

Safe Return to Classroom

Return to school after a concussion is a case-based process that should be tailored for each student. Most athletes will experience complete cognitive recovery within approximately 1 to 3 weeks of injury. These recommendations then are intended for short-term usage to maximize recovery.

The general goals of holding a student out of class, or modifying that student's work in class, are intended to prevent concussion symptoms from worsening and to hasten full cognitive recovery. The concentration and memory required in a classroom setting, as well as the noise and activity level, can prolong symptoms of concussion and may make a student more likely to suffer from post-concussive syndrome. Also, if a student with a concussion takes a test, he/she may not achieve the same level of competency as would occur with normal cognitive function.

Return to school should be done as safely and as early as possible in order to help re-incorporate the student back into full class participation and lessen the adverse impact of getting "too far behind" in his/her studies. Modification of class work or absence from the class room should always be done in an environment where the physician, parents, coach, athletic trainer and teachers are in good communication.

RETURN-TO-LEARN SAFE PROGRESSION

General steps to provide a safe return to the classroom:

1. Identify concussion and remove athlete from play or practice.
2. Assess initial severity with sideline evaluation and KSCP Score Cards #1 and #2.
3. If experiencing trouble with basic functions, hold student athlete out of school for a brief period of time and re-assess in 1-2 days to monitor for improvement in symptoms.
4. If daily functions are only minimally difficult, assess whether student has any difficulty with specific functions such as reading, watching TV, listening to music, etc. If any mental activities cause an increase in concussion symptoms, consider a brief absence from school or modify class work.
5. Develop a return to school progression plan individualized for each student. Ideally, this should be developed through an inter-professional team, including the student, parents, teachers, school nurse and physician.

Consider this continuum of options for holding a student from school and modifying class work:

- > Student may not attend class and should not work on homework assignments, reading projects, etc.
- > > Student may not attend class, but can complete some homework assignments from home.
- > > > Have the student start attending at least some classes. Options while student has not achieved 100% cognitive recovery could include:
 - Partial attendance for classes. Some classes may require more concentration and therefore worsen symptoms more than other classes.
 - Allow the student to attend class, but postpone tests, quizzes, papers, etc. until cognitive function has improved.
 - Give the student an extended period of time to complete quizzes, tests, papers, etc.
- > > > Gradually increase school participation and independence as tolerated by the student. Goal is to re-achieve full return to school without modification.

Considerations once the student has returned to the classroom:

- If any class modification or absence from school is occurring, frequently re-assess to determine ability to continue attending school.
- Re-introduce class work as student's symptoms decrease. This may be done in a step-wise progression if necessary (according to options above.) Each step may not always be necessary, depending on the student's recovery from concussion. While the student's health is the top priority, return to school should be completed as efficiently as possible in order to minimize missed class work.
- Once student has returned to class work, select a contact person for the student to notify if any participation has worsened symptoms. If symptoms worsen, decrease class participation back to an asymptomatic level.
- If cognitive difficulty with school participation continues longer than 3-4 weeks, the student will likely need a more formal and comprehensive plan for a safe return to learning. The need for this type of prolonged accommodation is rare.

REMEMBER: Only consider starting a return to play progression once the student is fully participating in school again without symptoms.

Other Resources >

Kansas Law: www.kslegislature.org/li/b2011_12/year1/measures/hb2182/

KSHSAA Guidelines: www.kshsaa.org/Public/General/ConcussionGuidelines.cfm

Centers for Disease Control and Prevention: www.cdc.gov/concussion/HeadsUp/youth.html

Kansas Sports Concussion Partnership: www.kansasconcussion.org

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