

# Concussions and the Classroom: Bridging the Gap

Becky Docter, MA, ATC  
 Sports Medicine Athletic Trainer  
 Children’s Hospital & Medical Center  
[rdocter@childrensomaha.org](mailto:rdocter@childrensomaha.org)  
[www.childrensomaha.org](http://www.childrensomaha.org)

## Return to Learn

### What is it?

Return to Learn is an amendment to the Concussion Awareness Act that was passed in July 2012. The Return to Learn Amendment was added in July 2014, stating that a return to learn protocol be

established for students that have sustained a concussion. The protocol shall recognize that students who have sustained a concussion and returned to school may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff until the student has fully recovered.

### What does this look like in schools?

Each school can have a variation of what these accommodations look like, but here are some common accommodations for the following symptoms most often seen with concussion:

Concussion Symptoms	Implications at School	Potential Adjustments in School Setting
<ul style="list-style-type: none"> <li>Headache</li> </ul>	<ul style="list-style-type: none"> <li>Poor concentration – may vary throughout the day;</li> </ul>	<ul style="list-style-type: none"> <li>Frequent breaks</li> <li>Rest in nurse’s office or quiet area</li> </ul>
<ul style="list-style-type: none"> <li>Dizziness/ Lightheadedness</li> </ul>	<ul style="list-style-type: none"> <li>Standing quickly or walking in crowded environment may increase symptoms</li> <li>Often provoked by visual stimulus (rapid movements, videos, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Allow student to put head down in class</li> <li>Dim fluorescent lights</li> <li>Early dismissal from class to avoid busy hallways</li> </ul>
<b>Visual Symptoms</b> <ul style="list-style-type: none"> <li>Light Sensitivity</li> <li>Double Vision</li> <li>Blurry Vision</li> </ul>	<ul style="list-style-type: none"> <li>Trouble seeing slide presentations, movies, smart boards, computers, handheld computers (tablets)</li> <li>Difficulty reading &amp; copying</li> </ul>	<ul style="list-style-type: none"> <li>Reduce brightness on the screens</li> <li>Student may wear hat or sunglasses in school</li> <li>Audiotapes instead of books</li> </ul>
<ul style="list-style-type: none"> <li>Noise Sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>Troubles with various noises in typical school settings (band, hallways, lunchroom, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Consider use of earplugs</li> <li>Early dismissal from class</li> </ul>
<b>Thinking/Cognitive Symptoms</b> <ul style="list-style-type: none"> <li>Difficulty concentrating or remembering</li> </ul>	<ul style="list-style-type: none"> <li>Learning new tasks and comprehending new material</li> <li>Difficulty with recall</li> <li>Lack of focus</li> <li>Difficulties with test-taking</li> </ul>	<ul style="list-style-type: none"> <li>Assess knowledge using multiple-choice instead of open-ended questions</li> <li>Consider tape-recorder for note taking</li> <li>Provide alternative testing styles (oral vs. written instructions)</li> </ul>

While it is true that concussed students must be 100% symptom free before Return to Play, students Do NOT have to be symptom free to Return to School.

## Keep in Mind:

Adjustments need to be:

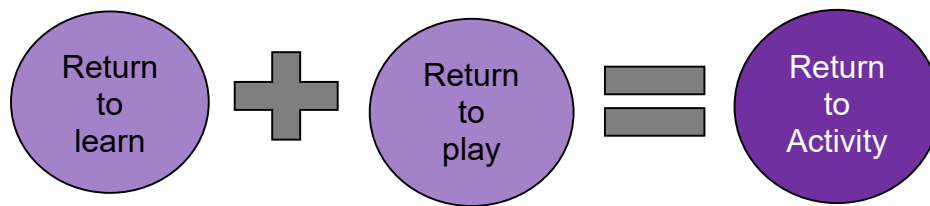
- Fluid
- Flexible
- Need to be added immediately
- Need to be removed as soon as no longer needed.

## What is Return to Activity?

Students must return to full functioning (no accommodations) in the classroom before starting a return to play protocol.

\*Medical Clearance **is not** required for Return to Learn

\*Medical Clearance **IS** required for Return to Activity



## What does collaboration look like?

Communication among the student, parents, Concussion Management Team (CMT), and healthcare provider is crucial for ease of transition back into school. As medical professionals identify the *health needs* of the child and the school professionals identify the appropriate *academic supports*. The interdisciplinary team can ensure the plan of care is best tailored to the needs of each student and family.

## CMT Process

As soon as the school is made aware of the injury:

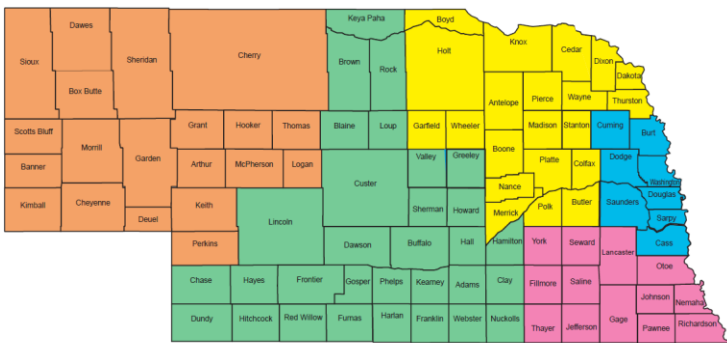
1. **Assign the CMT point person** to contact the family.
2. **Post-Concussion Symptom Checklist:** Ask the parent and student to rate the student's symptoms post injury.
3. **Schedule a meeting** with the student, parent, and CMT as soon as possible to develop a Return to Learn plan if the student is still symptomatic.
4. **Create and implement** a concussion management plan with sound procedures that support the concussed student.

5. **Ensure all members** of the student's academic team are aware of accommodations and changes to his/her plan of care.
6. **Adjust and readjust** until the student no longer has special needs resulting from the concussion.

Students should return to academics with support and guidance from the healthcare provider in collaboration with the CMT who has the responsibility to implement, monitor, and adjust the student's individualized return to academics plan. Although most symptoms clear within 3-4 weeks, in some cases, symptoms may not clear for months. For students with prolonged symptoms, formal procedures for learning supports will be initiated. ***What resources are out there?***

Brain Injury Regional School Support Teams:  
BIRSST 5 regions of Nebraska

For more information or to get in contact with a specific region: Contact your local ESU director



## Article Resources

1. **Nebraska Department of Education: Brain Injury Regional School Support Team**  
<http://www.education.ne.gov/sped/birsst.html>
  - Bridging the Gap from Concussion to Classroom: Return to Learn
  
2. **Nebraska Department of Health and Human Services: Concussion Training Modules**
  - Concussion Awareness Act-Training for Coaches, Parents, Students
  - <http://dhhs.ne.gov/publichealth/ConcussionManage/Pages/cr00.aspx>
  - <http://dhhs.ne.gov/publichealth/concussion/Pages/Home.aspx>
  
3. **Concussion ABC's posted by the Centers for Disease Control and Prevention**
  - <http://www.cdc.gov/concussion/HeadsUp/schools.html>

## Additional Concussion Resources

4. **Nebraska Concussion Coalition:** *A statewide educational collaborative aimed at increasing awareness of current issues and research pertaining to concussion and other types of brain injury.*
  - For more information contact Peggy at 844-423-2463
  
5. **REAP Guidelines**
  - <http://www.rockymountainhospitalforchildren.com/sportsmedicine/concussion-management/reap-guidelines.htm>
  - McAvoy, K. (2013) REAP the benefits of good concussion management. Centennial, CO: Rocky Mountain Sports Medicine Institute Center for Concussion.