

# Meridian School District 223

## Concussion Oversight Team Return-to-Learn & Return-to-Play Protocol

A student's best chance of full recovery from a concussion involves two critical components: cognitive and physical rest. Continued research has focused on the fact that cognitive rest is essential to the quick resolution of concussion symptoms. Cognitive stimulation includes: driving, video games, computers, text messaging, cell phone use, loud and/or bright environments, television, reading and studying; these must be limited, and in most cases, completely avoided. Physical activity such as physical education, sports activities, and strength or cardiovascular conditioning must be regulated while recovering from a concussion.

Students who have sustained a concussion may need informal or formal academic accommodations and modification of curriculum. In accordance with the Youth Sports Concussion Safety Act, the school's Registered Nurse and/or Certified Athletic Trainer, in conjunction with the treating physician, will evaluate and monitor concussion symptoms, institute academic accommodations as deemed necessary, and progress the Return-to-Learn and Return-to-Play process based on current scientific evidence.

- All concussions must be evaluated by a physician.
- To initiate the Return-to-Learn protocol, the student must be evaluated by a licensed healthcare professional and documentation provided to the school outlining cognitive and physical restrictions.
  - Depending on evaluation and symptoms reported, additional accommodations can be assigned in the areas listed:
    - School attendance
    - Testing
    - Workload
    - Breaks
    - Visual stimuli
    - Audible stimuli
    - Physical exertion
    - Home
    - Sleep
    - Work
    - Emotional
  - The student, parent/guardian, coach, counselor, nurse, and teachers are notified of the assigned accommodations.
  - In addition to academics, all concussed students are not permitted to participate in athletics or physical education.
  - Students who remain home for an extended period of time will be reviewed by student services.

- Students should be re-evaluated on a daily or every other day basis by the School Nurse or Certified Athletic Trainer, whenever the student is present in school.
  - It is the student’s responsibility to report to the School Nurse or Certified Athletic Trainer as directed to complete the Return-to-Learn and Return-to-Play Protocol.
  - The self-reported symptoms and evaluation will be used to determine the appropriate academic accommodations.
  - During the recovery process, as symptoms resolve, an “expose and recover” treatment plan will be used.
  - A notification will be made to the same people listed above every time there is a change to the accommodations.
  - If a concussion requires an extended period of time to resolve, the student is placed on the Student Service Team agenda.
- In order to return to play:
  - The student must be back to all normal academics.
  - Athletes may need to pass a Post-Concussion IMPACT test which is interpreted by either the Certified Athletic Trainer, School Nurse and/or physician.
    - If the test results are back to within normal deviations of the baseline scores, the athlete can continue the Return-to-Play Protocol.
    - For more information, go to [www.impacttest.com](http://www.impacttest.com)
  - A physician must clear the student to begin the Return-to-Play Protocol or have previously given the Certified Athletic Trainer or School Nurse consent to complete the Return-to-Play Protocol.
- The Return to Play Protocol (RTP) in Table 1 outlines special considerations for students and student-athletes returning to physical activities and sport activities and further explains the concept of Return to Play.

**Table 1. Guidelines for Return to Play**

| Stage                                      | Activity   | Next Steps  |
|--|--|---|
| 1. Complete Guidelines for Return to Learn | Resume full academic/cognitive workload without adjustments (or return to normal, pre-injury scheduling) | Able to tolerate activities without symptoms for 12-24 hours?<br><b>Yes</b> – continue to stage 2<br><b>No</b> – Remain in <i>Return to Learn</i> |
| 2. Light aerobic exercise                  | Walking, light jogging, swimming, stationary cycling   | Able to tolerate activities without symptoms for 12-24 hours?<br><b>Yes</b> – Continue to stage 3<br><b>No</b> – Remain in stage 2 and monitor    |
| 3. Sport specific Exercise                 | Skating drills, running drills, cycling<br>*NO head impact activities                                    | Able to tolerate activities without symptoms for 12-24 hours?<br><b>Yes</b> – Continue to stage 4<br><b>No</b> – Remain in stage 3 and monitor    |

|  |   |  |
|--|---|--|
| 4. Non-Contact training drills           | Progress to complex training drills, resistance training, increased exercise, coordination, and attention | Able to tolerate activities without symptoms for 12-24 hours?<br><b>Yes</b> – Continue to stage 5<br><b>No</b> – Remain in stage 4 and monitor                   |
| 5. Full Contact Practice with Caution    | With medical clearance, return to normal training activities  | Able to tolerate activities without symptoms for 12-24 hours?<br><b>Yes</b> – Continue to stage 6<br><b>No</b> – Remain in stage 5                               |
| 6. Resume pre-injury athletic activities | Normal game play with monitoring and increased awareness of further injury                                | Able to tolerate activities without symptoms for 12-24 hours?<br><b>Yes</b> – Continue stage 6 and normal scheduling/activities<br><b>No</b> – Return to stage 5 |

Source: Adapted from Consensus Statement on Concussion in Sport 3<sup>rd</sup> International Conference in Sport held in Zurich, November 2008.

- If symptoms return at any point, the step must be repeated again the next day before moving on with the progression. Progression is individualized, and will be determined on a case by case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who had extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly.
- For student-athletes, written consent must be given to the school by the physician, the parent/guardian, and the student-athlete before being cleared for contact in Stage 5.
- For non-athletes, students must complete steps 1-3 and have physician’s consent to return to full Physical Education participation.
- The student will be given adequate time to complete missed academic work based on the amount of time needed for complete recovery.
  - Educators can utilize a “mastery learning” approach emphasizing key concepts taught in brief units for each subject. Educators should assign work that promotes mastery of these concepts but should still limit non-essential assignments. Prioritizing essential coursework helps students learn important subject matter while alleviating anxiety about making up missed assignments.
  - Any missed Physical Education classes due to a concussion do not need to be made up.