

Return to Academics Protocol After Concussion/mild TBI

When a concussion occurs, a child looks normal, and teachers might be unaware of a student's cognitive difficulties during recovery. Rest is needed for the brain to recover from a concussion. Taxing the brain with academic activity can impede or prolong recovery. Most students will recover fully in days or weeks, but some will take longer to heal. Each child and each brain injury is different. If full recovery is not evident in three months, an IEP may be helpful to meet the specific learning challenges.

Not all students will need academic accommodations following concussion; consult with each student's healthcare provider. All steps in this academics protocol must be completed before a student-athlete is ready to proceed to a return-to-play protocol.

Step 1. Total rest.	<ul style="list-style-type: none"> • No mental exertion (computer, texting, video games, or homework), stay at home, no driving.
Step 2. Light mental activity.	<ul style="list-style-type: none"> • Up to 30 minutes of mental exertion, but no prolonged concentration, stay at home, no driving. • Progress to next level when able to handle up to 30 minutes of mental exertion without worsening of symptoms.
Step 3. Part-time School.	<ul style="list-style-type: none"> • Maximum accommodations (shortened day/schedule, built-in breaks, provide quiet place for mental rest, no significant classroom or standardized testing, modify rather than postpone academics, provide extra time, extra help, and modified assignments). • Progress to next level when able to handle 30–40 minutes of mental exertion without worsening of symptoms.
Step 4. Part-time School.	<ul style="list-style-type: none"> • Moderate accommodations (no standardized testing, modified classroom testing, moderate decrease of extra time, help, and modification of assignments). • Progress to next level when able to handle 60 minutes of mental exertion without worsening of symptoms.
Step 5. Full-time School.	<ul style="list-style-type: none"> • Minimal accommodations (no standardized testing, but routine testing ok; continued decrease of extra time, help, and modification of assignments; may require more supports in academically challenging subjects). • Progress to next level when able to handle all class periods in succession without worsening of symptoms AND medical clearance for full return to academics.
Step 6. Full-time School.	<ul style="list-style-type: none"> • Full academics with no accommodations (attends all classes, full homework).

Should symptoms continue beyond 3–4 weeks, prolonged in-school support is required. Request a 504 meeting to plan and coordinate. If you have questions, contact Oregon's TBI coordinator at 1-877-872-7246.

REMEMBER

Progression is individual. Every concussion is different. Student may start at any step as symptoms dictate and remain at each step as long as needed. Return to previous step if symptoms worsen. No return-to-play protocol should be implemented until after the student has returned to full academics.

Academic Accommodations Matrix

Student Name: _____ Date of Evaluation: _____ Staff Contact: _____

Following concussion, students who receive academic accommodations with penalty for missed work are more successful and better able to reintegrate into school.

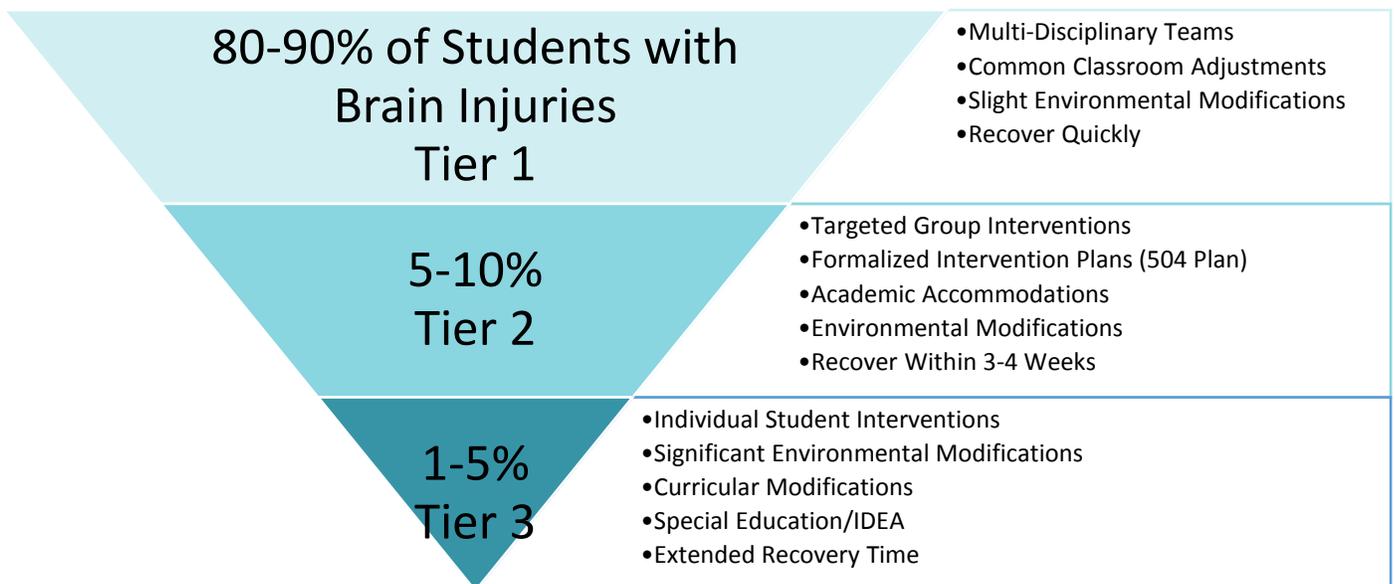
General	Cognitive/Thinking	Fatigue/Physical	Emotional
Adjust class schedule (alternate days, shortened day, abbreviated class, late start to day).	Reduce class assignments and homework to critical tasks only. Exempt non-essential written classwork or homework. Base grades on adjusted work.	Allow time to visit school nurse/counselor for headaches or other symptoms.	Develop plan so student can discreetly leave class as needed for rest.
No PE classes until cleared by a healthcare professional. No physical play at recess.	Provide extended time to complete assignments/tests. Adjust due dates.	Allow strategic rest breaks (e.g., 5-10 minutes every 30-45 minutes) during the day.	Keep student engaged in extra-curricular activities. Allow student to attend but not fully participate in sports practice.
Avoid noisy and over-stimulating environments (i.e., band) if symptoms increase.	Once key learning objective has been presented, reduce repetition to maximize cognitive stamina (e.g., assign 5 of 30 math problems).	Allow hall passing time before or after crowds have cleared.	Encourage student to explore alternative activities of non-physical nature.
Allow student to drop high level or elective classes without penalty if accommodations go on for a long period of time.	Allow student to demonstrate understanding orally instead of in writing.	Allow student to wear sunglasses indoors. Control for light sensitivity (e.g., draw blinds, sit away from window, hat with brim).	Develop an emotional support plan for the student (e.g., identify adult to talk with if feeling overwhelmed).
Allow student to audit class (i.e., participate with producing or grades).	Provide written instructions for work that is deemed essential.	Allow student to study or work in a quiet space away from visual and noise stimulation.	Provide quiet place to allow for de-stimulation.
Remove or limit testing and/or high-stakes projects.	Provide class notes by teacher or peer. Allow use of computer, smart phone, tape recorder.	Allow student to spend lunch/recess in quiet space for rest and control for noise sensitivity.	
Alternate periods of mental exertion with periods of mental rest.	Allow use of notes for test taking.	Provide a quiet environment to take tests.	

If symptoms persist for several months and/or are severe (i.e., symptoms compromise student's attendance, or quantity of work is so limited that it jeopardizes grades/credit accumulation), contact your district or building 504 coordinator to determine if a 504 plan would be beneficial. If prolonged recovery requires specialized instruction/placement, or modified curriculum, refer student for special education services.

Post-Concussion Academic Accommodation Protocol

Most students who sustain a concussion return to pre-injury functioning within 3–4 weeks of their injury. However, symptoms will linger beyond this time in approximately 10–20% of concussions. When this happens, the school team must continue academic adjustments and physical restrictions for a longer time. Symptoms might continue for weeks or even months. It is best practice for a school district to have a system in place by which a student can be evaluated for additional services (e.g., Section 504 plan, special education).

A school-wide academic accommodation protocol for students with concussions or brain injuries can be effectively implemented in most schools using the following progression.



1. **Tier 1:** The majority of students with a concussion will respond positively to a well-orchestrated system of cognitive reduction, physical rest, simple classroom adjustments to the existing classroom curriculum, and slight environmental changes to support physical and cognitive rest. At Tier 1, the Concussion Management Team (CMT) can collect data on symptoms to monitor progress and make modifications as needed.
2. **Tier 2:** The 10–20% of students who experience symptoms beyond the typical 3–4 week recovery period can be systematically moved on to Tier 2 for Targeted Intervention. At Tier 2, a more formalized academic plan might be required for the student (Health Plan, RTI Plan, or Section 504 Plan). The objective of Tier 2 is to expand and strengthen academic accommodations to effect greater recovery from the concussion.
3. **Tier 3:** The 1–5% of students who do not adequately respond to concussion management efforts at Tiers 1 and 2 experience severe, long-term neurocognitive and physical effects for weeks or months. Students who do not benefit from management attempts at Tiers 1 or 2 would be advanced to the most intensive level of assessment and intervention provided at Tier 3. At this level, modification of curriculum and protection under IDEA, including an IEP, may be necessary.