

# Lisbon Community Consolidated Grade School

**Principal**  
Melanie L. Elias

*Ranked in the top 1% of schools in Illinois*

**Illinois Bright A+ Award Winner**  
2012 – 2013  
**Illinois Bright Star Award Winner**  
2012 – 2013  
**Illinois Academic Excellence Award Winner**  
2009 – 2010 – 2011 – 2012  
**Illinois Academic Improvement Award Winner**  
2007  
**Nominated Blue Ribbon School**  
2015 – 2016

**Board of Education:**  
Jason Carlson – President  
Scott Wallin – Vice President  
Monica Williams – Secretary/Treasurer  
Tom Fletcher – Member  
Eric Friestad – Member  
Brian Hatteberg – Member  
Mark Long – Member

**District No. 90**  
**127 S. Canal St.**  
**Newark, IL 60541**  
**Phone (815) 736-6324**  
**Fax (815) 736-6326**

## Agreement to Participate 2018 – 2019

Each student and his or her parent/guardian must read and sign this **Agreement to Participate** each year before being allowed to participate in interscholastic sport(s) or intramural athletics. The completed agreement should be returned to the coach.

**Student name (printed)** \_\_\_\_\_

I wish to participate in the interscholastic sport(s) or intramural athletics that are circled: basketball, cheerleading, volleyball, soccer, track. (Another agreement must be signed if the student later decides to participate in a sport not circled above).

1. Before I will be allowed to participate, I must provide the School District with a certificate of physical fitness (if participating in interscholastic sport(s), the Pre-Participation Physical Examination Form serves this purpose), show proof of accident insurance coverage, and complete any forms required by Lisbon CCSD#90.
2. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.
3. I understand that Lisbon Board Policy, Student Athlete Concussions and Head injuries, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer.
4. I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sport(s) or athletics in which I will be participating and in all travel involved. I agree to hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participating in the school-sponsored interscholastic sport(s) or intramural athletics. The terms, hereof, shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

# Notification- Concussion Policy

## To be read and signed by the parent/guardian of the student:

1. I am the parent/guardian of the above named student and give my permission for my child or ward to participate in the interscholastic sport(s) or intramural athletics indicated. I have read the above Agreement to Participate and understand its terms.
2. I acknowledge having received the attached Concussion Information Sheet.
3. I understand that all sports can involve many risks of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I am aware that participating in sports involves travel with the team. In consideration of the School District permitting my child to participate, I agree to hold the District, its employees, agents, coaches, Board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in the sport(s) or athletics. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated sport or athletics.
4. Prior to re-entry to the athletic program, or to school, **or** to participate in any school sponsored activity the following must be completed:
  - a. Physician or certified trainer's release for the student to return to practice, to school, and to the classroom environment (**in writing**).
  - b. Post-concussion consent form must be completed and returned to the school (see attached).
  - c. School recommendations form must be completed by the physician or licensed trainer and reviewed by the school concussion committee (see attached).

Concussion committee members:

School Superintendent; A.D./Teacher/Coach Mr. McKinney;  
Teacher/Coach Kris DeGraaf; and Teacher/Coach Karin Myre.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Emergency Contact Information:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_

# Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of a concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of a concussion, or if you notice the symptoms or signs of a concussion yourself, seek medical attention right away.

## **Symptoms may include one or more of the following:**

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

## **Signs observed by teammates, parents and coaches include:**

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays uncoordinated movements
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

## **What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of a concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletics will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

### **If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. Lisbon Board policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.edc.gov/ConcussionInYouthSports/>

# Lisbon District #90

## Student Concussions and Head Injuries

The Superintendent or designee shall develop and implement a program to manage concussions and head injuries suffered by student athletes. The program shall:

1. Comply with the concussion protocols, policies, and by-laws of the Illinois High School Association, including its Protocol for NFHS Concussion Playing Rules and its Return to Play Policy. These specifically require that:
  - A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion in a practice or game shall be removed from participation or competition at that time.
  - A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury may not return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.
  - If not cleared to return to that contest, a student athlete may not return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.
2. Inform student athletes and their parents/guardians about this policy in the Agreement to Participate or other written instrument that a student athlete and his or her parent/guardian must sign before the student is allowed to participate in a practice or interscholastic competition.
3. Provide coaches and student athletes and their parents/guardians with educational materials from the Illinois High School Association regarding the nature and risk of concussions and head injuries, including the risks inherent in continuing to play after a concussion or head injury. Materials may be found at [www.ibsa.org/Resources/SportsMedicine/ConcussionManagement.aspx](http://www.ibsa.org/Resources/SportsMedicine/ConcussionManagement.aspx)
4. Include a requirement for staff members to notify the parent/guardian of a student who exhibits symptoms consistent with that of a concussion.

## Students

### Administrative Procedure-Program for Managing Student Concussions and Head Injuries

#### Definitions

**Concussion-** A type of traumatic brain injury caused by a bump, blow, or jolt to the head that alters the way the brain normally functions. A concussion can also occur from a blow to the body that causes the head to move rapidly back and forth. These injuries may or may not cause a loss of consciousness. See Concussion in Sports, [www.edc.gov/concussion/sports/index.html](http://www.edc.gov/concussion/sports/index.html). This site contains excellent resources for recognition, response, and prevention of concussions. The Illinois High School Association (IHSA) website contains comprehensive resources that State law requires schools use to educate coaches, student athletes, and parents/guardians. These are available at:

[www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/SchoolResources.aspx](http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/SchoolResources.aspx)

**Student Athlete-** A student who has participated in one or more practices and/or interscholastic athletic contests in any sport offered by or under the auspices of a high school. This definition is from the IHSA's by-laws, [www.ihsa.org/AbouttheIHSA/ConstitutionBylawsPolicies.aspx](http://www.ihsa.org/AbouttheIHSA/ConstitutionBylawsPolicies.aspx). All Illinois school boards, even those that currently have no student athletes, are required to adopt a student athlete concussion and head injury policy that is in compliance with IHSA protocols, policies, and by-laws (105ILCS 5/10-20.53, added by P.A. 97-204). This administrative procedure implements Lisbon Board policy, Student Athlete Concussions and Head Injuries.

#### **ACTOR**

#### **ACTION**

##### **Superintendent or designee:**

Identify the staff members who are responsible for student athletes, including building Principals, and require that they comply with IHSA concussion protocols, policies, and by-laws, including its Protocol for NFHS Concussion Playing Rules, and its Return to Play Policy. Available at:

[www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/SchoolResources.aspx](http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/SchoolResources.aspx).

Hold the identified staff members responsible for implementing this procedure.

##### **Building Principals:**

Instruct coaches, trainers, and other staff members who are responsible for student athletes to review and abide by the IHSA protocols, policies, and by-laws regarding concussions and head injuries. Available at:

[www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx](http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx).

##### **Require that:**

1. A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (e.g., loss of consciousness, headache, dizziness, confusion, or balance problems) in a practice or game is removed from participation or competition at that time.
2. A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury is not allowed to return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.
3. If not cleared to return to that contest, a student athlete is not allowed to return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.

Place all written information concerning an injury to a student athlete, including without limitation, a return-to-play clearance from a student's physician or an athletic trainer, in the student's school student record.

**Building Principals, Coaches and Trainers (and other staff members who are responsible for student athletes)** Inform student athletes and their parents/guardians about Lisbon Board Policy, Student Athlete Concussions and Head Injuries by referring to it in Agreement to Participate, or other agreement, contract, code, or written instrument that a student athlete and his or her parent/guardian are required to sign before the student is allowed to participate in a practice or interscholastic competition.

**Inform student athletes and their parents/guardians about concussions and head injuries by:**

1. Giving them a copy of the IHSA Concussion Information Sheet at the time they sign the Agreement to Participate, or other agreement, contract, code, or written instrument that a student athlete and his or her parent/guardian are required to sign before the student is allowed to participate in a practice or interscholastic competition. The Concussion Information Sheet, also known as Sign off (DOC), is at [www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/ParentGuardianResources.aspx](http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/ParentGuardianResources.aspx).
2. Use educational material provided by IHSA to educate student athletes and parents/guardians about the nature and risk of concussions and head injuries, including the risks inherent in continuing to play after a concussion or head injury. See [www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx](http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx). The Center for Disease Control and Prevention offers free printed educational materials on concussions that can be ordered or downloaded and distributed to parents, students, and coaches. Available at [www.cdc.gov/concussion/](http://www.cdc.gov/concussion/).

Follow the IHSA concussion management guidelines. Available at:

[www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx](http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx). These guidelines, in summary, require that:

1. A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (e.g., loss of consciousness, headache, dizziness, confusion, or balance problems) in a practice or game shall be removed from participation or competition at that time.
2. A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury may not return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.
3. If not cleared to return to that contest, a student athlete may not return to play or participate until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.

Prior to re-entry to the athletic program, or to school, **or** to participate in any school sponsored activity the following must be completed:

- d. Physician or certified trainer's release for the student to return to practice, to school, and to the classroom environment (**in writing**).
- e. Post-concussion consent form must be completed and returned to the school (see attached).
- f. School recommendations form must be completed by the physician or licensed trainer and reviewed by the school concussion committee (see attached).

Concussion committee members:

School Superintendent; A.D./Teacher/Coach Mr. McKinney;  
Teacher/Coach Kris DeGraaf; and Teacher/Coach Karin Myre.

## Learn concussion symptoms and danger signs.

### Available at:

[www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/CoachingResources.aspx](http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/CoachingResources.aspx).

Understand before the season begins how to respond if a student athlete exhibits signs, symptoms, or behaviors consistent with a concussion (e.g., loss of consciousness, headache, dizziness, confusion, or balance problems) in a practice or game.

Do not assess a head injury; instead take the student athlete out of play and seek the advice of a health care professional.

Inform the student athlete's parent/guardian about a possible concussion and give the parent/guardian a fact sheet on concussion.

### Available at:

[www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/ParentGuardianResources.aspx](http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/ParentGuardianResources.aspx).





# Post-concussion Consent Form (RTP/RTL)



Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Year in School 4 5 6 7 8

By signing below, I acknowledge the following:

1. I have been informed concerning and consent to my student's participating in returning to play in accordance with the return-to-play and return-to-learn protocols established by Illinois State law;
2. I understand the risks associated with my student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols established by Illinois State law;
3. And I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), the written statement of the treating physician, athletic trainer, advanced practice nurse (APN), or physician assistant (PA) and, if any, the return-to-play and return-to-learn recommendations of the treating physician, athletic trainer, advanced practice nurse (APN), or physician assistant (PA), as the case may be.

Student's Signature \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian/s Signature \_\_\_\_\_

### For School Use only

Written statement is included with this consent from treating physician, advanced practice nurse (APN), physician assistant (PA) or athletic trainer working under the supervision of a physician that indicates, in the individual's professional judgement, it is safe for the student to return-to-play and return-to-learn.

**Cleared for RTL**

**Cleared for RTP**

Date \_\_\_\_\_

Date \_\_\_\_\_

**Academic/School Re-entry Protocol**  
**Lisbon CCSD #90**  
**127 S. Canal St.**  
**Newark, IL 60541**  
**815-736-6324**

School Recommendations

Patient Name \_\_\_\_\_

Date of Evaluation \_\_\_\_\_

Date for Student to Return to School \_\_\_\_\_

Provider's Signature \_\_\_\_\_

This patient has been diagnosed with a concussion and is currently under our care. Please excuse the patient from school today due to a medical appointment, it is suggested that the following recommendations be implemented to avoid increasing concussion symptoms and delaying recovery.

\_\_\_\_\_

Please allow the following academic recommendations from \_\_\_\_\_ to \_\_\_\_\_.  
Please see reverse side for additional information.

**Attendance**

- No school for \_\_\_\_\_ school day (s)
- Part time attendance for \_\_\_\_\_ school day(s) as tolerated
- Full school days as tolerated
- Tutoring homebound/in school as tolerated
- No school until symptom free or significant decrease in symptoms

**Visual Stimulus**

- Allow student to wear sunglasses in school
- Pre-printed notes for class material or note taker
- No smart boards, projectors, computers, TV screens or other bright screen
- Enlarged font when possible

**Workload/Multi-Tasking**

- Reduced overall amount of make-up work, class work and homework when possible
- No homework
- Limit homework to \_\_\_\_\_ minutes a night
- Prorate workload when possible

**Physical Exertion**

- No physical exertion/athletics/gym
- Begin return to play protocol prior to returning to gym or athletics

- Return to play under the following conditions and dates:

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**Breaks**

- Allow student to go the nurse’s office if symptoms increase
- Allow student to go home if symptoms do not subside

**Audible Stimulus**

- Allow student to leave class 5 minutes early to avoid noisy hallway
- Lunch in a quiet place
- Audible learning (discussions, reading out loud, if possible text to speech programs or Kindle)

**Testing**

- No testing
- Extra time to complete tests
- No more than one test a day
- Oral testing
- Open book testing

**Additional Recommendations**

- Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Symptoms List (the patient is complaining today of)**

- |   |   |
|---|---|
| <input type="checkbox"/> Headache                 | <input type="checkbox"/> Sensitivity to light     |
| <input type="checkbox"/> Fatigue                  | <input type="checkbox"/> Sensitivity to noise     |
| <input type="checkbox"/> Visual problems          | <input type="checkbox"/> Feeling more emotional   |
| <input type="checkbox"/> Dizziness                | <input type="checkbox"/> Irritability             |
| <input type="checkbox"/> Difficulty concentration | <input type="checkbox"/> Trouble falling asleep   |
| <input type="checkbox"/> Difficulty remembering   | <input type="checkbox"/> Drowsiness               |
| <input type="checkbox"/> Feeling slowed down      | <input type="checkbox"/> Sleeping less than usual |
| <input type="checkbox"/> Feeling mental foggy     | <input type="checkbox"/> Sleeping more than usual |
| <input type="checkbox"/> Balance problems         | <input type="checkbox"/> Nausea                   |

The patient has been scheduled for a follow-up medical appointment and revision of recommendation on \_\_\_\_\_.

**Additional Information**

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# Lisbon Grade School

## Concussion Protocol: Return to Learn

The attached plan form **must** be completed **prior** to the student returning to the academic setting.

Return to Learn Team:

- School Academic Team: School Superintendent; A.D./Teacher/Coach Mr. McKinney; Teacher/Coach Kris DeGraaf; and Teacher/Coach Karin Myre.

### **Return-to-Learn Framework: Points of Emphasis:**

- To initiate the Return-to-Learn protocol, the student must be evaluated by a licensed healthcare professional and documentation must be provided to the school.
- The protocol emphasizes allowing the student to participate in school in a modified fashion so as not to worsen symptoms. Determining "how much is too much" may be a trial and error process.
- The student should be granted adequate time to complete missed academic work based on the amount of time needed for complete recovery.
- As the student's recovery progresses through the outlined phases, teachers should be prepared to apply "mastery learning" criteria within their subject matter. By identifying essential academic work, teachers can facilitate recovery by reducing the student's anxiety levels related to perceived volume of work that will be required once he/she is medically cleared to resume a full academic load.

## Lisbon Concussion 'Return to Learn' Plan

Student Name: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

Date of Concussion: \_\_\_\_\_

Phase 1: No school attendance (inclusive dates) \_\_\_\_\_  
Avoid exacerbating activities (student and parent/guardian): reading video  
games, computer use, texting, television, music, other \_\_\_\_\_  
(circle all that apply)

Phase 2: Part-time school attendant with accommodations. Date: \_\_\_\_\_  
Necessary accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phase 3: Full-day attendance with accommodations. Date: \_\_\_\_\_  
Accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phase 4: Full-day attendance without accommodations. Date: \_\_\_\_\_  
Accommodations are removed when student can participate fully in academic  
work at school and at home without triggering symptoms.

Phase 5: Student cleared to participate in PE and sports. Date: \_\_\_\_\_

Student's Doctor's signature \_\_\_\_\_

## Phase 1:

### No School/Complete Cognitive Rest:

- **Symptom Severity:** In this phase, the student may experience high levels of symptoms that at best prohibit the student to benefit from school attendance and may cause symptoms to increase in intensity. During this stage, physical symptoms tend to be the most prominent and may interfere with even basic tasks. Many students are unable to tolerate being in the school environment due to severe headaches, dizziness or sensitivity to light or noise.
- **Treatment:** Emphasis on cognitive and physical rest to allow the brain and body to rest as much as possible.
- **Intervention Examples:**
  - No School
  - Avoid activities that exacerbate symptoms. Activities that commonly trigger symptoms include reading, video games, computer use, texting, television, and/or loud music.
  - Other symptom “triggers” that worsen symptoms should be noted and avoided in the effort to promote healing.
  - No physical activity – this includes anything that increases the heart rate as this may worsen symptoms.
  - No tests, quizzes or homework.
  - Provide students with copies of class notes (teacher or student generated).

## Phase 2: Part-Time School Attendance with Accommodations:

- **Symptom Severity:** In this phase, the student's symptoms have decreased to manageable levels. Symptoms may be exacerbated by certain mental activities that are complex or of long duration. Often students can do cognitive activities but only for very short periods of time (5- 15 minutes) so need frequent breaks to rest and “ recharge their batteries”.
- **Treatment:** Re-introduction to school. Avoid settings and tasks that trigger or worsen symptoms. In the first few days of returning to school the goal is not to immediately start catching up on the missed work or learn new material. Rather the initial goal is simply to make sure the student can tolerate the school environment without worsening symptoms. This means the first few days often include just sitting in class and listening (no note-taking or reading). Once the student can tolerate this, he/she can try short intervals (5-15 minutes) of cognitive work per class.
- **Intervention Examples:**
  - Part-time school attendance, with focus on the core/essential subjects and/or those which do not trigger symptoms: prioritize what classes should be attended and how often. Examples:
    - Half-days, alternating morning and/or afternoon

classes every other day: or

- Attending every other class with rest in the nurse's office, library or quiet location in between.
- Symptoms reported by the student should be addressed with specific accommodations.
- Eliminate busy work or non-essential assignments or classes.
- Limit or eliminate "screen time" (computers, phones, tablets, and smart boards), reading and other visual stimuli, based on the student's symptoms.
- Provide student with copies of class notes (teacher or student generated).
- No tests or quizzes.
- Homework load based on symptoms. There should be no due dates on homework assignments. This allows students to work at a pace that does not exacerbate symptoms and reduces their anxiety about completing the assignments. Many students should have heightened anxiety during concussion recovery and due dates exacerbate this.
- Allow to leave class 5 minutes early to avoid noisy, crowded hallways between class changes.
- No physical activity including gym/recess or participation in athletics.
- If this phase becomes prolonged and/or the student is unable to tolerate the school environment or do any work for even short periods of time, a tutor can be helpful (either in school or at home) to implement oral learning at a pace that does not worsen symptoms. A tutor can also help students organize their work and plan how they will spend their limited time studying (i.e. which assignment should I do first, second, third, etc.), as many students are unable to do this basic "executive function" task during concussion recovery.

### Phase 3: Full-Day Attendance with Accommodations:

- **Symptom Severity:** In this phase, the student's symptoms are decreased in both number and severity. They may have intervals during the day when they are symptom-free. Symptoms may still be exacerbated by certain activities.
- **Treatment:** As the student improves, gradually increase demands on the brain by increasing the amount, length of time, and difficulty of academic requirements, as long as this does not worsen symptoms.
- **Intervention Examples:**
  - Continue to prioritize assignments, tests and projects: limit students to one test per day with extra time to complete tests to allow for breaks as needed based on symptom severity.
  - Continue to prioritize in-class learning: minimize overall workload.
  - Gradually increase amount of homework.
  - Reported symptoms should be addressed by specific accommodations: Accommodations are reduced or eliminated as symptoms resolve.
  - No physical activity unless specifically prescribed by the student's physician or health care provider., If the student has not resolved their symptoms after -6 weeks, health care providers will often proscribe

light aerobic activity at a pace and duration below that which triggers symptoms. This “sub-symptom threshold exercise training” has been shown to facilitate concussion recovery. The student can do this at school in place of their regular PE class, by walking, riding a stationary bike, swimming, or jogging. No contact sports are allowed until the student is completely symptom-free with full days at school and no accommodations, and has received written clearance from a licensed health care professional.

#### Phase 4: Full-Day Attendance with Accommodations:

- **Symptoms Severity:** In this phase, the student may report no symptoms or may experience mild symptoms that are intermittent.
- **Treatment:** Accommodations are removed when student can participate fully in academic work at school and at home without triggering symptoms.
- **Intervention Examples:**
  - Construct a reasonable step-wise plan to complete missed academic work: an extended period of time is recommended in order to minimize stress.
  - Physical activities as specified by student’ physician (same as phase 3).
  - **Symptom Severity:** No symptoms are present. Student is consistently tolerating full school days and typical academic load without triggering any symptoms.
  - **Treatment:** No accommodations are needed
  - **Interventions:** Before returning to physical education and/or sports, the student should receive written clearance and complete a step-wise return-to-play progression as indicated by the licensed healthcare professional.

### **Class/Subject Accommodation Examples**

#### **History:**

- Provide detailed class notes to allow student to listen and not be consumed with note-taking during class.
- Oral discussion for learning and oral test-taking preferred to written work.

#### **Language Arts, English, & Writing:**

- Reduced overall amount of written and typed assignments as screens and annotating may be bothersome to the concussed student. Speech-to-text software programs can be helpful for writing papers or annotating.
- Oral discussion for learning and oral test-taking preferred to written work.

#### **Math:**

- Reduce homework assignments to the least amount possible to demonstrate mastery learning concept.
- Provide outline of necessary steps to complete problem (concussion students often experience difficulty remembering and may leave out pertinent steps).



- Students should be given extra time to complete in-class assignments and homework.
- Oral discussion for learning and oral test-taking preferred to learning and oral-taking preferred to written work.

**Science:**

- Detailed class notes to allow student to listen and not be consumed with note-taking during class.
- Hands-on learning may be helpful.
- Oral discussion for learning and oral test-taking preferred to written work.

**Additional Specific Accommodation Examples:**

- Extending time on testing and assignments to allow for slower processing speed especially if there is a significant reading demand. Students recovering from concussion have limited endurance and therefore can only attend to a task for short intervals (5-15 min) before triggering symptoms. Symptoms are not just limited to physical symptoms. If there is a lack of comprehension despite 2 or 3 attempts, even without a headache, the student should take a break.
- Providing a quiet room for testing to minimize distraction.
- Offering preferential seating (usually in the front of class or away from windows) to minimize distraction and allow better monitoring of the student.
- Class information and corresponding assignments should be divided into manageable chunks to minimize cognitive load.
- Reduce light sensitivity by allowing the student to wear sunglasses in class.
- Allow breaks every 15 minutes for prolonged reading or screen time.
- Allow the student to eat lunch in a quiet location.
- Avoid assemblies, pep rallies, athletic events and other events with loud noise and/or bright lights.

If concussion symptoms increase, it usually meant the student is reaching a point of over-exertion and needs a break. Some students may only need periodic breaks throughout the school day while others may need more frequent breaks depending on the severity of symptoms.

# Summary: Phases of Recovery

## **Phase One Recovery: Usually 2-4 day, but could last weeks**

- Rest
- Students typically do not attend school
- Strict limits on screen time/use of electronics/reading
- Parent/guardian: Inform school of injury and request a Team Captain
- Review and sign your Recovery Action Plan
- No sports/rough housing
- REST

## **Phase Two Recovery:**

- Attend school half to full days
- REST at home
- Continue limits on screen time/use of electronics/reading
- Avoid school bus and heavy backpacks
- Work with school Team Captain regarding school accommodations
- No test in school
- No sports, band, chorus, PE
- Review and adjust your Recovery Action Plan
- REST

## **Phase Three Recovery:**

- Attend school full-time if possible
- Work with your teachers regarding homework deadlines (“self advocate”)
- See school nurse for pain management or if rest is needed
- Limit one quiz/test per day consider un-timed testing
- Work in 15 minute blocks, complete as much homework as possible
- No sports
- Decide with your team about band, chorus, PE
- Review and adjust your Recovery Action Plan

## **Phase Four Recovery:**

- Attend school full-time
- Self advocate at school )staggered due dates for assignments, tutor if needed
- Resume your normal activities
- Resume sports once school work is back on track and symptom free and cleared by a physician

