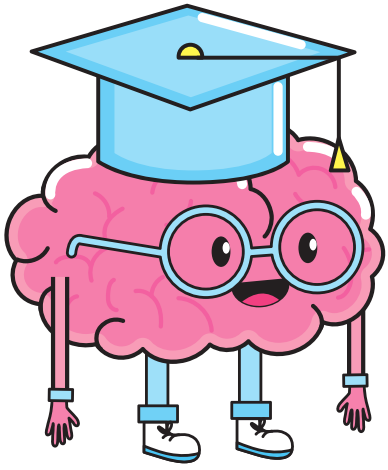
SECTION 5

RETURNING TO SCHOOL



Brain Links

https://www.tndisability.org/brain

@BrainLinksTN

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0051-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

Returning to School

CDC Return to School Letter

Returning to school after a concussion.

Symptom Tracker

Track symptoms, pain level changes, what provokes and what helps.
Good information to take back to the healthcare provider.

See also the When Concussion Symptoms Are Not Going Away for parents of children 5 and under and school-aged children in the Fact Sheet section for info on the TN Early Intervention System (TEIS) and the special education program in schools.

When Concussion Symptoms Are Not Going Away - Choose an age-appropriate version. This will alert you on what to look for over time and will help them know how to work with the school/workplace if problems persist.

- **A Guide For Parents of Children Five and Under, English & Español**
- **A Guide For Parents of School-Aged Children, English & Español**

NOTE: TEIS is considering expanding the age range of children served from 0- 3 years old to 0-4 years old. **Consult with TEIS or your school for more information on services.**

504/IEP Accommodations and Modifications in the Classroom for a Student with a Traumatic Brain Injury

From the Center on Brain Injury Research and Training (CBIRT).

Tennessee Return to Learn/Return to Play: Concussion Management Guidelines

Tennessee Department of Health

TACT – Teacher Acute Concussion Tool is available at no cost to ALL TN educators in ANY TN educational system (public & private)

TACT requires no advanced training, is 100% web-based and aligns with the 2020 TN Department of Health Return to Learn/Return to Play: Concussion Management Guidelines.

- Follow this link to learn more about TACT, Concussions and COVID.
- Follow this link to access TACT.

Building Blocks of Brain Development

From the Colorado Department of Education.

TN STEP: Support and Training for Exceptional Parents

Provides information and training related to special education rights, equal access to quality education, and connections to community resources.

- **STEP Manual (Support and Training for Exceptional Parents):** Contains sample letters in section 3. **Parent Manual July 9 2021 (tnstep.org)**

TN Pre-Employment Transition Services

(Pre-ETS) is a collaboration between high schools and Vocational Rehabilitation (VR). For ages 14-22, they help students transition from school to work. The Pre-ETS Program provides transition services for youth with disabilities who are between the ages of 14-22 and who are still in school.

- The purpose of the program is to help prepare students for the transition from high school to a post-secondary career path which could include post-secondary education, training or employment. Follow this link for more Information
- **Transition from School to Work**

College Living Experience

(CLE) "CLE students pursue their academic program or career of interest while also receiving services across the domains of independent living and social skill development."

SCHOOL LETTER

Returning to School After a Concussion

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

DEAR SCHOOL STAFF:

This letter offers input from a healthcare provider with experience in treating concussion, a type of traumatic brain injury. This letter was created to help school professionals and parents support students returning to school after a concussion. You can use these recommendations to make decisions about support for your student based on his or her specific needs. This letter is not intended to create a 504 Plan or an IEP unless school professionals determine that one is needed. Most students will only need short-term support as they recover from a concussion. A strong relationship between the healthcare provider, the school, and the parents will help your student recover and return to school.

_____ was seen for a concussion on _____
Student Name Date

in _____ office or clinic.
Healthcare Provider's Name

The student is currently reporting the following symptoms:

PHYSICAL

- ☐ Bothered by light or noise
- ☐ Dizziness or balance problems
- ☐ Feeling tired, no energy
- ☐ Headaches
- ☐ Nausea or vomiting
- ☐ Vision problems

THINKING OR REMEMBERING

- ☐ Attention or concentration problems
- ☐ Feeling slowed down
- ☐ Foggy or groggy
- ☐ Problems with short- or long-term memory
- ☐ Trouble thinking clearly

SOCIAL OR EMOTIONAL

- ☐ Anxiety or nervousness
- ☐ Irritability or easily angered
- ☐ Feeling more emotional
- ☐ Sadness

SLEEP

- ☐ Sleeping less than usual
- ☐ Sleeping more than usual
- ☐ Trouble falling asleep

The student also reported these symptoms:

_____

_____

_____

RETURNING TO SCHOOL

Based on the student's current symptoms, I recommend that the student:

☐ Be permitted to return to school and activities while school professionals closely monitor the student. School professionals should observe and check in with the student for the first two weeks, and note if symptoms worsen. If symptoms do not worsen during an activity, then this activity is OK for the student. If symptoms worsen, the student should cut back on time spent engaging in that activity, and may need some short-term support at school. Tell the student to update his or her teachers and school counselor if symptoms worsen.

☐ Is excused from school for _____ days.

☐ Return to school with the following changes until his or her symptoms improve.

(**NOTE:** Making short-term changes to a student's daily school activities can help him or her return to a regular routine more quickly. As the student begins to feel better, you can slowly remove these changes.)

Based on the student's symptoms, please make the short-term changes checked below:

- ☐ No physical activity during recess
- ☐ No physical education (PE) class
- ☐ No after school sports
- ☐ Shorten school day
- ☐ Later school start time
- ☐ Reduce the amount of homework
- ☐ Postpone classroom tests or standardized testing
- ☐ Provide extended time to complete school work, homework, or take tests
- ☐ Provide written notes for school lessons and assignments (when possible)
- ☐ Allow for a quiet place to take rest breaks throughout the day
- ☐ Lessen the amount of screen time for the student, such as on computers, tablets, etc.
- ☐ Give ibuprofen or acetaminophen to help with headaches (as needed)
- ☐ Allow the student to wear sunglasses, earplugs, or headphones if bothered by light or noise
- ☐ **Other:** _____

Most children with a concussion feel better within a couple of weeks. However, for some, symptoms can last for a month or longer. **If there are any symptoms that concern you, or are getting worse, notify the student's parents that the student should be seen by a healthcare provider as soon as possible.**

For information on helping students return to school safely after a concussion, visit **www.cdc.gov/HEADSUP**.

Healthcare Provider's Name (printed)	Healthcare Provider's Signature	Date

For additional questions, you may reach me at: _____

Brain Links

SYMPTOM TRACKER

Date	Time	Symptoms + Intensity 1-10 *(Ex. Headache and intensity rating 0-10)*		Conditions *(Ex. Group activity, lots of noise)*	What Was Done *(Ex: head down, headphones on)*	Outcome + Intensity 1-10 *(Ex: head down, headphones on)*	

ACL Administration for Community Living

TBI SPP Traumatic Brain Injury State Partnership Program

https://www.tndisability.org/brain

@BrainLinksTN

COALITION

kidcentral tn KIDCENTRALTN.COM

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0024-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

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UNIVERSITY OF OREGON

504/IEP Accommodations & Modifications in the Classroom for a Student with a Traumatic Brain Injury

Student: _____Teacher: _____ Grade: _____ Date: _____ Birth Date: _____

Presenting Concerns: _____

Persons Responsible for Providing Selected Items: _____

Directions: Circle the challenges that affect your child or student. Check the accommodations that may be helpful.

Environment

- Post class rules
- Post daily schedule
- Give preferential seating
- Change to another class
- Change schedule (most difficult in morning)
- Eliminate distractions (visual, auditory & olfactory)
- Modify length of school day
- Provide frequent breaks
- Provide a quiet work place
- Maintain consistent schedule
- Provide system for transition

Transitions

- Specified person to oversee transition between classes or end of day
- Advanced planning for transition between grades/schools
- Modified graduation requirements
- Assistance with identifying post-secondary supports
- Identification of community resources for persons with brain injury

Method of Instruction

- Repeat directions
- Circulate teacher around room
- Provide visual prompts
- Provide immediate feedback
- Point out similarities to previous learning & work
- Use manipulative materials
- Teach to current level of ability (use easier materials)
- Speak clearly
- Pre-teach or reteach
- Use peer tutor or partner
- Use small group instruction
- Use simple sentences
- Use individualized instruction
- Pause frequently
- Use cooperative learning
- Encourage requests for clarification, repetition, etc.
- Use examples relevant to student's life
- Demonstrate & encourage use of technology

Behavioral Needs

- Early interventions for situations that may escalate
- Teach expected behavior
- Increase student academic success rate
- Learn to recognize signs of stress
- Give non-verbal cues to discontinue behavior
- Reinforce positive behavior
- Set goals with student
- Use social opportunities as rewards
- Teach student to use advance organizers at beginning of lesson
- Role play opportunities
- Use proactive behavior management strategies
- Daily/weekly communication with parents
- Modification of non-academic tasks (e.g., lunch or recess)
- Time & place to regroup when upset
- Additional structure in daily routine
- Frequent specific feedback about behavior

Assistive Technology

- Multimedia software
- Electronic organizers
- Shortcuts on computers
- Concept mapping software
- Accessibility options on computer
- Proofreading programs
- Alternative keyboards
- Voice output communication devices and reminders
- Enlarged text or magnifiers
- Recorded text & books
- Specialized calculators
- Picture & symbol supported software
- Talking spell checker & dictionary
- Computer for responding & homework
- Use of communication devices
- Word predicting programs
- iPad/tablet
- Smart Phone

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UNIVERSITY OF OREGON

504/IEP Accommodations & Modifications in the Classroom for a Student with a Traumatic Brain Injury

Memory Deficits

- Monitoring planner (check-off system)
- Written & verbal directions for tasks
- Posted directions
- Frequent review of information
- Strategy for note taking during long reading assignment
- Provide a copy of notes
- Open book or note tests
- Reminders for completing & turning in work
- Repetition of instructions by student to check for comprehension

Visual Spatial Deficits

- Large print materials
- Distraction free work area
- Modified materials (e.g., limit amount of material presented on single page, extraneous picture)
- Graphs & tables provided to student
- Use of math & reading template or guide

Gross Motor/Mobility Difficulties

- Priority in movement (e.g., going first or last)
- Adaptive physical education
- Modified activity level for recess
- Special transportation
- Use of ramps or elevators
- Restroom adaptations
- Early release from class
- Assistance with carrying lunch tray, books, etc.
- Escort between classes
- Alternative evacuation plan
- Simple route finding maps & cues

Attention

- Visual prompts
- Positive reinforcement
- Higher rate of task change
- Verbal prompts to check work

Organizational Skills

- Study guide or timeline
- Daily calendar for assignments & tasks (digital or written)
- Instructions in using a planner or app
- Provide color-coded materials
- High-lighted materials to emphasize important or urgent information

Academic Progress

- Assigned person to monitor student's progress
- Contact person (home & school)
- Weekly progress report (home & school)

Fine Motor Difficulties

- Copy of notes provided
- Oral examinations
- Note-taker for lectures
- Scribe for test taking
- Recorded lectures

Curriculum

- Reduce length of assignments
- Change skill or task
- Modify testing type or setting
- Allow extra time
- Teach study skills
- Teach sequencing skills
- Teach memory strategies
- Write assignments in daily log
- Teach peers how to be helpful

Fatigue

- Reduced schedule
- Planned rest breaks
- Schedule arranged for high cognitive demand tasks to be followed by less stressful coursework

Processing Delays

- Complex direction broken into steps
- Repetition of pertinent information
- Cueing student to question prior to asking
- Use of precise language

Other Considerations

Home/School Relations

- School counseling
- Scripts about the injury & hospitalization
- Schedule regular meetings for all staff to review progress & maintain consistency
- Schedule parent conferences every _____
- Parent visits/contact
- Home visits

Disability Awareness

- Explain disabilities to other students
- Teach peers how to be helpful
- Training for school staff

This checklist serves as a starting point for identifying student needs and developing appropriate accommodations. Because rapid changes take place after a brain injury, the plan must be frequently reviewed and updated to meet the changing needs of the student. Be sure to review and change the plan as frequently as needed.

Return to Learn/Return to Play: Concussion Management Guidelines

Tennessee Department of Health | August 2020

Acknowledgments

June, 2017: Rev. Nov, 2019: Aug, 2020

This document is a compilation of concussion management material produced by the states of Colorado and Nebraska and has been adapted with permission for use by the Tennessee Department of Health.

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This document can be viewed online at https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi/resources.html

Tennessee Department of Health Authorization Number 343602. This public document was promulgated at a cost of $0.00 per copy.
0 copies 08-2020

Table of Contents

What is a Concussion?

Concussion/TBI

A concussion is a type of traumatic brain injury, or TBI, is caused by a bump, blow or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating changes in the brain, and sometimes stretching and damaging the brain cells (CDC, 2015).

Aside from the elderly, children and adolescents are among those at greatest risk for concussion. The potential for a concussion in young people is greatest during activities where collisions can occur, such as during physical education class, playground time or sports activities. However, concussions can happen any time a student's head comes into contact forcefully with a hard object, such as a floor, desk or another student's head or body. Proper recognition and response to concussion can prevent further injury and help with recovery (CDC, 2015).

Medical providers may describe a concussion as a "mild" brain injury because concussions are usually not life-threatening. Even so, the effects of a concussion can be serious (CDC, 2015).

Traumatic brain injury is a serious public health problem in the United States. Each year, traumatic brain injuries contribute to a substantial number of deaths and cases of permanent disability. In 2014, 2.5 million TBIs occurred either as an isolated injury or along with other injuries (CDC, 2015).

Why are Concussions a Big Deal?

A concussion can occur from an impact to the body or the head. The most common cause of a concussion is a whiplash type injury, involving a rapid acceleration of the head.

Most concussions (90 percent) occur without loss of consciousness. Concussions can occur in any sport or during regular daily activities.

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 (CDC, 2013).

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

After a concussion, among other effects, nerve cells and connections within the brain become stressed, resulting in the possible 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, at school or at work. Concussions can have an impact on the student's ability to learn in the classroom. Tracking symptoms tells a big part of the story during recovery.

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

As the chemistry of the brain returns to normal, the symptoms begin to subside and for most people, they resolve within one to four weeks. During the recovery period, monitor students for full resolution of symptoms and refer for further evaluation or treatment if needed.

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

Second Impact Syndrome may occur when a brain already injured takes another blow or hit before the brain recovers from the first, usually within a short period of time (hours, days or weeks). A repeat concussion can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage and even death (CDC, 2013).

(Adapted from Return to Learn, 2014)

Signs and Symptoms of Concussions

The signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or a few days after the injury. Be alert for any of the following signs or symptoms. Also, watch for changes in how the student is acting or feeling, if symptoms are getting worse or if the student just "doesn't feel right" (CDC, 2015).

Signs Reported by the Student:

Emotional:

- Irritability
- Sadness
- More emotional than usual
- Nervousness

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Numbness or tingling
- Does not "feel right"

Signs observed by staff:

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump or fall
- Can't recall events after the hit, bump or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

Cognitive:

- Difficulty thinking clearly
- Difficulty remembering or concentrating
- Feeling slowed down
- Feeling sluggish, hazy or foggy

Sleep:

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep (Only ask sleep symptoms if injury occurred prior to date reported)

Danger Signs:

Be alert for symptoms that worsen over time. A student should be seen in the emergency department right away if s/he has:

- **One pupil that is larger than the other**
- **Drowsiness or cannot be awakened**
- **A headache that gets worse and does not go away**
- **Weakness, numbness or decreased coordination**
- **Repeated vomiting**
- **Slurred speech**
- **Seizures**
- **Difficulty recognizing people or places**
- **Increased confusion, restlessness or agitation**
- **Unusual behavior**
- **Loss of consciousness**

Prevention

A concussion is a traumatic brain injury that can be prevented in many cases. Being an active participant in sports and engaging in physical activity does place student-athletes at higher risk for injury; however, there are preventive measures that schools can take. This section is intended to remind school districts about the importance of prevention. Schools should:

- Conduct periodic safety reviews of common play/sporting areas
- Provide appropriate and adequate staffing for sporting events and recess
- Provide appropriate access to protective gear (helmets, mouth guards)
- Provide appropriate fitting of protective gear
- Design guidelines and enforcement of appropriate and fair rules and techniques (CDE, 2014)

Design, Implement and Review a school-wide "concussion action plan" for all school staff and faculty. Know what to do BEFORE a student/athlete has an injury.

Implement Safe Stars Initiative

The Safe Stars initiative recognizes youth sports leagues throughout Tennessee for providing the highest level of safety for their youth athletes. Safe Stars consists of three levels: gold, silver and bronze, and involves implementation of policies around topics such as concussion education, weather safety and injury prevention.

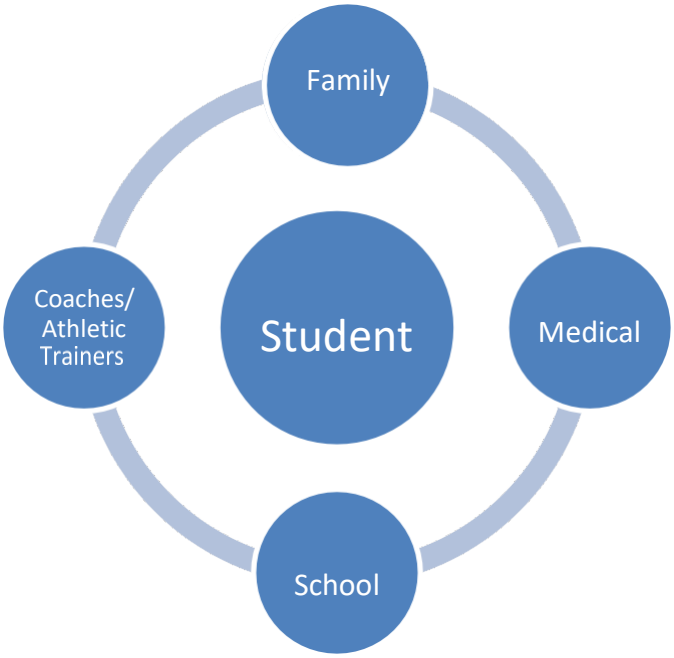
Safe Stars' goal is to provide resources and opportunities for every youth sports league to enhance their safety standards. The criteria for achieving recognition as a Safe Stars league has been developed by a committee of health professionals dedicated to reducing sports-related injuries among youth.

To learn more please visit:
www.tn.gov/health/health-program-areas/fhw/vipp/safe-stars-initiative.html.

Concussion Management Team

Once a concussion has been diagnosed by a health care professional, managing the concussion is best accomplished by creating a support system for the student. Communication and collaboration among parents, school personnel, coaches, athletic trainers and health care providers is essential for the recovery process. This support system oversees the return to academics and return to play process. A medical release signed by the parents allows for two-way communication between the school personnel and the health care provider (McAvoy, 2012, Return to Learn, 2014).

A collaborative approach with the student as the focus!



Each school district creates a concussion management policy that incorporates:

- Knowledge about concussions as a mild traumatic brain injury
- Training for all coaches, athletes, parents and school staff members about concussion management
- A Concussion Management Team with a designated Concussion Management Team Point Person
    - The Concussion Management Point Person may be the school nurse, the 504 designee, a guidance counselor or an administrator. Choose the individual that works best for your school's situation.

The Concussion Management Team

Members may include:

Physicians

Neuropsychologists

Physician Assistant

Parents

School Administrator or Designee

Athletic Director

Athletic Trainer

Coach

Teacher

Speech Language Pathologist

Nurse Practitioner

School Nurse

School Psychologist

School Counselor

Occupational Therapist

Physical Therapist

Student-Athlete

(Return to Play, 2014)

The Concussion Management Process

This is an example of the concussion management process that includes best practice components for all students.

Student Sustains a Concussion	• Remove from physical activity (P.E., recess, athletics, etc.) • Notify parents
Concussion Management Team Point Person is Notified	• CMT Point Person will notify the student's teachers, counselor, school nurse, parent/ guardian, coach, athletic trainer
CMT Records Collection	• The CMT will collect pertinent information regarding student's recovery (symptom checklist, school accommodations, medical release forms, etc.) • The CMT Point Person should maintain all records collected • The CMT Point Person is responsible for maintaining communication with parents, school nurse and health care providers
Return to Learn	• The student's academic accommodations will decrease as the symptoms begin to resolve
Symptom Free	• Record collection from CMT indicates the student is symptom-free without medications • Student is no longer requiring academic accommodations in the classroom
Return to Play	• Under guidance of health care provider, athlete may return to play *gradually (graduated RTP guidelines)* • Completion of graduated RTP protocol without return of symptoms is required for full medical clearance

(Adapted from Colorado, 2014)

Returning to School

The student may return to school when symptoms are tolerable and manageable, **as long as the school is making appropriate accommodations for the student**. The school must understand concussions and the necessary academic accommodations in order to facilitate returning students to the learning environment.

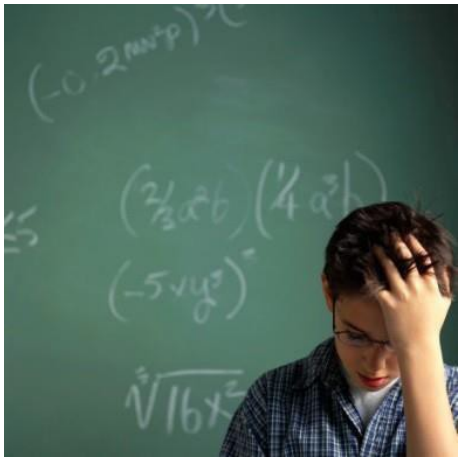
Key points:

- If symptoms prevent the student from concentrating on mental activities for ten minutes or less, complete cognitive rest is required. The student should be kept home from school with limited external stimulation (texting, watching TV, playing video games, etc.) or driving. In some, but not all, cases these stimulating activities may worsen the symptoms of concussion.
- If symptoms allow the student to concentrate on mental activities for up to 20 minutes or less, parents should consider keeping the student home from school, but may allow increased time periods of external stimulation as long as symptoms do not get worse.
- **See Cognitive Activity Monitoring Log in Appendix A**

When the student can tolerate 30 minutes of light mental activity, parents can consider returning him or her to the classroom. Best practices suggest: (a) parents communicate with the school and sign **a medical release of information (See Appendix B)** for the school to communicate with the health care provider, and (b) implement the appropriate academic accommodations provided by the treating health care provider and concussion management team.

Academic Accommodations: See School Accommodations Template in Appendix C

The balance between the student's medical and academic needs should be closely coordinated between school personnel and the health care provider. Each concussed student can have different symptoms, a different level of severity and a different recovery. Academic accommodations should be tailored to the specific needs of the individual student (McAvoy, 2014). Certain symptoms lend themselves to certain interventions. Especially in the acute phase of the concussion (one-four weeks), interventions should be applied generously in the classroom setting. Symptoms may be worse in some classes than in others. Teachers are encouraged to apply any intervention that is needed for the student based on the symptoms (McAvoy, 2015).



Classroom Strategies for Concussion Recovery

Symptom	School Setting Adjustment
Headache	• Frequent breaks • Reduce exposure to specific aggravators: bright lights/computer work/noisy environment • Rest periods if needed in nurse's office or quiet environment
Dizziness	• Allow student to put head down on desk • Give student early dismissal from class to avoid crowed hallways
Visual Problems: Light Sensitivity, Double Vision, Blurry Vision	• Reduce exposure to computers, light boards, videos • Reduce brightness on screens • Allow student to wear hat/sunglasses • Consider use of audio books • Turn off fluorescent lights • Seat student closer to the center of the classroom (blurry vision) • Have school nurse cover one eye with a patch for students with double vision
Noise Sensitivity	• Allow student to have lunch in a quiet area with one classmate • Limit/avoid band, choir, shop classes • Consider use of ear plugs • Allow early dismissal from class to avoid noisy hallways • Avoid noisy gyms/sporting events
Difficulty Concentrating or Remembering	• Avoid testing or completing major projects during recovery • Allow extra time to complete non-standardized tests • Postpone standardized testing • Consider one test per day during exams • Consider use of notes, a note taker or reader for oral testing
Sleep Disturbance	• Allow for late start or short day to catch up on sleep • Allow rest breaks in a quiet area

Adapted from: Halstead, M.E., McAvoy, K., Devore, C.D., Carl, R., Lee, M., Logan, K. (2013). Return to learning following a concussion. American Academy of Pediatrics. 132: 5, 948-957.doi:10.1542/peds.2013-2867

Symptoms Checklist

In most cases, symptoms may be the primary way to know when and how a concussion is getting better. Since the report of symptoms can be quite subjective, it is helpful to use a rating scale. The rating scale can act as a common language for everyone involved in managing the concussion. Most concussion management programs utilize a symptom scale with a 0 to 6 rating scale (0 = not present; 6 = most severe).

Name:_____ Date:_____

Date of Injury:_____

Symptom	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
Nausea	0	1	2	3	4	5	6
Vomiting	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Fatigue	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Sleeping more than usual	0	1	2	3	4	5	6
Sleeping less than usual	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Sensitive to light	0	1	2	3	4	5	6
Sensitive to noise	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous/Anxious	0	1	2	3	4	5	6
Feeling more emotional	0	1	2	3	4	5	6
Numbness or tingling	0	1	2	3	4	5	6
Feeling like in a fog	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Visual problems	0	1	2	3	4	5	6
Total Symptoms Score							

The Graded Symptoms Checklist is recommended by the National Athletic Trainers Association (Casa et al., 2012). The 0 to 6 symptoms scale is commonly used by various tests: ImPACT and SCAT3.

(Adapted from Colorado, 2014)

When and How to Write a 504 Plan

Typically, 90 percent of kids with concussions will recover within four weeks of their injuries**.** If a student has not resolved from a concussion within the typical three to four week time frame, it may be prudent to begin to look at a more "targeted" approach. (McAvoy and Eagan, 2015). If a 504 Plan is indicated, the 504 designee (CMT Point Person) at the school should set up a meeting with all the necessary members of the concussion management team (teachers, parents, counselors, administrators, school nurse, etc.). When writing a 504 Plan, one must identify what the most problematic symptoms are which will let you know which interventions to use in your plan. There are certain conditions or "modifiers" of concussion that we know may prolong the recovery process. Those modifiers are:

- A history of migraine headache or family history of migraines
- A pre-existing headache disorder
- ADHD
- A history of previous concussions
- Learning disability
- A history of anxiety and depression
- Sleep disorder

Be specific in the writing you 504 Plan. Do not write a plan "for concussion"; use the phrasing, "Section 504 Plan for X (specified symptom) secondary to concussion.

Examples:

Section 504 Plan for Headaches secondary to a concussion	• Head down on the desk in classroom • Pass to leave room to visit nurse • Able to take medications in school clinic
Section 504 Plan for Slowed Processing Speed secondary to a concussion	**Appropriate Interventions**: • Extended time on in-class assignments • Extended time on tests
Section 504 Plan for Convergence Insufficiency secondary to a concussion (MacAvoy & Eagan Brown, 2015)	**Appropriate Interventions**: • Teacher or peer notes printed out • In-class and homework on paper instead of computer screens whenever possible • Books on tape

There should also be an overall medical and education plan addressing the following questions:

- How long do we expect the symptoms to linger?
- Is the student still being treated for his/her concussion/symptoms?
- Do we expect the student to fully recover?
- What are the medical interventions being used?
- What side effect should we expect?

Remember:

- Only a small percentage of students with a concussion will need a 504 Plan.
- A Release of Medical Information Form will be needed for the school to communicate with the medical provider (Appendix B).
- When the Concussion Management Team works together to identify the underlying cause(s) for the prolonged recovery, addresses those areas, supports the student with academic accommodations, monitors the progress and adjusts the plan as needed, full recovery is possible (McAvoy and Eagan- Brown, 2015.

Return to Play

Tennessee Sports Concussion Law

In April 2013, Tennessee became the 44th state to pass a sport concussion law designed to reduce youth sports concussions and increase awareness of traumatic brain injury.

The legislation, Public Chapter 148, has three key components:

- ☐ To inform and educate coaches, youth athletes and their parents and require them to sign a concussion information form before competing.
- ☐ To require removal of a youth athlete who appears to have suffered a concussion from play or practice at the time of the suspected concussion.
- ☐ To require a youth athlete to be cleared by a licensed health care professional before returning to play or practice.

Both public and private school sports and recreational leagues for children under age 18 that require a fee are affected by the law. The law covers all sports. This website contains all the resources coaches, youth athletes and parents need to fulfill the intent of the law.

See more at:
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi/tn-sports-concussion.html

(TN Sports Concussion Law, 2013)

Within the school setting, any student who shows signs or symptoms of a concussion should be removed from physical activity (recess, physical education, dance class, etc.), and needs to be cleared medically before returning to physical activity. Medical providers approved to clear children for return to play from concussion are as follows:

- ☐ Medical Doctor (MD)
- ☐ Osteopathic Physician (DO)
- ☐ Clinical Neuropsychologist (PhD) with concussion training
- ☐ Physician Assistant (PA) with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician.

See Return to Play Example, Appendix D

Return to Play Decisions

- ☐ According to the Concussion in Sport Group-4 Guidelines (2013), any child who is suspected of having a concussion should be removed from play and should not return to play that day.
- ☐ No return to sport should be considered until the child has returned to school successfully. A successful return to school would mean they no longer are in need of school accommodations.
- ☐ Children should not be returning to physical activity if they are still experiencing concussion symptoms, unless otherwise directed by their treating health care provider.
- ☐ Children should not be taking any medications to mask concussion symptoms in the graduated return to play process
- ☐ A graduated return to play process is recommended to be performed by the child with symptom monitoring at each step (McCrory, 2013).

Gradual Return to Play Plan

Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (e.g., stationary cycle); moving to increasing your heart rate with movement (e.g., running); then adding controlled contact if appropriate; and finally return to sports competition. Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day under the direction of your health care provider. Move to the next level of activity only if you do not experience any symptoms at the present level. If your symptoms return, let your health care provider know, and await further instructions.

Day 1: Low levels of physical activity (i.e., symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking and light weightlifting (low weight – moderate reps, no bench, no squats).

Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and or reduced weight from your typical routine).

Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with three planes of movement).

Day 4: Sports-specific practice.

Day 5: Full contact in a controlled drill or practice.

Day 6: Return to competition.

(TN Sports Concussion Law, 2013)

References:

1. Centers for Disease Control and Prevention-Concussion Fact Sheet for School Professionals (2013). www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_for_schools.pdf

2. Centers for Disease Control and Prevention-Basic Information about Traumatic Brain Injury and Concussion. www.cdc.gov/traumaticbraininjury/basics.html

3. Colorado Department of Education Concussion Management Guideline (2014). www.cde.state.co.us/healthandwellness/concussionguidelines7-29-2014-0

4. Return to Learn: Bridging the Gap from Concussion to the Classroom (2014). www.education.ne.gov/sped/birsst/BRIDGING%20THE%20GAP%20Booklet%20plus%20Appendices.pdf

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9. Tennessee Sports Concussion Law (2013). https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi/tn-sports-concussion.html

10. McCory, P., Meeuwisse, W. H., Aubry, M., Cantu, B., Dvořák, J., Echemendia, R. J., & Sills, A.(2013). Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012. *British journal of sports medicine*, *47*(5), 250-258.

Additional Resources:

1. Brain Links http://tndisability.org/brain
2. Center on Brain Injury Research & Training. https://cbirt.org
3. Colorado Kids with Brain Injury. https://cokidswithbraininjury.com/
4. Get Schooled on Concussions: Return to Learn. www.getschooledonconcussions.com/

Appendix A

Cognitive Activity Monitoring (CAM) Log

Name_____ Parent/ Teacher:_____

DATE TIME							
LOCATION (circle one)	Home School	Home School	Home School	Home School	Home School	Home School	Home School
COGNITIVE ACTIVITY:							
DURATION:							
SYMPTOM (PRE/POST)	**Rate 0-10**	**Rate 0-10**	**Rate 0-10**	**Rate 0-10**	**Rate 0-10**	**Rate 0-10**	**Rate 0-10**
HEADACHE	____/____	____/____	____/____	____/____	____/____	____/____	____/____
FATIGUE	____/____	____/____	____/____	____/____	____/____	____/____	____/____
CONCENTRATION PROBLEMS	____/____	____/____	____/____	____/____	____/____	____/____	____/____
IRRITABILITY	____/____	____/____	____/____	____/____	____/____	____/____	____/____
FOGGINESS	____/____	____/____	____/____	____/____	____/____	____/____	____/____
LIGHT/ NOISE SENSITIVITY	____/____	____/____	____/____	____/____	____/____	____/____	____/____
Other:_____	____/____	____/____	____/____	____/____	____/____	____/____	____/____
PRE-POST DIFFERENCE	_____	_____	_____	_____	_____	_____	_____

Appendix B

Authorization of Release of Medical Information for Concussion

School Name:_____
Patient Name:_____Date of Birth:_____
Address:_____
City:_____State:_____Zip:_____
Social Security #:_____
I hereby authorize:_____
Name of Person/Organization Disclosing PHI

To release the following information to (School Receiving PHI) School:_____
Name:_____Title:_____
Address:_____
Phone:_____Fax:_____
Email:_____

Information to be shared:

- Medical records pertaining to concussion care
- Progress Notes
- Other:_____
- Academic Accommodations Forms
- Mental/Behavioral health records

The Information may be disclosed for the following purpose(s) only:

- Continued Treatment
- At the request of the patient/legal guardian

I understand that by voluntarily signing this authorization:

- I authorize the use of my protected health information as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information. If I sign this authorization to use or disclose information, I can revoke this authorization at any time. The revocation must be made in writing to the person/organization disclosing the information and will not affect information that has already been used or disclosed.
- I have a right to receive a copy of the authorization.

Unless revoked or otherwise indicated, the authorization's automatic expiration date will be one year from the date of my signature or upon the occurrence of the following event:_____

_____ _____
Signature of Patient/Legal Representative Date

_____
Description of Legal Representatives Authority

Appendix C

The Tennessee Department of Health School Accommodations Template for Concussion

Patient/Student:_____ Date:_____

Please excuse the above named patient from school today due to a medical appointment.

The student has sustained a concussion and is currently under the care of his or her physician and/or _____ the undersigned. S/he is not permitted to participate in any contact sport activity until formally cleared by his or her physician and/or the undersigned.

Please consider the following concussion-related recommendations:

Gym Class recommendations:

_____ No gym class

_____ Restricted gym class as specified: _____

Recommended **Academic** accommodations:

_____Untimed tests

_____Open note/open book or oral tests

_____Tutoring

_____Reduced workload when possible

_____15 minute rest breaks from class every hour(s)

_____Modified/reduced homework assignments

_____Extended time on homework/projects

_____Tape record class lectures

_____Should not return to school until concussion symptoms are resolved

_____Other recommendations: _____

The patient/student will be re-evaluated on:_____

Healthcare Provider Name:_____ Address: _____

Signature:_____

Appendix D

CONCUSSION RETURN TO PLAY

Athlete's Name: _____ Date of Birth: _____

Date of Injury: _____

This return to play is based on today's evaluation Date of Evaluation: _____

Care Plan completed by: _____

Return to this office date/time: _____

Return to School date: _____

RETURN TO SPORTS INFO:

1. Athletes should not return to practice or play the same day that their injury occurred.
2. Athletes should never return to play or practice if they still have ANY symptoms – serious injury or death (although rare) can result
3. Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms and have the contact information for the health care provider treating your concussion.

Please initial:

_____ The athlete reports that he/she has no symptoms while participating in daily activities at this time.

_____ I have education the athlete and parents/guardian about the dangers of returning to play before symptoms have cleared.

The following are the return to sports recommendations at this time: (Please initial any recommendations selected)

PHYSICAL EDUCATION CLASS:

_____ Do NOT return to PE class at this time. (See "Return to this office date/time" above).

_____ Student MAY return to PE class after completion of Gradual Return to Play Plan (on back).

SPORTS:

_____ Do NOT return to sports practice or competition at this time.

_____ May GRADUALLY return to sports **activities** following the Gradual Return to Play Plan described on the back, under the supervision of the health care professional for your school or team.

_____ May be advanced back to **competition** after successful completion of the Gradual Return to Play Plan described on the back and after a **phone conversation** with treating health care provider.

_____ Must **return to the treating healthcare provider** for final clearance to return to competition after completing the Gradual Return to Play Plan. (See "Return to this office date/time" above).

_____ All steps of Return to Play Plan have been completed successfully. Cleared for full participation in all activities without restriction.

_____ No concussion suspected, cleared for full participation without a gradual return to play plan.

Appendix D

Treating Health Care Provider Information (Please print or stamp):

Provider's Name:_____Provider's Office Phone: _____

Provider's Signature:_____Office Address: _____

Please check:
____Medical Doctor (MD) w/ concussion training
____Osteopathic Physician (DO)
____Clinical Neuropsychologist w/ concussion training
____Physician Assistant (PA who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician.*
*Clearance by a PA is not accepted by the Tennessee Secondary School Athletic Association.

GRADUAL RETURN TO PLAY PLAN
Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (e.g. stationary cycle); moving to increasing your heart rate with movement (e.g. running); then adding controlled contact if appropriate; and finally return to sports competition.

Pay careful attention to your symptoms and your thinking and concentration skills at each stage of activity. After completion of each step **without recurrence of symptoms and no pain medication**, you can move to the next level of activity the next day. Move to the next level of activity only if you do not experience any symptoms at the present level. If your symptoms return, let your health care provider know, return to the first level of activity and restart the program gradually. This Gradual Return to Play process is for your own safety. Returning to play while still experiencing symptoms can result in serious injury or death. It is critical that you honestly report your symptoms to your doctor, coach and health care professional at the school.

GRADUAL RETURN TO PLAY PLAN:
"Day 1" means first day cleared to participate in Gradual Return to Play Plan, not first day after injury.

Day 1: Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking and light weightlifting (low weight – moderate reps, no bench, no squats).
Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduced time and or reduced weight from your typical routine).
Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport-specific drills (agility with 3 planes of movement).
Day 4: Sports-specific practice.
Day 5: Full contact in a controlled drill or practice.
Day 6: Return to competition.

Adapted from the *Acute Concussion Evaluation Care Plan* from the Center for Disease Control and Prevention (https://www.cdc.gov/injury/), the *TSSAA Concussion Return to Play* form (https://cms-files.tssaa.org/documents/tssaa/forms/Concussion-Return-to-Play-Form-updated-12.2019.pdf) and the *TN Return to Learn/Return to Play: Concussion Management Guidelines*. All medical providers are encouraged to review the sites if they have questions regarding the latest information on the evaluation and care of a youth athlete following a concussion injury.

A swifter Return to Learn (RTL) leads to a swifter Return to Play (RTP)

Enhance your Return to Learn (RTL) plan with these FREE easy-to-access tools

Tip Sheets

Access to over 30 individually crafted lessons on how to support students in the classroom and with protracted recovery.

Teacher Acute Concussion Tool (TACT)

4-week specific classroom strategies delivered directly to your inbox tailored to your teaching style, content area, environmental and student factors.

Videos

Video tutorials on the academic support of concussion management in elementary, middle and high schools.

Start using your FREE access today:

getschooledonconcussions.com/tennessee/

Password: TACTtennessee2020

Subscription for your state educators made possible by the Tennessee Department of Health.

TN Department of Health

Brain Links

Thank You!

We're here to help.

Our mission is to bring together professionals to recognize the far-reaching and unique nature of brain injury and to improve services for survivors. If we can help you, please feel free to reach out!

Contact us:

tbi@tndisability.org

Check out our website:

www.tndisability.org/brain

Follow us on social media:

Brain Links

https://www.tndisability.org/brain

@BrainLinksTN

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0051-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.