

POST-CONCUSSION RECOMMENDATIONS FOR HOME

PHYSICAL	THINKING	EMOTIONAL	SLEEP/ENERGY
Planned breaks in a quiet relaxing place with soft lighting.	Ask questions and provide directions slowly.	Understand that being more emotional or irritable is part of having a head injury. Don't punish child for emotional outbursts.	Ask child about problems with falling or staying asleep and about overall nightly and daily sleep quantity and quality. Ask child if he/she feels rested with sleep routine.
Allow short periods of cognitive exertion, including any screen time, reading, homework, etc., followed by planned breaks to manage symptoms.	Give only one task at a time for child to complete and allow additional time for child to respond to questions.	Explain to your child that having a head injury can sometimes increase irritability or emotional intensity.	If your child reports problems falling asleep, consider whether they are normal for your child. If this problem continues for more than a week, review the times of day and lengths of naps.
Allow child to keep lights low and shades drawn and/or wear sunglasses if bothered by light.	Write things down for child to remember.	Develop a plan with child if feeling emotional and work with school on a similar and appropriate plan for school.	Make napping adjustments by either discouraging napping or taking last nap earlier in the day. Consider also adjusting bedtime to later in night.
Keep noise level in home low and/or allow child to wear noise cancelling head sets.	Encourage and support child in taking time away from school/work.	Make sure child is feeling connected with peers and athletic team.	If problems persist with falling asleep, consider consulting with primary care physician.
Consult with physician for pain management plan.	Temporarily allow child to do less at home than normal.	Determine whether child is feeling stressed about school. Continue to work with school on adjusting expectations and requirements during recovery.	If your child reports problems staying asleep, review nap schedule and bedtime schedule and consider adjusting. Refer to physician if sleep problems persist.
Other:	Other:	Other:	Limit child's texting, reading, talking on phone, and watching movies, videos, computer. Educate about good sleep habits.
Other:	Other:	Other:	Other:

### ACADEMIC ADJUSTMENTS FOLLOWING CONCUSSION

*Following concussion, students who receive academic adjustments without penalty for missed work are more successful and better able to reintegrate into school. Use this list as a guide. Be flexible and monitor frequently for signs of fatigue. Provide adjustments as needed, and remove when no longer necessary.*

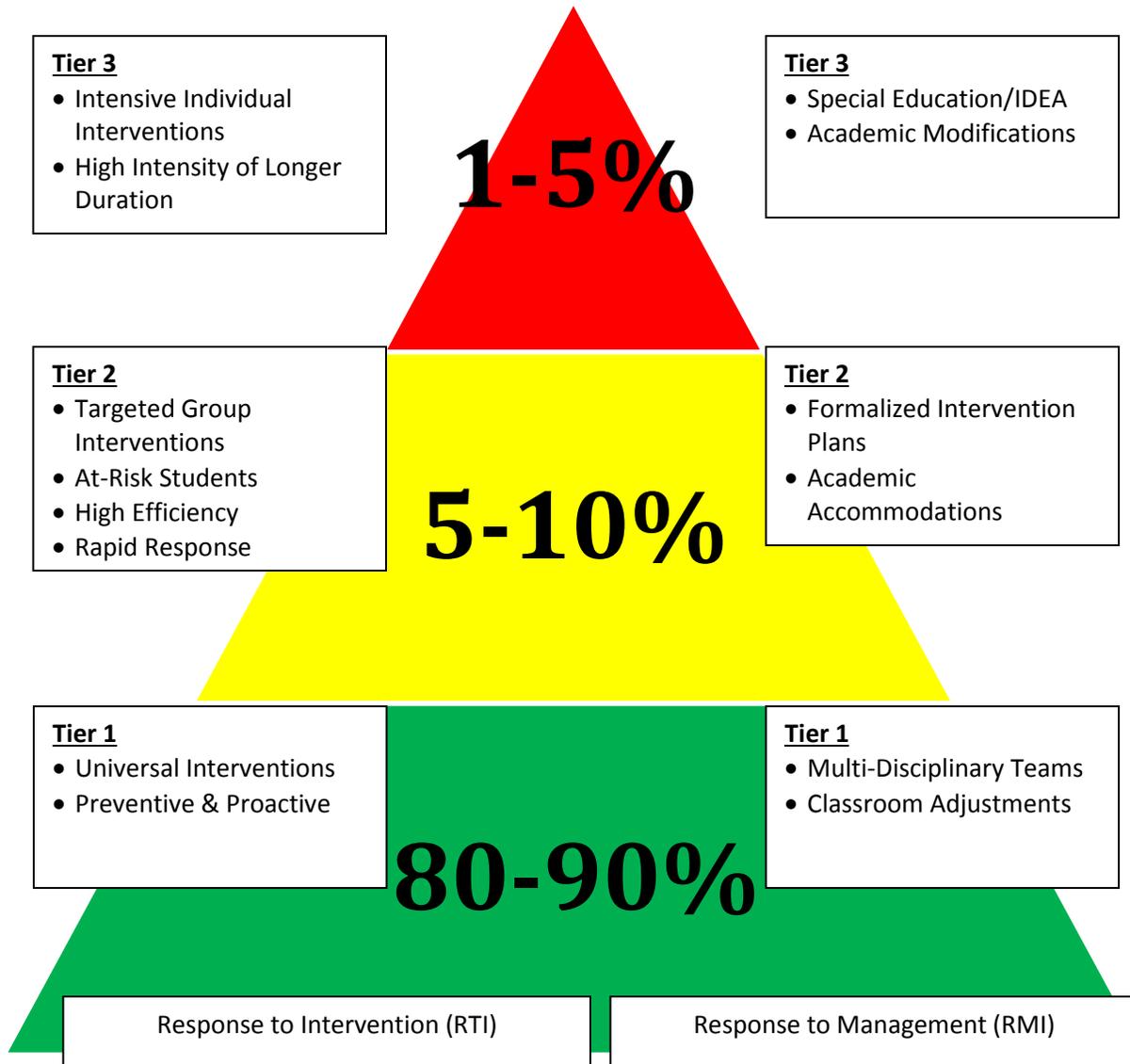
GENERAL	COGNITIVE/THINKING	FATIGUE/PHYSICAL	EMOTIONAL
No school until specified To be reviewed on: _____	Reduce class assignments and homework to critical tasks only. Exempt non-essential written classwork or homework. Base grades on adjusted work.	Allow time to visit school nurse/counselor for treatment of headaches or other symptoms.	Develop plan so student can discreetly leave class as needed for rest.
Adjust class schedule (alternate days, shortened day, abbreviated class, late start to day).	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.
No PE classes (Including weight training, aerobics, yoga, dance) until cleared by a healthcare professional. No physical play at recess.	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 and appropriate activities of non-physical nature.
Avoid noisy and over-stimulating environments (e.g., band) if symptoms increase.	Allow student to demonstrate understanding of concepts 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 drop high level or elective classes without penalty if accommodations go on for a long period of time.	Provide written instructions for homework/classwork 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.
Allow student to audit class (i.e., participate without producing or grades).	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.	
Remove or limit testing (e.g., midterms, finals, standardized) or high stakes projects.	Allow utilization of notes and/or word banks for test taking due to memory issues.	Provide a quiet environment to take tests.	
Alternate periods of mental exertion with periods of mental rest.		Don't substitute mental for physical activity (e.g., assign reading during PE).	

*If student 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.*

## 504 PLAN POST-CONCUSSION

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 Response-to-Management (RTM) concussion protocol, similar to a Response to Intervention (RTI) protocol, can be effectively implemented in most schools.



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.