



SANTA ROSA JUNIOR COLLEGE

Building on a Legacy of Excellence



Return to the classroom following concussion

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Collaboration in Concussion Management

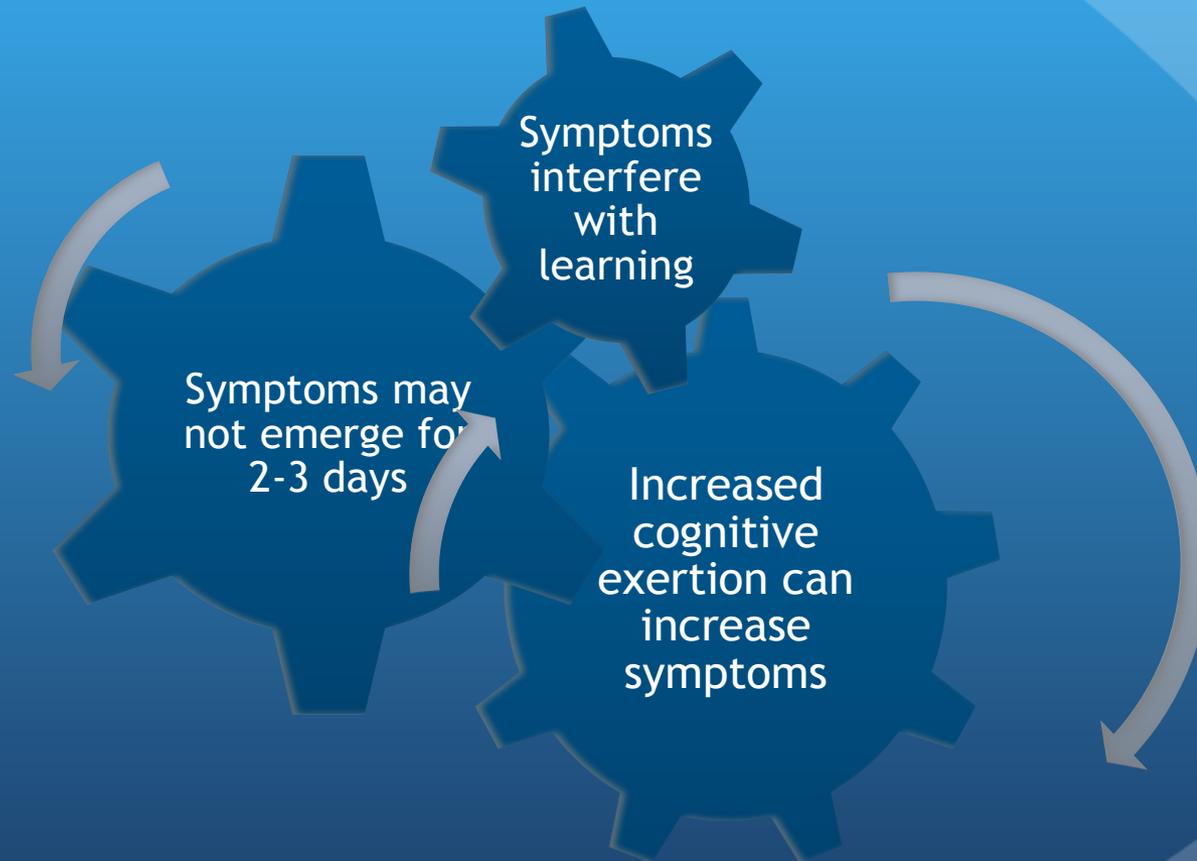
The interdisciplinary team

- Physician
- Nurse Practitioner
- Athletic trainer
- Teachers
- Counselors
- Psychologists
- Coaches



**“Is this a foreleg? Back leg? Antenna?
It’s hopeless! We’ll never ... Oh, thank God.
Here comes an athletic trainer!”**

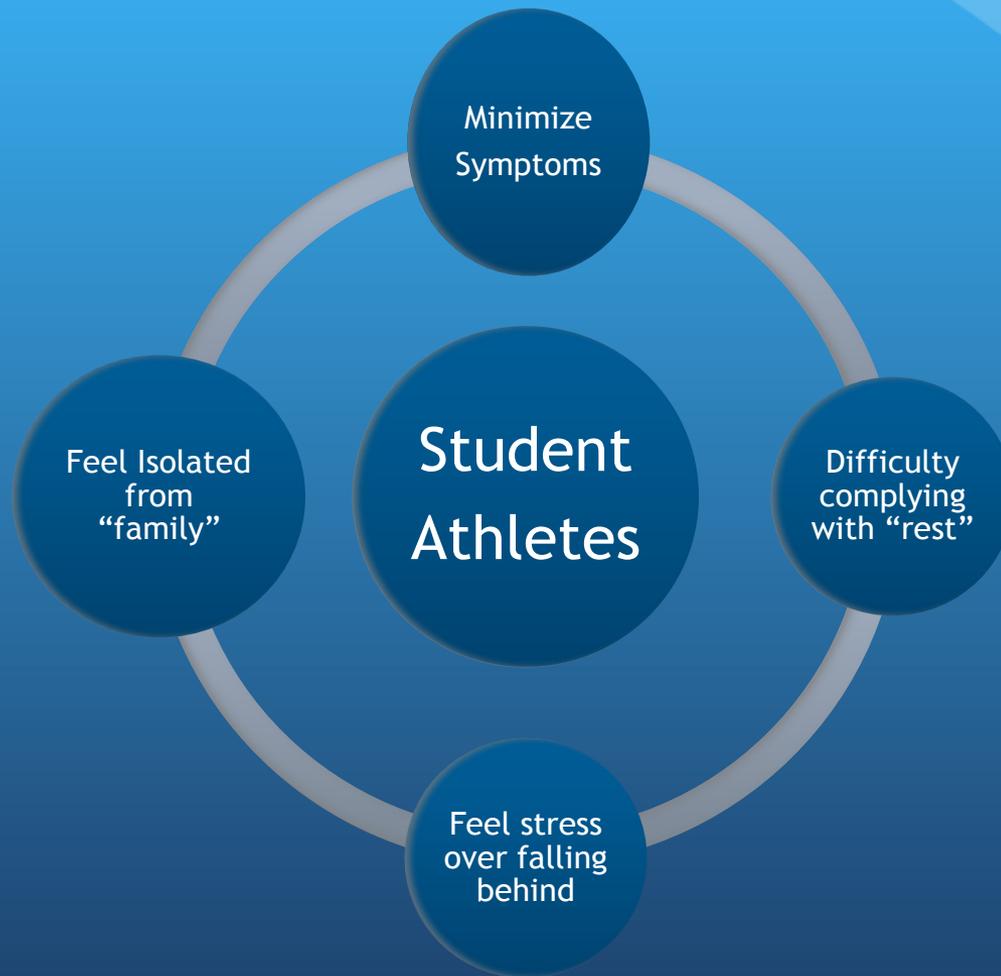
Significance of Return to Classroom Following Concussion



Sady MD, Vaughan CG, Gioia GA. Phys Med Rehabil Clin N Am 2011.

Carson J, Lawrence D, Frémont P, et al. Canadian Family Physician 2014.

Common responses to injury



Etzel, E. F., Ferrante, A. P., & Pinkney, J. W. (Eds.). (1996). Counseling college student-athletes: Issues and interventions.



Minimizing Symptoms

Usually not
on purpose

Automatic
reply to
“How are
you?”

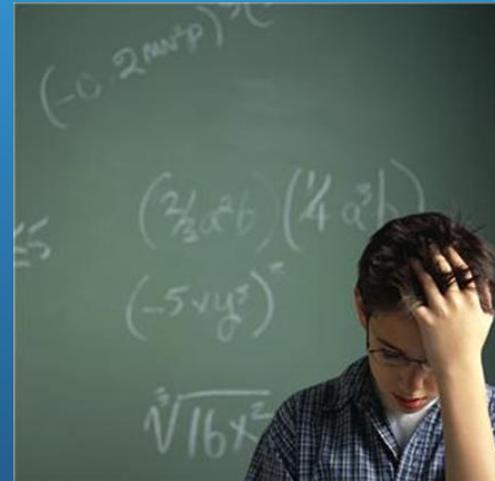
Gauge
injuries by
an athlete’s
standard

When activities requiring cognitive exertion are resumed too soon following concussion symptoms may be exacerbated and ultimately recovery can be prolonged.



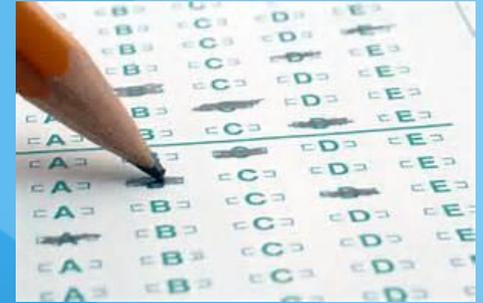
Common Concussion Symptoms

- Impaired concentration/memory
- Headaches
- Nausea
- Sensitivity to light/sound
- Slowed information processing
- Irritability
- Anxiety



McCrory P, Meeuwisse WH, Aubry M, Cantu B, Dvorak J, Echemendia RJ, et al. 2012. Br J Sports Med 2013.

Demands of Academics



- May have exams/papers due in coming days.
- Student-athletes are often high achieving academically and have high standards for themselves.
- Concerned about further missing class and perceptions of instructors.
- Used to “doing what it takes.”
- **Stress can exacerbate concussion symptoms and can prolong recovery.**

Feelings of Isolation from Team/ “Family”

- Letting team down.
- Loss of role/identity.
- Can result in feelings of sadness and anxiety that impact academics.



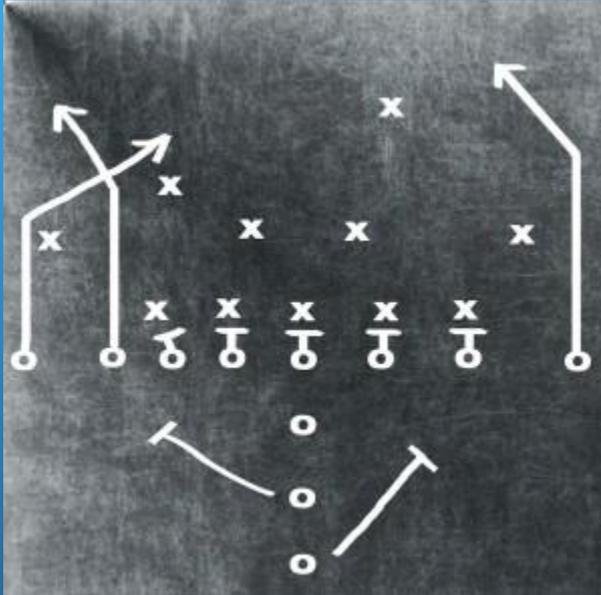
Difficulty Complying with Rest

- “From 100 mph” to complete



- May try to exercise/do homework to mitigate falling behind.
- Loss of coping mechanism of staying busy = emergence of previously ignored emotional issues.

What's our strategy?



Addressing Minimizing of Symptoms

- Acknowledge the *mind-set* of the student-athlete and explain the *mental shift* that must occur to maximize recovery from concussion.
- Discuss impairments that may not be considered symptoms by the student-athlete.
- Provide opportunity for **follow-up** once academics are resumed.



Identification of Academic Accommodations

“Stay below symptom threshold.”

- Consideration for absences
- Shorter school day/focus on core classes
- Deferral of exams
- Extensions on assignment due dates
- Note taker
- Sunglasses in class
- Extra time for exams



Baker J, Rieger B, Willer B, et al. International Journal Of Clinical Practice. 2014.

“Teachers need clear guidelines/timelines related to classwork/homework expectations.



Written guidelines are imperative - parents sometimes misinterpret physician’s recommendations. Written guidelines can then be disseminated to teachers accordingly.”

Rand Van Dyke, Santa Rosa City Schools

Physician Letter to School

To Whom It May Concern:

Patient Name: _____ DOB: _____

INJURY STATUS	Date of Concussion Diagnosis by MD/DO: _____
Has been diagnosed by a MD/DO with a concussion and is currently under our care.	
___ Medical follow-up evaluation is scheduled for (date): _____	
___ Was evaluated and did not have a concussion injury. There are no limitations on school and physical activity.	

ACADEMIC ACTIVITY STATUS (Please mark all that apply)
___ This student is not to return to school.
___ This student may begin a return to school based on successful progression through the CIF Concussion Return to Learn Protocol . This student requires the necessary school accommodations set forth on the Physician (MD/DO) Recommended School Accommodations Following Concussion form.
___ This student is no longer experiencing any signs or symptoms of concussion and may be released to full academic participation.
<u>Comments:</u> _____
PHYSICAL ACTIVITY STATUS (Please mark all that apply)
___ This student is not to participate in physical activity of any kind.
___ This student is not to participate in recess or other physical activities except for untimed, voluntary walking.
___ This student may begin a graduated return to play progression (see CIF Concussion RTP Protocol form).
___ This student has medical clearance for unrestricted athletic participation (Has completed the CIF Concussion RTP Protocol).
<u>Comments:</u> _____

Physician (MD/DO) Signature: _____ Exam Date: _____

Physician Stamp and Contact Info:

Parent/Guardian Acknowledgement Signature: _____ Date: _____

Physician (MD/DO) Recommended School Accommodations Following Concussion

Patient Name: _____ Date: _____
 I, _____, give permission for my physician to share the following information with my child's school and for communication to occur between the school and my physician for changes to this plan. Parent Signature: _____

Physician Name and Contact Information: _____ Physician Signature: _____
 The patient will be reevaluated for revision of these recommendations in _____ weeks. Date: _____

This patient has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the patient from school today due to the medical appointment. Flexibility and additional supports are needed during recovery. The following are suggestions for academic adjustments to be individualized for the student as deemed appropriate in the school setting. Adjustments can be modified as the student's symptoms improve/worsen. Please see the CIF Return to Learn Protocol for more information (cifstate.org).

Area	Requested Modifications	Comments/Clarifications
Attendance	<input type="checkbox"/> No School	
	<input type="checkbox"/> Partial School day as tolerated by student – emphasis on core subject work	
	<u>Encouraged Classes:</u> _____ <u>Discouraged Classes:</u> _____	
	<input type="checkbox"/> Full School day as tolerated by student	
Breaks	<input type="checkbox"/> Water bottle in class/snack every 3-4 hours	
	<input type="checkbox"/> If symptoms appear/ worsen during class, allow student to go to quiet area or nurse's office; if no improvement after 30 minutes allow dismissal to home	
	<input type="checkbox"/> <u>Mandatory Breaks:</u> _____ <input type="checkbox"/> Allow breaks during day as deemed necessary by student or teachers/school personnel	
Visual Stimulus	<input type="checkbox"/> Enlarged print (18 font) copies of textbook material / assignments	
	<input type="checkbox"/> Pre-printed notes (18 font) or note taker for class material	
	<input type="checkbox"/> Limited computer, TV screen, bright screen use	
	<input type="checkbox"/> Allow handwritten assignments (as opposed to typed on a computer)	
	<input type="checkbox"/> Allow student to wear sunglasses/hat in school; seat student away from windows and bright lights	
	<input type="checkbox"/> Reduce brightness on monitors/screens <input type="checkbox"/> Change classroom seating to front of room as necessary	
Auditory Stimulus	<input type="checkbox"/> Avoid loud classroom activities	
	<input type="checkbox"/> Lunch in a quiet place with a friend	
	<input type="checkbox"/> Avoid loud classes/places (i.e. music, band, choir, shop class, gym and cafeteria)	
	<input type="checkbox"/> Allow student to wear earplugs as needed	
	<input type="checkbox"/> Allow class transitions before the bell	
School Work	<input type="checkbox"/> Simplify tasks (i.e. 3 step instructions)	
	<input type="checkbox"/> Short breaks (5 minutes) between tasks	
	<input type="checkbox"/> Reduce overall amount of in-class work	
	<input type="checkbox"/> Prorate workload (only core or important tasks) /eliminate non-essential work	
	<input type="checkbox"/> No homework	
	<input type="checkbox"/> Reduce amount of nightly homework _____ minutes per class; _____ minutes maximum per night; take a break every _____ minutes	
	<input type="checkbox"/> Will attempt homework, but will stop if symptoms occur	
	<input type="checkbox"/> Extra tutoring/assistance requested <input type="checkbox"/> May begin make-up of essential work	
Testing	<input type="checkbox"/> No Testing	
	<input type="checkbox"/> Additional time for testing/ untimed testing	
	<input type="checkbox"/> Alternative Testing methods: oral delivery of questions, oral response or scribe	
	<input type="checkbox"/> No more than one test a day <input type="checkbox"/> No Standardized Testing	
Educational Plan	<input type="checkbox"/> Student is in need of a 504 Plan and/or IEP (if prolonged symptoms are interfering with academic performance)	
Physical Activity	<input type="checkbox"/> No physical exertion/athletics/gym/recess	
	<input type="checkbox"/> Walking in PE class/recess only	
	<input type="checkbox"/> May begin graduated return to play protocol; see CIF Return to Play (RTP) protocol (cifstate.org)	

CIF Concussion Return to Learn (RTL) Protocol

Instructions:

- Keep brain activity below the level that causes worsening of symptoms (e.g., headache, tiredness, irritability).
- If symptoms worsen at any stage, stop activity and rest.
- Seek further medical attention if your child continues with symptoms beyond 7 days.
- If appropriate time is allowed to ensure complete brain recovery before returning to mental activity, your child may have a better outcome than if he or she tries to rush through these guidelines.
- Please give this form to teachers/school administrators to help them understand your child's recovery.

Stage	Home Activity	School Activity	Physical Activity
Brain Rest	<ul style="list-style-type: none"> • Rest quietly, nap and sleep as much as needed. • Avoid bright light if bothersome. • Drink plenty of fluids and eat healthy foods every 3-4 hours. • Avoid "screen time" (text, computer, cell phone, TV, video games). 	<ul style="list-style-type: none"> • No school. • No homework or take-home tests. • Avoid reading and studying. 	<ul style="list-style-type: none"> • Walking short distances to get around is okay. • No exercise of any kind. • No driving.
	<p><i>This step usually ends 3-5 days after injury. Progress to the next stage when your child starts to improve, but s/he may still have some symptoms.</i></p>		
Restful Home Activity	<ul style="list-style-type: none"> • Set a regular bedtime/wake up schedule. • Allow at least 8-10 hours of sleep and naps if needed. • Drink lots of fluids and eat healthy foods every 3-4 hours. • Limit "screen time" to less than 30 minutes a day. 	<ul style="list-style-type: none"> • No school. • May begin easy tasks at home (drawing, baking, cooking). • Soft music and 'books on tape' ok. • Once your child can complete 60-90 minutes of light mental activity without a worsening of symptoms he/she may go to the next step. 	<ul style="list-style-type: none"> • Light physical activity, like walking. • No strenuous physical activity or contact sports. • No driving.
	<p><i>Progress to the next stage when your child starts to improve and s/he has fewer symptoms.</i></p>		
Return to School - PARTIAL DAY	<ul style="list-style-type: none"> • Allow 8-10 hours of sleep per night. • Avoid napping. • Drink lots of fluids and eat healthy foods every 3-4 hours. • "Screen time" less than 1 hour a day. • Spend limited social time with friends outside of school. 	<ul style="list-style-type: none"> • Gradually return to school. • Start with a few hours/half-day. • Take breaks in the nurse's office or a quiet room every 2 hours or as needed. • Avoid loud areas (music, band, choir, shop class, locker room, cafeteria, loud hallway and gym). • Use sunglasses/earplugs as needed. Sit in front of class. • Use preprinted large font (18) class notes. • Complete necessary assignments only. • No tests or quizzes. • Limit homework time. • Multiple choice or verbal assignments better than lots of long writing. • Tutoring or help as needed. • Stop work if symptoms increase. 	<ul style="list-style-type: none"> • Light physical activity, like walking, and as instructed by physician. • No strenuous physical activity or contact sports. • No driving.
	<p><i>Progress to the next stage when your child can complete the above activities without symptoms.</i></p>		
Return to School - FULL DAY	<ul style="list-style-type: none"> • Allow 8-10 hours of sleep per night. • Avoid napping. • Drink lots of fluids and eat healthy foods every 3-4 hours. • "Screen time" less than 1 hour a day. • Spend limited social time with friends outside of school. 	<ul style="list-style-type: none"> • Progress to attending core classes for full days of school. • Add in electives when tolerated. • No more than 1 test or quiz per day. • Give extra time or unlimited homework/tests. • Tutoring or help as needed. • Stop work if symptoms increase. 	<ul style="list-style-type: none"> • Light physical activity, like walking, and as instructed by physician. • No strenuous physical activity or contact sports. • No driving.
	<p><i>Progress to the next stage when your child has returned to full school and is able to complete all assignments/tests without symptoms.</i></p>		
Full Recovery	<ul style="list-style-type: none"> • Return to normal home and social activities. 	<ul style="list-style-type: none"> • Return to normal school schedule and course load. 	<ul style="list-style-type: none"> • Must complete Graduated Return to Play (RTP) Protocol before returning to strenuous physical activity or contact sports. • See CIF RTP Protocol.

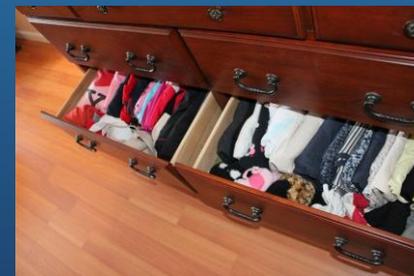
** Guidelines adapted from Cincinnati Children's Hospital Return to Learn Protocol

CIFSTATE.ORG

Revised, 03/2016 CIF

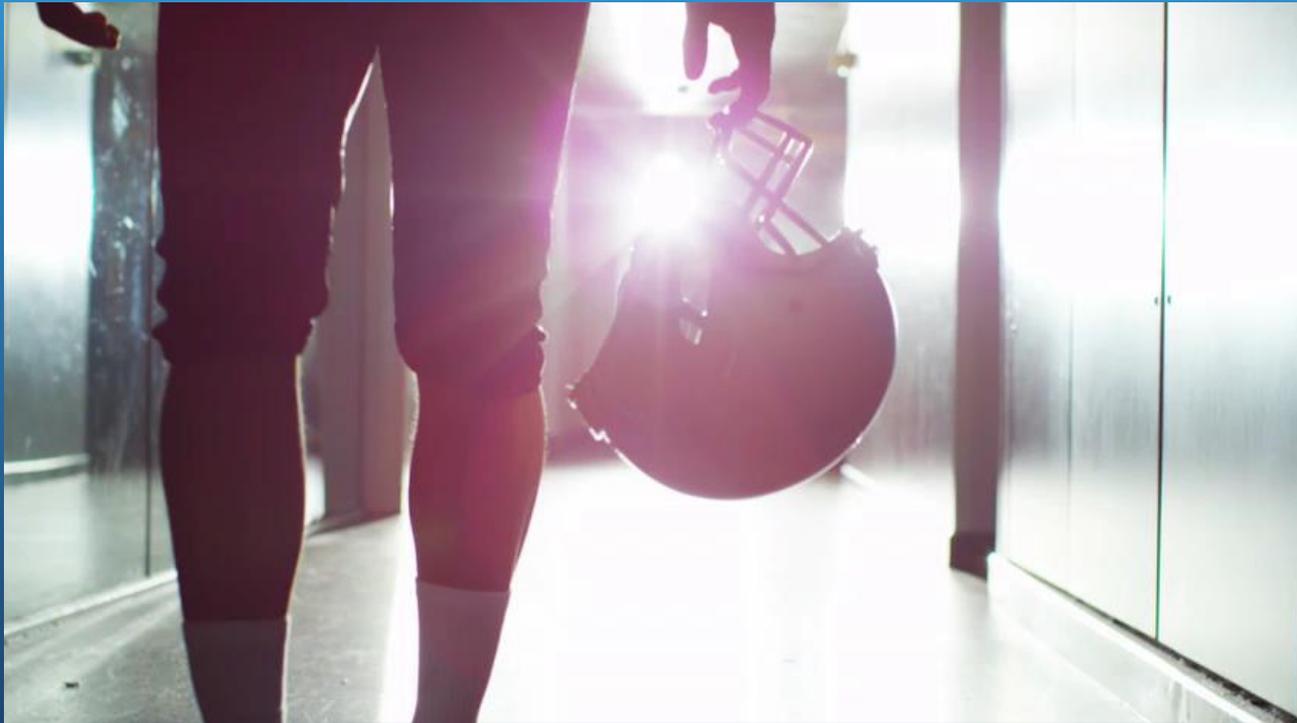
Addressing Difficulty with Compliance with Rest

- Suggest concrete ways to participate in their medical care/recovery.
 - Maintaining good nutrition.
 - Symptom self-assessment/monitoring.
 - Participation in ADL's that do not increase symptoms.
- Provide guidance on when cognitive/physical activities can be resumed as they recover.



“I couldn’t remember how I got home after practice, or what had just happened in class. I felt like I was going crazy.”

“Why was I yelling at my teammates? That just wasn’t like me.”



Recommendations for emotional support should concussion symptoms persist and impact student-athlete's mood/daily activities.





Summary

- Incorporate team approach.
- Promote rest, especially during initial days following injury.
- Consider culture of sport.
- Advise to stay below symptoms threshold.
- Encourage academic accommodations.
- Be alert for emotional issues that can arise.
- Provide opportunities for follow-up.

Thank you!

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