide for student
- Avoid over-stimulation (noise and light)
- Avoid testing or completion of major projects during recovery time when possible

Tips for Parents

Parents play a key role in maximizing a child's recovery from a concussion.

- Parents should take the student to the Emergency Room or contact the child's healthcare provider immediately after the concussion.

- After the diagnosis of a concussion by the healthcare professional, parents monitor symptoms and activities at home. Rest and restriction of activities is individualized for each student based on the symptoms displayed.

- Parents enforce rest, both physical and cognitive, and ensure that the child receives sufficient sleep and engages in activities that do not cause jerking of the head immediately after a concussion.

- For the first few days, the student/athlete may have symptoms that interfere with concentration and may need to stay home from school to rest for a day or two and refrain from:

- Watching TV

- Playing video games

- Texting

- Working/playing on computer

- Driving

- Use of cell phone

- Blowing on a musical instrument

- Piano lessons

- Participating in PE activities

- Light mental activities can resume as long as symptoms do not worsen. When the student/athlete can tolerate 30-45 minutes of light mental activity, a gradual return to school/academics can commence.

- Parents monitor and track symptoms at home and communicate regularly with the school nurse.

- Parents sign permission for two-way release information between the medical provider and the school district.

- Parents may request information on concussions from the school nurse.

- Parents are aware of academic adjustments in the school setting.

- When the school nurse and family agree that the student is symptom free and attending school full-time with no academic adjustments or accommodations, the parent delivers medical clearance from the healthcare provider to the school nurse and the parent provides written permission for the Return to Play Progression to begin.

References

1. Nebraska School Activities Association - Return to Learn: Bridging the Gap from Concussion to the Classroom.
http://nsaahome.org/wp-content/uploads/2014/07/Return-to-Learn-Bridging-the-Gap-from-Concussion-to-the-Classroom.pdf

2. Section V Athletics - Return to Learn Procedures.
http://www.sectionv.org/index.php/main

3. Centers for Disease Control and Prevention - Returning to School After a Concussion: A Fact Sheet for School Professionals.
http://www.cdc.gov/concussion/pdf/TBI_Returning_to_School-a.pdf

4. Giza C., Kutcher J., et al. Summary of evidence-based guideline update: Evaluation and management of concussion in sports. Neurology, 2013: 10.1212/WNL.0b013e31828d57dd.

5. Halstead, M., McAvoy, K., et al. Returning to Learning Following a Concussion. Pediatrics: originally published online October 27, 2013.
http://pediatrics.aappublications.org/content/early/2013/10/23/peds.2013-2867

6. McGrath, N. (2010). Supporting the Student-Athlete's Return to the Classroom after a Sport Related Concussion. Journal of Athletic Training, 45(5), 492-498.

7. McAvoy, K. (2013). REAP the benefits of good concussion management. Centennial, CO: Rocky Mountain Sports Medicine Institute Center.

8. McAvoy, K. (2012). Return to Learning: Going Back to School Following a Concussion. NASP Communique online. March/April.

9. McCrory P., Meeuwisse W., Aubry M., et al. Consensus Statement on Concussion in Sport: the 4th International Conference on Concussion in Sport. Br J Sports Med. 2013; 47: 250-258

10. Orcas (2011). Brain Injury 101: Concussion Management. Policy and Resource Handbook. Retrieved from http://brain101orcasinc.com

11. The Center on Brain Injury Research and Training. Max's Law: Concussion Management Implementation Guide. Retrieved from http://www.cbirt.org