Academic Concussion Recovery Protocol
Cathedral High School
Academic Concussion Recovery Protocol

Purpose:
To help ensure that a concussion does not result in permanent damage to a student’s academic record. Proper management in the classroom can allow a student to continue making academic progress through a progressive series of accommodations.

Why is the role of the teacher so important?
Teachers regularly hear all sorts of excuses as to why school work is not completed. Since concussed students usually look completely “normal,” it is easy for a teacher to assume that he is hearing just another excuse. A concussed student needs reassurance from his teachers that he can still be academically successful in spite of missed days and missed assignments. A consistent message from all school personnel... including teachers... is essential. Mixed messages and pressure to get caught up invariably contribute to increased stress that will prolong recovery.

Common Concussion Symptoms:
Physical—headache, dizziness, balance problems, nausea, fatigue, sensitivity to light, sensitivity to noise
Cognitive—feeling mentally foggy, feeling slowed down, difficulty concentrating, difficulty remembering, difficulty focusing
Emotional—irritability, sadness, nervousness, more emotional than usual, depression
Sleep—trouble falling asleep, sleeping more than usual, sleeping less than usual

Academic Concussion Recovery Plan:
No two concussions are the same. Ultimately, the key to the quickest and most successful recovery is both physical and mental rest. Each student will progress through the following stages of academic recovery on a different timeline. Because the severity of symptoms and the length of the recovery period vary from student to student, not all students need every phase. Students progress through these phases at the direction of their medical professionals after the initial visit and follow-up visits.

Please note: students who are currently exhibiting any symptoms should be allowed to leave the classroom in order to rest in the nurse’s office, a counselor’s office, the training room, etc. A student should never be encouraged to “work through” his symptoms, as the symptoms are his brain’s way of telling him that it needs a break.
**Phase 1:** No school. Interventions may include: no school work, no activities that exacerbate symptoms (television, video games, computer/ iPad use, texting, loud music)

**Phase 2:** Half-day attendance with academic accommodations. Interventions may include: focus on core subjects (prioritization of classes... which to attend and how often), student allowed to leave the classroom if/when symptoms return, nonessential coursework eliminated, no homework, no tests/quizzes, provide class notes to student (can be teacher’s prepared notes or a copy of a fellow student’s notes), iPad use in classroom severely limited, student allowed to leave class shortly before bell rings so as to not be exposed to the noise and confusion of the passing periods.

**Phase 3:** Full-day attendance with academic accommodations. Interventions may include: continue to prioritize core subjects, gradually increase amount of homework, no tests/quizzes, student allowed to leave the classroom if/when symptoms return, nonessential coursework eliminated, notes provided, iPad use in classroom limited, student allowed to leave class shortly before bell rings so as to not be exposed to the noise and confusion of the passing periods.

**Phase 4:** Full-day attendance without academic accommodations. Interventions may include: extended time on all tests/quizzes, no make-up work, full participation in classroom activities (discussions, group work, homework, tests/quizzes/projects).

**Phase 5:** Full-day school participation and completion of make-up work. Interventions may include: construct “make-up” plan and timeline. The timeline for make-up work is individualized and requires patience on the part of the student, parents, and teachers. Each teacher should supply the student with a complete list of what the teacher expects the student to make up. (Per phase 2 and 3, the student should be required to make up all tests/exams and those quizzes/assignments that the teacher deems essential in order to receive credit for the course.) Considering the demands of his current workload, the student and his academic advisor should construct a make-up plan that is manageable. Students should be given ample time to prepare for the make-up tests/quizzes/exams. Students should begin making up work slowly, initially taking perhaps just one major make-up test per week. Taking more than one major make-up test/quiz per day is strongly discouraged. The emphasis is on good performance and a positive outcome, so the make-up work should be scheduled as the student feels prepared. Once a test/quiz/exam is taken, the grade will stand; “re-do’s” are not permissible.
Additional Accommodations:
In addition to classroom accommodations, other school accommodations might include: restricting the student from band, choir, or theatre, allowing the student to leave the classroom if a movie is being shown, removing the student from classes that require heavy use of the computer, restricting driving privileges, restricting attendance at pep rallies, dances, assemblies, or athletic events, removing the student from a class that is “noisy” (for example, any class that uses power tools), allowing the student to eat lunch in a quiet area.

Symptom-Specific Accommodations:
(Again, please note: students who are currently exhibiting these or any symptoms should be allowed to leave the classroom in order to rest in the nurse’s office, a counselor’s office, the training room, etc. A student should never be encouraged to “work through” his symptoms, as the symptoms are his brain’s way of telling him that it needs a break.)

Teachers might proactively consider the following if a concussed student has previously complained of the specific symptom indicated:

- **Sensitivity to light**—move away from windows, dim lights/draw shades, allow sunglasses in class
- **Sensitivity to sound**—remove from loud environments, reduce classroom noise, avoid headphone use
- **Mental fogginess**—give breaks between tasks, simplify tasks
- **Lack of concentration**—shorten task duration, give breaks between tasks
- **Lack of focus**—front room seating, work in quiet room
- **Difficulty remembering**—provide class notes, provide memory aids
- **Organizational difficulty**—write schedule and due dates in planner, check comprehension of instructions

Summary:
Teachers, counselors, and other adults in the building should make a point to frequently “touch base” with students during their concussion recovery period. A student who is unable to fully participate in school and school activities can often fall into a state of depression. It is important to help a concussed student stay connected and hopeful.
References to falling behind academically or overly frequent reminders of the importance of catching up, while good intentioned, can unnecessarily add stress to a student in concussion recovery. Stress can significantly prolong recovery time. The child’s return to full cognitive health is of utmost priority, so making up academic work can be postponed until the student is ready for it. This may require making up work over the summer, during spring/winter breaks, or on weekends.

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