Post-Concussion Protocol

When a student suffers a concussion there is a protocol that is followed for returning to play a sport. A similar protocol should be followed for returning to the classroom or academic activities.

A concussion can be caused by a blow, bump or jolt to the head. Falling or being hit in the head can jar the brain and cause an invisible injury that can affect the way the brain normally works. Mental stamina, can be affected so that reaction time, short-term memory, working memory and cognitive processing speed are affected. Students may report feeling:

- Physical symptoms like headaches, dizziness, problems with balance, nausea/vomiting, fatigue, sensitivity to light/noise.
- Cognitive issues like feeling mentally foggy, feeling slowed down, difficulty concentrating, remembering or focusing.
- Emotional problems like irritability, sadness, nervousness or feeling more emotional than normally.
- Sleep issues like trouble falling asleep or sleeping more or less than normally.

These symptoms can have a significant impact on classroom learning and on academic work. Students may have difficulty focusing and concentrating, learning, memorizing and processing information as well as organizational tasks like keeping track of assignments and test dates. These difficulties can increase feelings of frustration, nervousness or irritability a concussed student may already be experiencing. Fatigue can worsen all of these factors.

No two concussions are the same, so symptoms and recovery will vary among students. Symptoms for a second concussion will often be more severe, requiring longer recovery times.

As recovery from a concussion requires mental as well as physical rest, physicians will make recommendations for returning to academics. These recommendations may include following this 4 Phase Return to Learn.
Phase 1: Absence from school. This will be when the student is experiencing a high level of symptoms that would prevent him or her from being able to benefit from being in school.

The student will be advised to avoid extensive or any computer use, texting, video games, television, loud music and listening to music through headphones.

Students will be told not to do any reading, studying or test taking.

Phase 2: Return to school with accommodations. In this phase, the student’s symptoms will have decreased to manageable levels.

This will mean a gradual re-introduction to coursework, avoiding any activities that increase symptoms. Part-day attendance may be recommended, focusing on core subjects. The student may need support to determine how to prioritize which classes should be attended and how often.

Other symptoms such as fatigue, headaches or memory difficulty reported by the student will need to be accommodated.

Work or assignments which are not essential to learning may need to be eliminated.

Homework may need to be reduced.

Phase 3: Full-day attendance with accommodations. In this phase the symptoms will have decreased in number and severity. There may still be some symptoms exacerbated by some activities, but the effects are not drastic.

The student will gradually increase the school work they do to gradually increase the demands on the brain.

The student will need to continue to prioritize assignments, tests, and projects. Generally no more than one test a day is recommended.

The amount of homework can gradually increase.

A plan should be created to help students complete missing academic work and avoid stress, as much as possible.

Accommodations can be reduced as symptoms decrease.

Phase 4: There are no symptoms and no accommodations are needed. The student will return to full academic work.

Knowing when to move from phase to phase will be based on how the student responds to increased demands on the brain. This may be a trial and error process. As the student improves the demands can be increased. This means that only one factor: the
amount of work expected, the length of time spent working or the type or difficulty of the work, should be changed at a time. The chart at the end of this document (from *HeadSmart Handbook: A Healthy Transition After Concussion*) illustrates how and when to move to a different phase. Decisions about moving through these phases at MCU will be a collaborative process with the student’s physician, our Athletic Trainer(s), Counseling Services, Faculty, and Disability Resources. The Coordinator of Disability Resources will facilitate this collaboration.

**Evidence That Symptoms are Worsening**

If the demands on the brain are becoming too much it is time to stop the activity and allow the student to rest. Faculty may observe:

- More irritability.
- More difficulty concentrating.
- More emotional reactions.
- More difficulty remembering.
- Impulsive reactions or repeating him/herself.

If any of these occur the student should be referred back to Disability Resources. He/she will need to rest and more accommodations can be implemented.

To best help students, faculty may want to ask the student some specific questions to determine where the student is struggling. For example:

- How is your (headache, dizziness, nausea, tiredness, etc.) today?
- Are you able to focus and/or concentrate?
- Is the light/noise making your symptoms worse?
- Are your memory skills off?
- What is causing the most difficulty for you in this class?

Questions can be even more class specific. For example:

- Are you able to remember formulas?
- Is reading or writing affecting your symptoms?
Recommendations for Faculty: How to Work with a Concussed Student in the Classroom

Faculty in the classroom will need to be able to talk with the student to understand the symptoms the student is experiencing, offer sympathy, help the student to prioritize and arrange for accommodations.

It is very important that the student hear that the faculty member understands what a concussion is and what the student may be experiencing. The student will need reassurance that you will work with them as much as possible to make a plan for the greatest success possible in the class. This understanding will help to decrease stress and help with recovery.

Accommodations:

It may be necessary to postpone some assignments, grant extended test time in a less distracting environment, take frequent breaks, give oral exams, provide a note taker or the opportunity to record lectures, allow the use of dictation software or offer use of alternate format text.

Distractibility:

Help the student break down assignments, and allow a break when moving on to something new. Provide some written instructions and perhaps color-code or highlight important information. Allow the student to sit in the front of the room.

Sensitivity to light or noise:

Allow the student to sit away from windows or dim the lights. Allow the student to wear sunglasses and/or a hat in class.

Memory problems:

Provide class notes, or allow tape recording of lectures. Allow fact sheets for tests (if this does not undermine the fundamental essence of the course) or postpone tests until the student fully recovers.

Organizational/Time Management Problems:

Help the student use a planner and to-do lists. The use of diagrams, time lines and charts to organize information may be helpful. Have the student restate directions to demonstrate understanding.
Process to Follow for Return to Academics

If the student experiences a head injury in practice or competitive play the MCU Trainer or other professional will determine whether the student has experienced a concussion.

If the Trainer or other professional believes that the concussion may affect academic studies, the student will be referred to a medical doctor for diagnosis and recommendations for a return to academics.

The doctor will provide a written diagnosis and recommendations for classroom attendance and returning to academic work.

The student will provide the documentation to the Coordinator of Disability Resources and the Coordinator will notify faculty, FAR and the Associate Provost of the recommendations and accommodations provided.

The Coordinator will notify the student of how to access the accommodations.

If testing accommodations are needed, the Disability Resources Academic Accommodation Form will be completed rather than the Learning Center Quiz/Exam Proctoring for Student Athletes.

If the doctor determines a specific date that the student can return, the accommodations will end on that date.

If the doctor determines that the student needs a follow-up, the student will need to provide written documentation of the next steps to follow including whether to return to academics or continue with accommodations.

The Coordinator of DR will notify faculty, FAR and Associate Provost of any changes throughout the process.

The student must provide documentation from the doctor that he/she is ready to return to academics.

The Coordinator will notify faculty, FAR and Associate Provost that the student is cleared to return to academics.
Works Consulted


