



A School Administrator's Guide to Academic Concussion Management



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Nationwide Children's Hospital Sports Medicine wants you to understand the impact concussions can have on a student's ability to learn. You can help reduce the likelihood of a child suffering permanent damage to his or her academic record by using this guide to help you create and implement an academic concussion management plan.

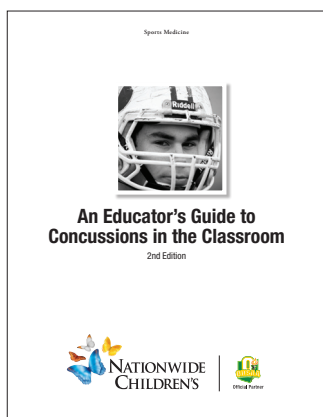
Why is an academic concussion management plan necessary for my school?

Concussions are brain injuries that may affect a student's ability to learn.¹⁻¹³ Because every brain and every student are different, every concussion is different.¹ Some students may not miss any school and may need no more accommodations than someone who has suffered a minor illness. Others may have months of enduring symptoms that can significantly impact their academic performance. Mental and physical rest are essential to concussion recovery.² If not properly managed from the time of initial injury, recovery time can be extended and damage to the students' academic records can result.^{3,4} Therefore, it is essential to have a communication and management plan in place that helps concussed students heal while continuing their education.

Can teachers and school personnel make accommodations even though a concussion is a medical condition?

Concussions are both a medical and educational issue.⁵ Any accommodations created by the school are **based on an educational need that happens to be caused by a medical issue**. Assessing problems with learning and school performance (and making changes to a student's learning plan) are not medical decisions, but are *academic decisions*. Therefore, it is completely appropriate for the school to address learning difficulties caused by a concussion.

What baseline knowledge of concussions should I have before reading this?



Creating an Academic Concussion Management Plan focuses on creating an effective communication plan to manage concussed students in the school setting. If you have not already, please familiarize yourself with *An Educator's Guide to Concussions in the Classroom* before continuing on in this document. *Concussions in the Classroom* explains what a concussion is, why and how concussions may affect students, and how to make temporary academic accommodations to help these students recover. This baseline knowledge is critical to understanding and implementing an academic concussion management plan; therefore, it is highly encouraged that all educators in your school system read and understand this information. To read and share *Concussions in the Classroom*, download an electronic copy from our website at NationwideChildrens.org/Concussions or request one by calling (614) 355-6000.

A Note about Resources

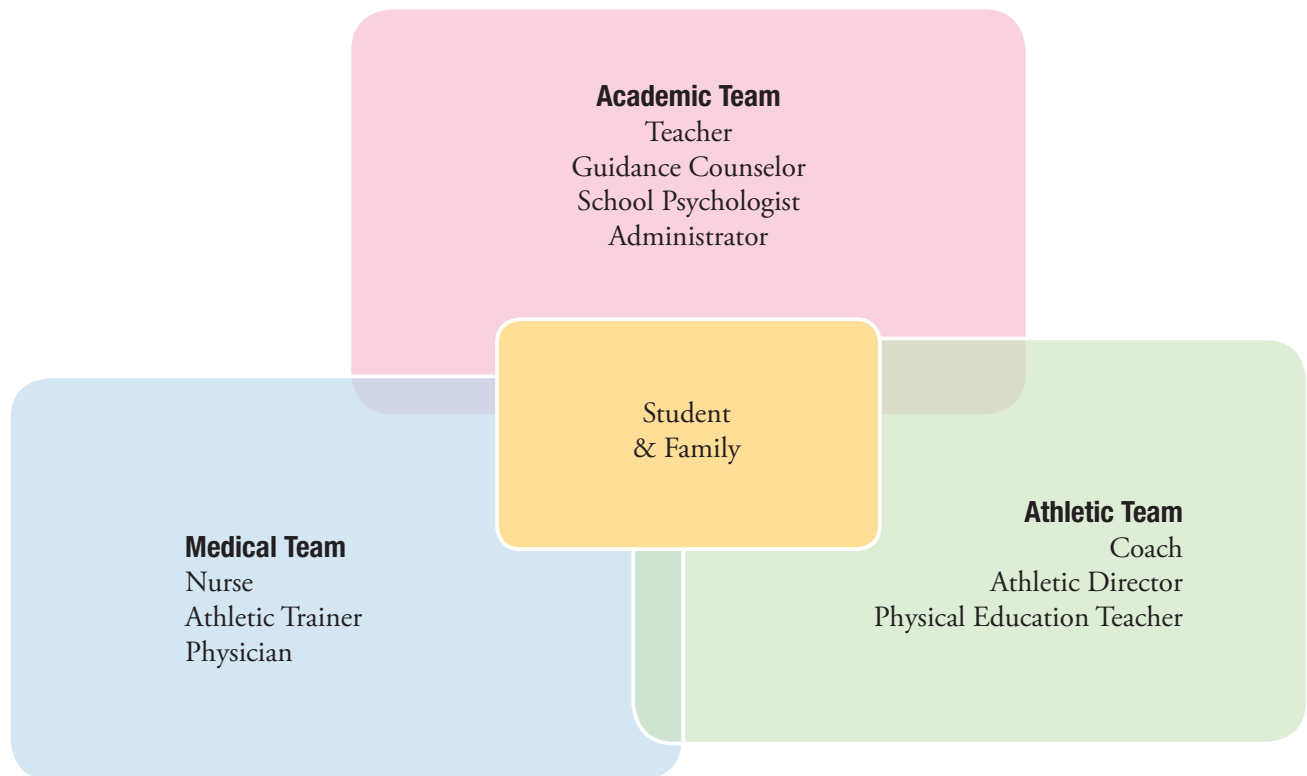
We understand that not all schools will have the same resources. The information provided in this publication is only a suggestion. You will need to consider what your specific community can offer to create a unique plan that best suits your school.



Building the Team

Who should be involved in an academic concussion management team?

Many people are vested in a student's education, especially when a health condition affects his or her ability to learn. Those involved can be grouped into four categories:⁶



For the student and family to receive the best care, all of the teams must communicate effectively both amongst themselves and with the family.

What are the responsibilities of the individual team members?

Each team member will have responsibilities to perform when managing a concussed student. The table below provides an overview of these duties. Remember, because school systems vary, your school may not have all of these team members. The responsibilities of missing team members may need to be assigned to others.

Team Member	Responsibilities ⁵⁻⁸
Student	<ul style="list-style-type: none"> To clearly and honestly communicate their symptoms, academic difficulties and feelings To carry out any assigned duties by other team members to the best of their ability
Parent/Guardian	<ul style="list-style-type: none"> To submit all physician notes and instructions to the school in a timely manner To help the student maintain compliance with any medical and/or academic recommendations given to promote recovery
Teacher	<ul style="list-style-type: none"> To help the student get the best education possible given the circumstances and to follow recommended academic accommodations
Guidance Counselor	<ul style="list-style-type: none"> To help create (as needed) and disseminate academic accommodations to the student's teachers
School Psychologist	<ul style="list-style-type: none"> To be the consultant for prolonged or complicated cases where long-term accommodations or more extensive assessment and educational plans may be necessary
Administrator	<ul style="list-style-type: none"> To direct and oversee the management plan and trouble shoot problems To help create a change in the culture of the school regarding the implementation of programs and policies
Athletic Trainer	<ul style="list-style-type: none"> To evaluate possible injuries and make referrals for student-athletes To monitor symptoms and help coordinate and supervise a student-athlete's safe return to play To communicate with the school about the student's progress
Physician	<ul style="list-style-type: none"> To evaluate, diagnose and manage the student's injury, and to direct medical and academic recommendations
School Nurse	<ul style="list-style-type: none"> To monitor in-school symptoms and health status changes To help determine if it is appropriate for the student to be in school or if the student needs any health-related accommodations
Athletic Director	<ul style="list-style-type: none"> To oversee the athletic department's concussion management plan, including but not limited to: equipment management, policies, coach/athlete/parent education, etc.
Coach/Physical Education Teacher	<ul style="list-style-type: none"> To recognize concussion symptoms and remove a potentially injured player from practice or competition To receive communication from health care providers, parent/guardian and school about readiness to return to play To communicate with the school about the student's progress

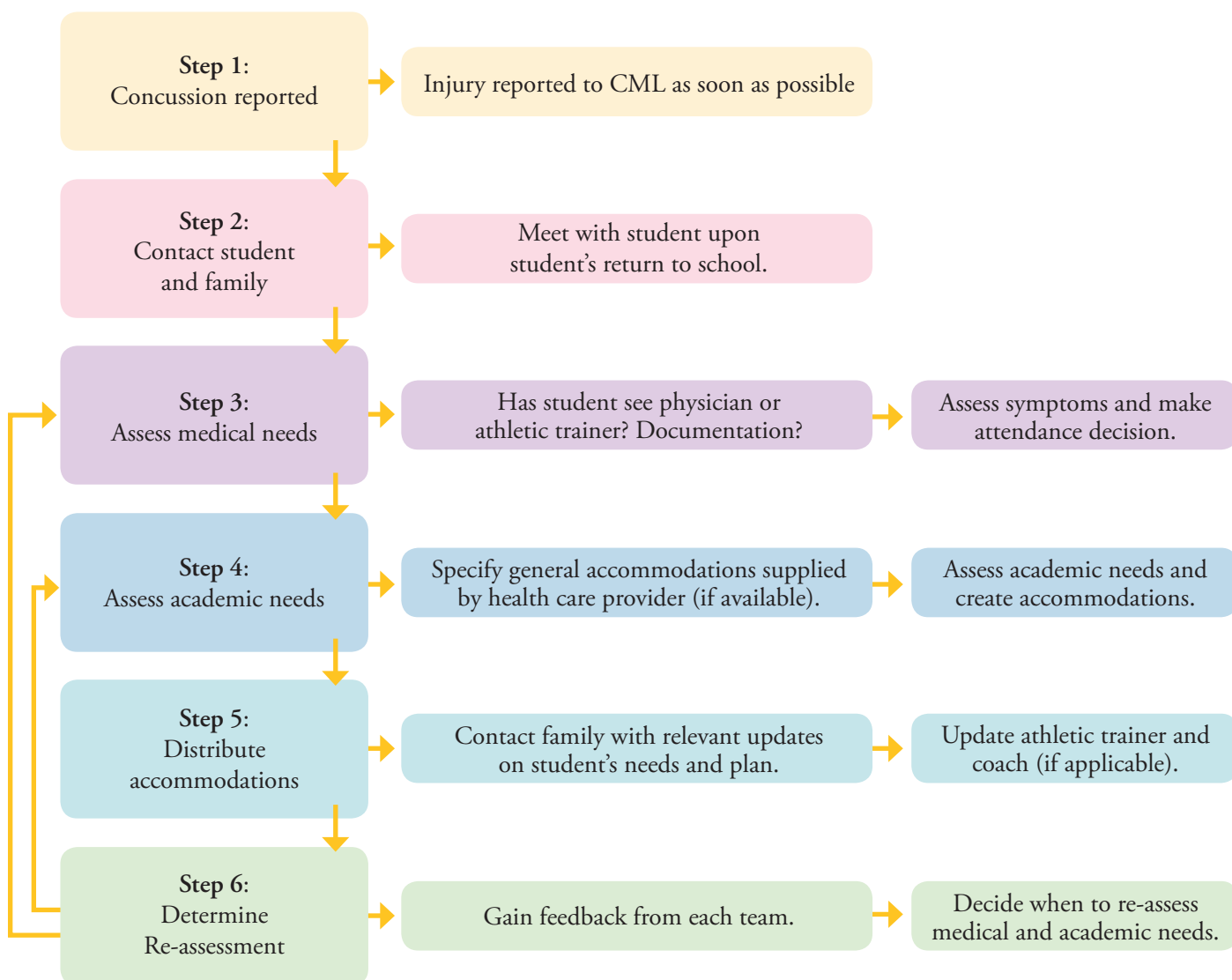
The responsibilities of the team members overlap to some extent. Therefore, a clear line of communication must be built so that information is effectively and succinctly transferred among all parties.



Creating the Plan

The basic academic concussion management process begins with identifying the injury and notifying the Concussion Management Leader (CML) of the injury, so the process can begin. When the student returns to school, a needs assessment must be performed to determine the student's medical and academic problems. Once the needs are established, a plan with accommodations can be created and disseminated to teachers and coaches. The basic framework of the process will be explained here, followed by two examples of potential role assignments for team members. Then, each step in the process will be defined in further detail.

Basic Academic Concussion Management Process:



What are the roles that need to be assigned within the management process?

Below, two models for concussion management are presented. Both models involve the Concussion Management Leader (CML). This person serves as the central communicator for all parties and oversees the process through the duration of the plan.⁷ In the first variation, the two-leader model uses the expertise of people on each of the medical and academic teams to split the assessment duties, with one leader also performing CML duties. In the second variation, called the one-leader model, the CML is the central communicator and may need to perform both the medical and academic assessments.

The team members chosen for leadership positions should be self-motivated, willing to learn, and be strong communicators. They should familiarize themselves with concussion management, and most importantly, be on the school campus most days. An evaluation of the workloads of potential leaders should be done prior to implementation of the plan to ensure they will be able to perform these special positions adequately.

The Two-Leader Model

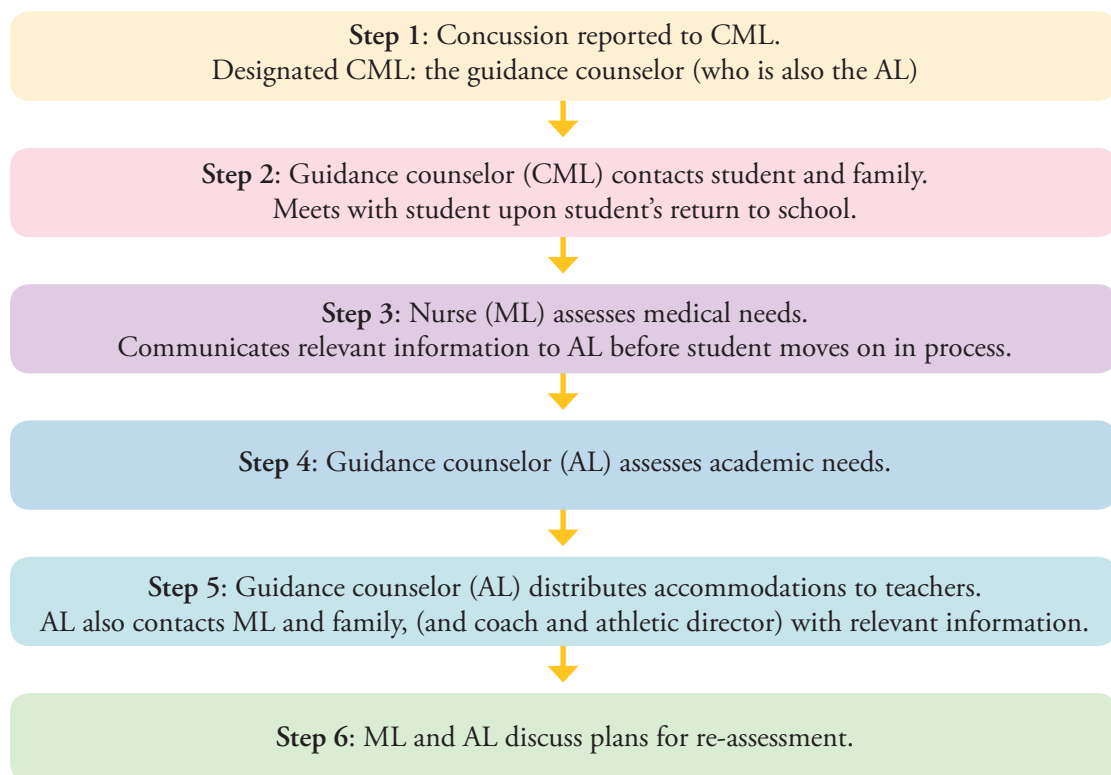
The Two-Leader Model works best for schools that have enough resources for duties to be divided amongst those with expertise in certain areas. A Medical Leader (ML) will assess medical needs, whereas an Academic Leader (AL) will assess the academic needs. Either of these leaders can also serve as the CML, or they may share the CML duties. The key to making this model work is constant communication between the ML and AL and a clear delineation of the other responsibilities in the process.

Recommended team members for the Medical Leader: School nurse, athletic trainer, administrator

Recommended team members for Academic Leader: Guidance counselor, teacher, school psychologist, administrator

Example of the Two-Leader Model

with the guidance counselor serving as CML and AL and the school nurse serving as ML:



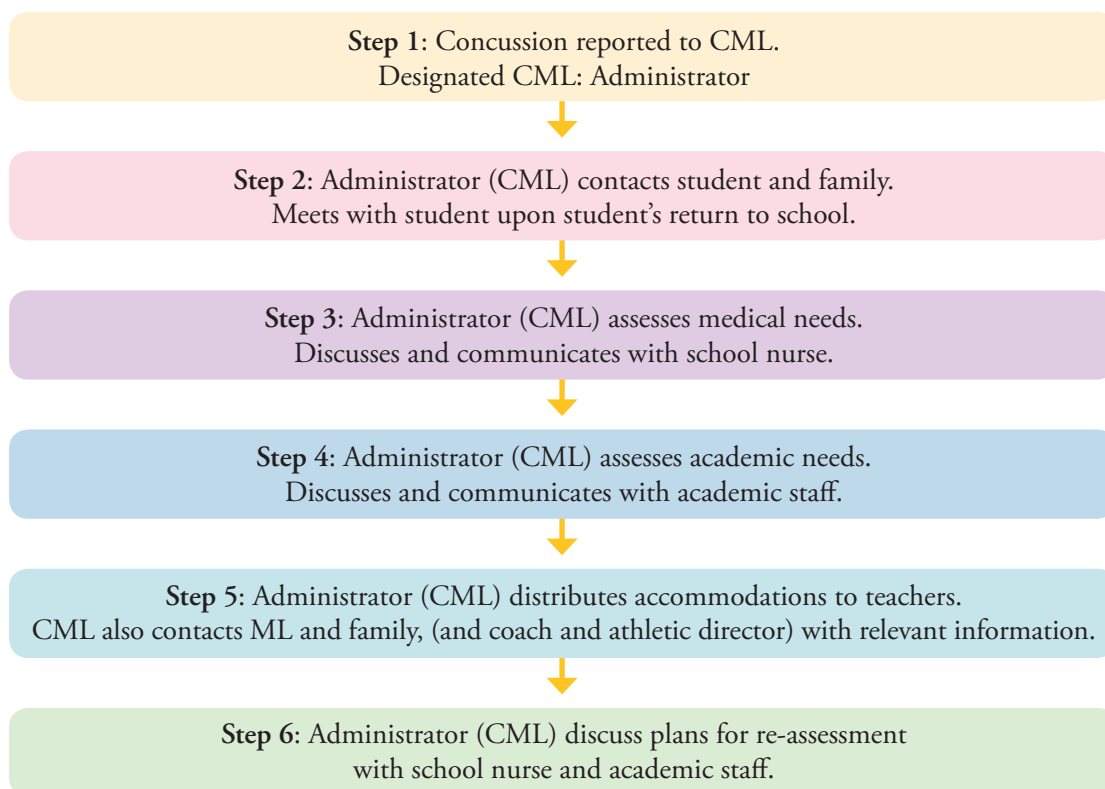
The One-Leader Model

The One-Leader Model works best for schools that do not have a full-time school nurse or guidance counselor or lack the resources to split the medical and academic duties. In this model, the CML must be prepared to make both a simple medical assessment (in the absence of qualified medical personnel) and an academic assessment (in the absence of qualified academic personnel). If needed, the CML can be trained for these duties by the appropriate personnel, and maintain communication with them throughout the management process. Choosing the appropriate person as the CML is the key to making this model work.

Recommended team members for this job: School nurse, guidance counselor, administrator, school psychologist

Example of the One-Leader Model

with a willing administrator serving as the CML and consulting with other team members:



What should happen in each step?

STEP 1: Concussion is reported to the CML as soon as possible.

- At the beginning of school year, CML should be identified to teachers, coaches, parents and administrators so the responsible adults know who to report injuries to.
- Anyone in the school community who suspects a concussion should contact the CML right away so the student can be referred for proper evaluation.

STEP 2: Contact student and family and meet with the student upon return to school.

- The CML should explain his/her role as the central communicator to both the student and the family and provide contact information for questions or concerns.
- The CML should also briefly explain the steps in the management process so the student and family know what to expect.
- Lastly, the CML needs to explain the responsibilities of the student and family:⁶
 - The student must communicate honestly with the CML.
 - The student must follow any recommendations created by the Concussion Management Team to the best of his or her ability.
 - The family must forward physician notes and other relevant documentation of the injury and treatment plan to the CML promptly.
 - The family must also agree to help the student follow recommendations created by the Concussion Management Team.
- Explaining responsibilities helps to ensure good communication with, and compliance from, the student and family! If the student and family are non-compliant, the entire process will fall apart, so their cooperation is vital.

STEP 3: Assess medical needs.

- The CML or ML will determine if the student has been evaluated by an athletic trainer or physician, and if the student has documentation from the provider concerning school/activity restrictions and accommodations.
- If no recommendations are available from the medical provider, the CML or ML should assess symptoms to determine if the student will benefit from being in school or if attendance is likely to be counterproductive. See [Appendix A: Symptom Log](#)
 - i. If symptoms are significant or severe, the student may need to be sent home.
 - ii. If symptoms are manageable and not becoming significantly worse by attending school, the student may continue to step 4.
- Document as required.

STEP 4: Assess academic needs.

- If there are academic recommendations from the health care provider, the CML or AL should specify those general recommendations.
- If no recommendations are available, the CML or AL should assess the student's academic needs. See **Appendix B: Classroom Concussion Assessment Form**
- Document as required.

STEP 5: Distribute accommodations to teachers in writing. Contact family (and if applicable, coach and athletic trainer) with relevant academic/medical updates and plan, as needed. Document as required.

STEP 6: Identify appropriate timeframe for re-assessment of needs, and using feedback from teams, re-start process at step 3 or 4.

- Re-assess medical and/or academic needs when...
 - New physician documentation arrives dictating a new course of action
 - Symptoms have changed (and therefore the prior assessment needs to be altered)
 - Symptoms have resolved and are no longer a barrier to school participation or attendance
 - Teachers or parents identify problems in current plan that are not being adequately addressed
- Once the re-assessment is complete, document as required, and return to step 5 (notify relevant parties of any changes to the plan), then continue to step 6 (identify appropriate timeframe for re-assessment).



Implementing the Plan

What are the appropriate ways to communicate sensitive medical and academic information within the team?

In general, any information about a student's health status and academic career is protected information under the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA), respectively. Be careful about what you say and to whom you say it. Make sure you cannot be overheard and only discuss what is absolutely necessary to manage the situation.

It may be advantageous for an administration to outline appropriate forms of communication in these types of circumstances. There are many ways to communicate a student's status: through email, telephone or in person, each with unique advantages and disadvantages. Make sure your entire staff knows how to appropriately communicate when involved in this plan.

For more information about HIPAA, visit hhs.gov/ocr/privacy/hipaa/understanding/index.html.

For more information about FERPA, visit www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

Once we have built the plan, how can we ensure its success?

As with any type of communication within a group, there are a few things you can do to help the team succeed:

- Educate all school staff about the main goal of academic concussion management, which is to help reduce the likelihood of a child suffering permanent damage to his or her academic record because of a concussion.
- Educate all school staff about concussions and how they affect academic learning. Ensure a general understanding of the language and school procedures that need to be followed in the management plan.
- Provide more specific training to the management team members.
 - Distribute a written guide of responsibilities and expectations to team members. Taking the time to explain the process to each team member before or at the beginning of a plan will more likely lead to better compliance.
 - Emphasize that though each team member's roles and responsibilities may be unique, all are equally important. Inadequate participation from one member can derail the whole plan.



Frequently Asked Questions:

What if the student has not yet seen a physician, but needs academic help now?

Occasionally, the situation will arise when a student cannot see a physician, cannot get an appointment for a week or more, or the physician note does not provide any academic accommodations. In these circumstances, it is advisable for the school to put their own academic management plan in place until more specific recommendations follow. Waiting to implement a plan could significantly compromise the student's educational progress as well as his or her recovery.

Can the CML or ML speak directly with the student's physician about concerns?

The student's parent or guardian (or the student, if over age 18) will need to fill out a Release of Medical Information (ROI), in order for the physician to be able to speak with school staff about the student's medical care. If desired, the CML should request for the family to complete this documentation through their physician's office.

How do we know if the student is lying or trying to “work the system?”

Concussion symptoms are unfortunately subjective in nature, and therefore, make it difficult to know when a student is lying. Students with medical documentation of their injury should be helped to the best of the school's ability. However, communication among all team members will help to identify students who may be trying to “work the system.” If a concern has arisen about the legitimacy of the student's complaints, a meeting with all involved parties can be held to discuss the situation and determine the appropriate course of action. In these instances, direct communication between the CML and physician is very useful.

What if the student and family are non-compliant?

Documentation is very important, especially in cases of non-compliance. There may be situations where the student and/or family do not follow recommendations. In these cases, it is important to document the school's efforts and to keep this documentation on file as directed by school policy. The initial conversation between the CML and student/family can help to ensure compliance and therefore should not be skipped.

How do the return-to-play progression and athletics fit into this model?

In order to begin the return-to-play progression, the student-athlete should not have any symptoms for at least 24 hours,^{1,8} not be using medications to help with symptoms, and be attending school full time without any concussion-related academic accommodations. When it's time to start the progression, there should be communication among the athletic, medical and academic teams to make sure the student is functioning fully in school before beginning his or her return to sports. Academics come first!

How do IEPs (Individualized Education Programs) and 504 Plans fit into Academic Concussion Management?

IEP and 504 Plans are legal documents that help to ensure a student's educational needs are being met by the school system.⁹ These programs may be necessary for students with long-term issues resulting from their injuries.^{6,10} These programs may take extensive time and documentation to implement, and therefore, may not be able to help the student in the days or weeks immediately following the injury. Each school system should decide how these programs fit into their academic concussion management plan.

Frequently Asked Questions: *(continued)*

Are there specific indicators that suggest that the school may need to be more conservative in managing certain students? How do we differentiate concussion issues from other co-morbid conditions, such as learning disabilities and emotional disorders?

A history of certain pre-existing medical conditions and/or academic difficulties can make concussion diagnosis and treatment even more challenging. Special considerations may be needed in the following circumstances: ^{6,11,12}

- Student has a history of migraine headaches.
- Student has a previous history of concussion or traumatic brain injury (TBI).
- Student has a history of emotional disorders (such as anxiety or depression).
- Student has existing IEP/504 Plan(s) before the injury.
- Student has attention deficit disorder (ADD), attention deficit and hyperactivity disorder (ADHD), and/or other learning disabilities.

Furthermore, students who have a history of poor attendance or those who are high achievers may need firm guidelines and good social support to ensure adherence to the management plan.

In all of these scenarios, direct collaboration with the health care provider may be helpful in differentiating concussion symptoms from other conditions, so that the best recovery plan for the student can be utilized.

How can I share this resource with others?

Nationwide Children's Hospital Sports Medicine provides a consultation service on this topic free of charge. The length and content can be tailored to fit the specific needs of the group. Please call (614) 355-6000 for more information.

A PDF version of this document is also available on our website at NationwideChildrens.org/Concussions.

What if I want to learn more?

We provide further educational resources, presentations and print materials on concussion management and other sports-related injuries and fitness well-being. Visit NationwideChildrens.org/Sports-Medicine or call (614) 355-6000.

The **Concussion Clinic** at Nationwide Children's utilizes the expertise of Pediatric Sports Medicine and Physical Medicine and Rehabilitation specialists, along with neurologists, neurosurgeons, radiologists, neuropsychologists, physical therapists and athletic trainers, to best manage pediatric concussions.

We also offer baseline **neurocognitive (concussion) testing** to evaluate a healthy athlete's decision-making ability, reaction time, attention and memory.

Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention provide informational materials about concussions for athletes, parents, coaches and teachers, including a free Heads Up! toolkit. Visit cdc.gov/concussion.



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Appendix A

Concussion Symptom Log

Your child/student either has a concussion or is suspected of having a concussion. To better track the concussion symptoms, please complete this log daily using the following scale. Please use only one number for each symptom. This is a useful tool for both medical and educational professionals to use in making accommodations for both academic and athletic activities. If there are any questions, please feel free to contact Nationwide Children's Sports Medicine at (614) 355-6000 or visit our website at NationwideChildrens.org/Sports-Medicine.

None	Mild		Moderate		Severe	
0	1	2	3	4	5	6

Date:	Initial symptoms	Current symptoms							
Headache									
"Pressure in head"									
Neck pain									
Nausea or Vomiting									
Sensitivity to light									
Sensitivity to noise									
Balance problems									
Dizziness									
Blurred vision									
More emotional									
Irritability									
Sadness									
Nervous or Anxious									
Confusion									
Feeling like "in a fog"									
Difficulty concentrating									
Difficulty remembering									
"Don't feel right"									
Feeling slowed down									
Drowsiness									
Fatigue or low energy									
Trouble falling asleep									
Total Symptom Score									



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Appendix B



Class/Period: _____

Instructor: _____

Classroom Concussion Assessment Form

Name: _____ Date: _____ Time: _____

Instructions to the Student:

Read the symptoms in the left-hand column. For each symptom, circle one answer in the center column. Be honest and do not skip any questions. Then, answer the question at the bottom of this page. Give the sheet to your educator once complete.

Instructions to the Educator:

Use the student's responses to the following questions to devise in-class, symptom-based accommodations. Refer back to Concussions in the Classroom for more specific explanations of the accommodations.

Symptoms

Circle ONE in each row

Headache	none	mild	moderate	severe
Dizziness/balance problems	none	mild	moderate	severe
Feeling sick to stomach (nausea)	none	mild	moderate	severe
Tiredness/drowsiness	none	mild	moderate	severe

Accommodations

- Mild/moderate: Allow classroom participation
- Avoid symptom triggers
- If severe, refer to nurse/parent

Symptoms

Circle ONE

Sensitivity to light no yes

Sensitivity to noise no yes

Feeling mentally foggy no yes

Difficulty concentrating on schoolwork no yes

Difficulty paying attention to teacher no yes

Difficulty remembering no yes

Difficulty staying organized no yes

Accommodations

- Move away from windows
- Dim lights/draw shades
- Allow sunglasses/hat in class
- Remove from loud environments
- Reduce classroom noise
- Avoid headphones and loud music
- Give breaks between tasks
- Simplify tasks
- Shorten task duration
- Give breaks between tasks
- Front room seating
- Work/test in quiet room
- Provide class notes
- Provide memory aids
- Use alternative testing methods
- Use agenda/planner for schedule and due dates
- Check comprehension of instructions
- Use "to-do" lists and checklists

What tasks in school are most difficult for you? Please write specific examples.

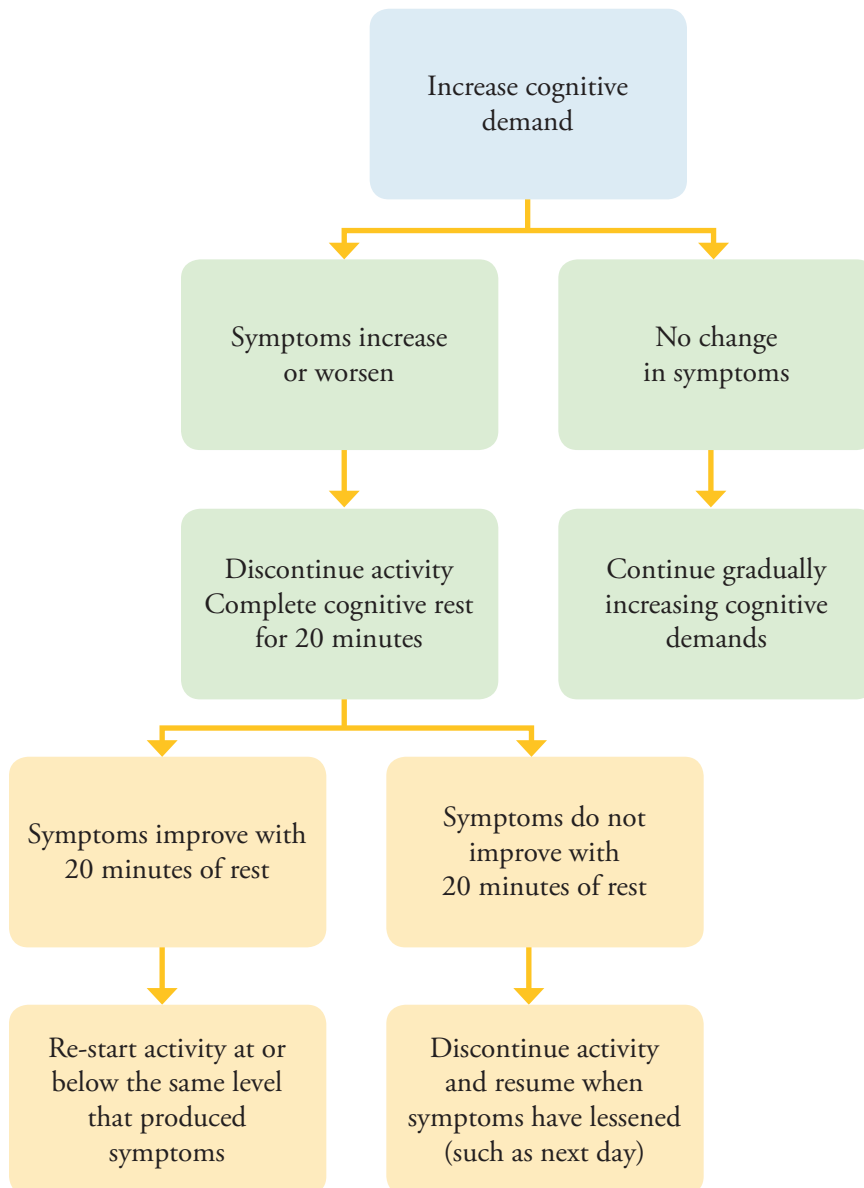
The emphasis in managing a concussed student in the classroom is to allow the student to participate and learn **without worsening symptoms** (which may delay healing).

As the student improves, gradually increase demands on the brain by increasing either:

- A. the amount of work
- B. the length of time spent on the work
- C. the type or difficulty of work

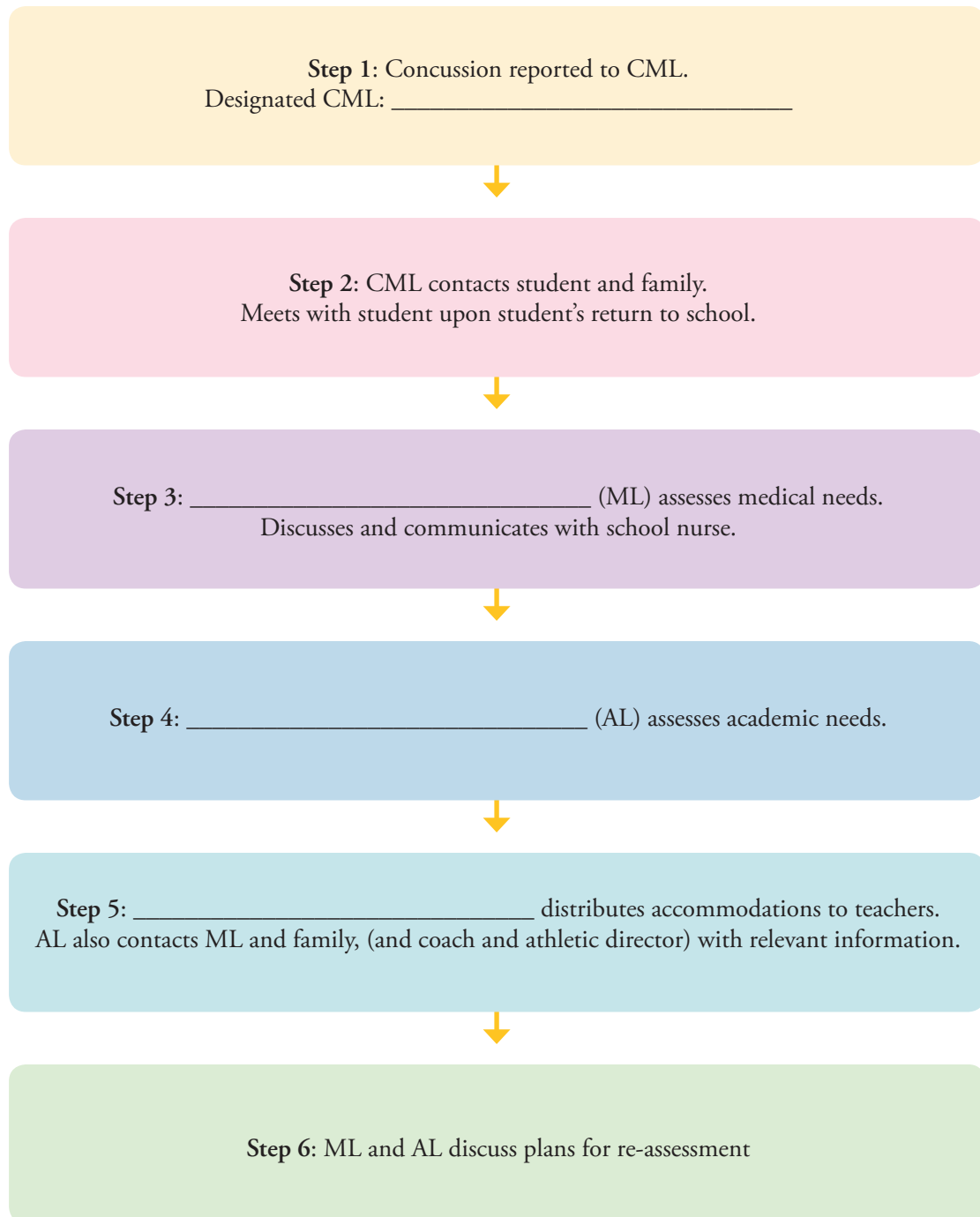
***** IMPORTANT NOTE: Change only ONE of these things at a time.**

Below is a decision-making flow chart of what to do if increasing cognitive demand worsens symptoms.

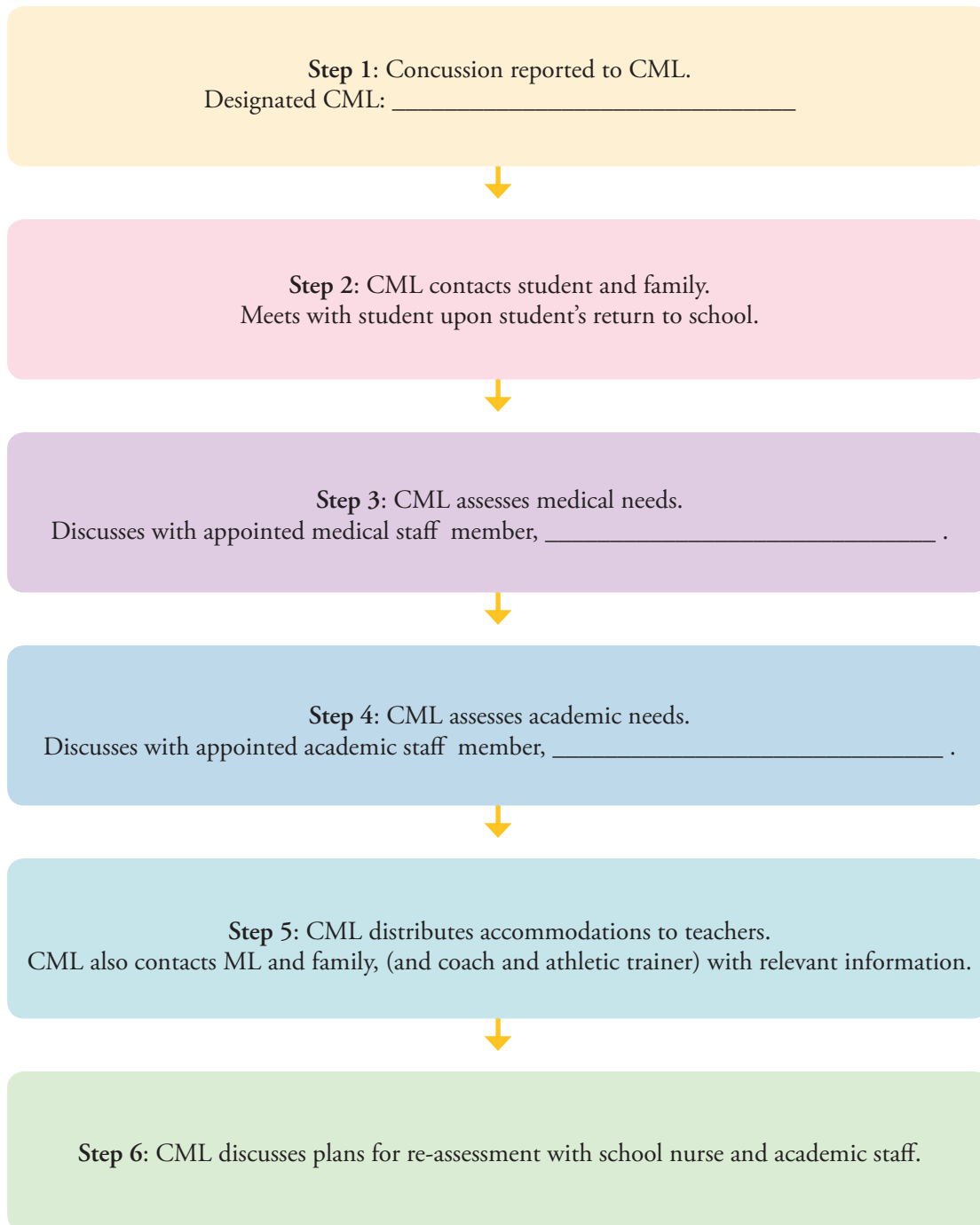


Appendix C

Blank Two-Leader Model



Blank One-Leader Model





Nationwide Children's Hospital Sports Medicine provides care at eight locations throughout central Ohio. For maps, directions and office hours of our locations, visit NationwideChildrens.org/Sports-Medicine-Locations.

To schedule an appointment at any location, call (614) 355-6000.

Canal Winchester

*Close To Home*SM Center
7901 Diley Road, Suite 150
Canal Winchester, OH 43110

Dublin

Sports Medicine and Orthopedic Center
5680 Venture Drive
Dublin, OH 43017

Hilliard

*Close To Home*SM Center
4363 All Seasons Drive
Hilliard, OH 43026

New Albany

Philip Heit Center for Healthy New Albany
150 West Main St.
New Albany, OH 43054

Downtown

Orthopedic Center
479 Parsons Ave.
Columbus, OH 43215

East Columbus

*Close To Home*SM Center
6435 East Broad St.
Columbus, OH 43213

Marysville

*Close To Home*SM Center
100 Colemans Crossing Blvd.
Marysville, OH 43040

Westerville

Sports Medicine and Orthopedic Center
584 County Line Road West
Westerville, OH 43082

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