Community of Practice on Traumatic Brain Injury

Seventh Meeting
March 5th, 2014
Today’s Agenda

• **Presentation:** Community-based Concussion Management

• **Team Update:** Nebraska & Return to Learn
If you are having any technical problems joining the webinar please contact the Adobe Connect hotline at 1-800-416-7640 or email csninfo@edc.org

Type any additional questions or comments into the Chat box on the left.
Presenter

Dr. Karen McAvoy
Director
Center for Concussion at the Rocky Mountain Youth Sports Medicine Institute
Concussion Management
It Takes a Village
Karen McAvoy, PsyD
Center for Concussion

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Most concussion in sports laws include three action steps:

1. **Educate Coaches, Parents, and Athletes**: Inform and educate coaches, athletes, and their parents and guardians about concussion through training and/or a concussion information sheet.

2. **Remove Athlete from Play**: An athlete who is believed to have a concussion is to be removed from play right away.

3. **Obtain Permission to Return to Play**: An athlete can only return to play or practice after at least 24 hours and with permission from a health care professional.

Source: National Conference of State Legislatures, 2013.6
Second Impact Syndrome (SIS)

Athlete suffered trauma to head

By David Montero
ROCKY MOUNTAIN NEWS

The high school football player who collapsed and died on the field during a game in Aurora this weekend suffered a closed-head injury, an autopsy revealed Monday.

However, officials with the Arapahoe County Coroner’s Office said the full results will not be known until all laboratory testing is complete.

Jacob Snakenberg, a 16-year-old freshman fullback for Grandview High School, had just carried the ball during the game against Denver’s Thomas Jefferson High School on Saturday when he suddenly collapsed. He died Sunday at Swedish Medical Center.

Dr. John McVicker, the neurosurgeon who operated on Snakenberg, said the teenager’s injury was fatal because of another recent trauma to his head. McVicker said Snakenberg suffered from second-impact syndrome and that symptoms often include forgetfulness, difficulty concentrating or learning and mild headaches.

The Snakenberg family seemed to acknowledge as much in a statement Monday evening. “Jake died playing football with all his heart and may not have listened to his body telling him he was hurt,” the statement read. “Probably as a consequence of a second head injury with subsequent rapidly swelling, he died in less than one day in spite of optimal treatment.”

Snakenberg’s mother also addressed the football team Monday morning, according to Cherry Creek School District spokeswoman Tustin Amole.

Grandview High School students gather Monday at the spot on the football field where freshman fullback Jacob Snakenberg, left, collapsed Saturday. Doctors said the teen suffered from second-impact syndrome.
How every family, school and medical professional can create a Community-Based Concussion Management Program

REAP™ The Benefits of Good Concussion Management

Center for Concussion

REAP℠

Remove/Reduce
Educate
Adjust/Accommodate
Pace

Authored by Karen McAvoy, PsyD
Skip the homework if you've got a concussion

Linda Carroll, NBC News contributor

Jan. 6, 2014 at 12:01 AM ET

Kids need to cut back on mental exertion, as well as physical exercise, when they’re recovering from a concussion, a new study shows.
Returning to Learning Following a Concussion
Mark E. Halstead, Karen McAvoy, Cynthia D. Devore, Rebecca Carl, Michael Lee, Kelsey Logan and Council on Sports Medicine and Fitness, and Council on School Health

*Pediatrics*; originally published online October 27, 2013;
DOI: 10.1542/peds.2013-2867

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/early/2013/10/23/peds.2013-2867

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Return to Learning: Going Back to School Following a Concussion

By Karen McAvoy

Recovery From Concussion

% Recovered

Weeks Post Concussion

Series1

Collins et al, 2006
Neurosurgery
<table>
<thead>
<tr>
<th><strong>PHYSICAL</strong></th>
<th><strong>COGNITIVE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>How a Person Feels Physically</td>
<td>How a Person Thinks</td>
</tr>
<tr>
<td>Headache/Pressure</td>
<td>Feel in a “fog”</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>Feel “slowed down”</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Difficulty remembering</td>
</tr>
<tr>
<td>Poor balance</td>
<td>Difficulty concentrating/easily distracted</td>
</tr>
<tr>
<td>Ringing in ears</td>
<td>Slowed speech</td>
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<tr>
<td>Seeing “stars”</td>
<td>Easily confused</td>
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<tr>
<td>Vacant stare/Glassy eyed</td>
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<td><strong>EMOTIONAL</strong></td>
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<tr>
<td></td>
<td>How a Person Feels Emotionally</td>
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<td>Inappropriate emotions</td>
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<td>Personality change</td>
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<td>Nervousness/Anxiety</td>
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<td>Feeling more “emotional”</td>
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<td>Irritability</td>
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<td>Sadness</td>
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<td>Lack of motivation</td>
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<td><strong>SLEEP/ENERGY</strong></td>
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<td></td>
<td>How a Person Experiences Their Energy Level and/or Sleep Patterns</td>
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<tr>
<td></td>
<td>Fatigue</td>
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<td></td>
<td>Drowsiness</td>
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<td></td>
<td>Excess sleep</td>
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<td></td>
<td>Sleeping less than usual</td>
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<td></td>
<td>Trouble falling asleep</td>
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Seamless System of Communication and Collaboration

A “Multi-Disciplinary Team” Team members who provide multiple perspectives of the student/athlete AND Team members who provide multiple sources of data

Who will be on the Family Team (FT)? Who from the family will watch, monitor and track the emotional and sleep/energy symptoms of the concussion and how will the Family Team communicate with the School and Medical Teams?

Who will be on the School Team — Physical (ST-P)? Who at the school will watch, monitor and track the physical symptoms of the concussion? Who is the ST-P Point Person?

Who will be on the School Team — Academic (ST-A)? Who at the school will watch, monitor and track the academic and emotional effects of the concussion? Who is the ST-A Point Person?

Who will be on the Medical Team (MT)? How will the MT get information from all of the other teams and who with the MT will be responsible for coordinating data and updates from the other teams?
REMOVE/REDUCE

REMOVE from all physical activities!
• No organized sports
• No recreational play
• No PE, dance class
• No physical play at recess

REDUCE home stimulation!
• No texting
• No TV
• No computer screens
• No video games

REDUCE school demands!
• Mental Fatigue
• Slowed Processing Speed
• Difficulty converting memory into New Learning

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Once a concussion has been diagnosed:

**STEP ONE:** REMOVE student/athlete from all physical activities. REDUCE school demands and home/social stimulation.

The biggest concern with concussions in children/teens is the risk of injuring the brain again before recovery. The concussed brain is in a vulnerable state and even a minor impact can result in a much more severe injury with risk of permanent brain damage or rarely, even death. “Second Impact Syndrome” or “SIS” is thought to occur when an already injured brain takes another hit resulting in possible massive swelling, brain damage and/or death. Therefore, once a concussion has been identified, it is critical to REMOVE a student/athlete from ALL physical activity including PE classes, dance, active recess, recreational and club sports until medically cleared.

Secondly, while the brain is still recovering, all school demands and home/social stimulation should be REDUCED. Reducing demands on the brain will promote REST and will help recovery.

<table>
<thead>
<tr>
<th>FT</th>
<th>Family Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>REMOVE student/athlete from all physical activity immediately including play at home (ie. playground, bikes, skateboards), recreational, and/or club sports. REDUCE home/social stimulation including texting, social media, video games, TV, driving and going to loud places (the mall, dances, games). Encourage REST.</td>
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<thead>
<tr>
<th>ST/P</th>
<th>School Physical Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>REMOVE student/athlete from all physical activity immediately. Support REDUCTION of school demands and home/social stimulation. Provide encouragement to REST and take the needed time to heal.</td>
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</table>

<table>
<thead>
<tr>
<th>ST/A</th>
<th>School Academic Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>REMOVE student/athlete from all physical activity at school including PE, recess, dance class. REDUCE school demands (see ADJUST/ACCOMMODATE for Educators on pages 9-10). Encourage “brain REST” breaks at school.</td>
<td></td>
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</tbody>
</table>

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<thead>
<tr>
<th>MT</th>
<th>Medical Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>REMOVE student/athlete from all physical activity immediately. RULE-OUT more serious medical issues including severe traumatic brain injury. Consider risk factors — evaluate for concussion complications. Support REDUCTION of school demands and home/social stimulation. Encourage REST.</td>
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</tr>
</tbody>
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Jake Snakenberg
April 19, 1990 - September 19, 2004

In the Fall of 2004, Jake Snakenberg was a freshman football player at Grandview High School. He likely sustained a concussion in a game the week prior; however, he did not fully understand that he had experienced a concussion and he did not report his symptoms to anyone. One week later, Jake took a typical hit in a game, collapsed on the field and never regained consciousness. Jake passed away from “Second Impact Syndrome” on September 19, 2004.

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**FAMILY TEAM**

**REDUCE**
- Limit texting.
- Limit TV, video games, computer time.
- Limit homework.
- Limit driving.
- Keep home from dances, games, the mall. Decrease stimulation.
- **REST!**

**SCHOOL ACADEMIC TEAM**
- Keep home if severely symptomatic.
- Return to school when symptoms are still present but tolerable.
- Eliminate work, **REDUCE** work, adjust work.

**PACE MENTAL DEMANDS**

**TIME (usually between 7 to 21 days)**
AFTER YOUR CHILD HAS RECEIVED THE DIAGNOSIS OF CONCUSSION by a healthcare professional, their symptoms will determine when they should return to school. As the parent, you will likely be the one to decide when your child goes back to school because you are the one who sees your child every morning before school. Use the chart below to help decide when it is right to send your child back to school:

**STAY HOME – BED REST**
If your child’s symptoms are so severe that he/she cannot concentrate for even 10 minutes, he/she should be kept home on total bed rest - no texting, no driving, no reading, no video games, no homework, limited TV. It is unusual for this state to last beyond a few days. Consult a physician if this state lasts more than 2 days.

**MAXIMUM REST = MAXIMUM RECOVERY**

**STAY HOME – LIGHT ACTIVITY**
If your child’s symptoms are improving but he/she can still only concentrate for up to 20 minutes, he/she should be kept home — but may not need total bed rest. Your child can start light mental activity (e.g. sitting up, watching TV, light reading), as long as symptoms do not worsen. If they do, cut back the activity and build in more REST.

**NO physical activity allowed!**

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**TRANSITION BACK TO SCHOOL**

When your child is beginning to tolerate 30 to 45 minutes of light mental activity, you can consider returning them to school. As they return to school:

- Parents should communicate with the school (school nurse, teacher, school mental health and/or counselor) when bringing the student into school for the first time after the concussion.
- Parents and the school should decide together the level of academic adjustment needed at school depending upon:
  - The severity of symptoms present
  - The type of symptoms present
  - The times of day when the student feels better or worse

- When returning to school, the child MUST sit out of physical activity – gym/PE classes, highly physically active classes (dance, weight training, athletic training) and physically active recess until medically cleared.
- Consider removing child from band or music if symptoms are provoked by sound.
<table>
<thead>
<tr>
<th>Areas of concern</th>
<th>Suggested Accommodations for Return-to-Learn (RTL)</th>
</tr>
</thead>
</table>
| Fatigue, specifically Mental Fatigue | - Schedule strategic rest periods. Do not wait until the student's over-tiredness results in an emotional “meltdown.”  
- Adjust the schedule to incorporate a 15-20 minute rest period mid-morning and mid-afternoon.  
- It is best practice for the student to be removed from recess/sports. Resting during recess or PE class is strongly advised.  
- Do not consider “quiet reading” as rest for all students.  
- Consider letting the student have sunglasses, headphones, preferential seating, quiet work space, “brain rest breaks,” passing in quiet halls, etc. as needed. |
| Difficulty concentrating         | - Reduce the cognitive load — it is a fact that smaller amounts of learning will take place during the recovery.  
- Since learning during recovery is compromised, the academic team must decide: What is the most important concept for the student to learn during this recovery?  
- Be careful not to tax the student cognitively by demanding that all learning continue at the rate prior to the concussion. |
| Slowed processing speed           | - Provide extra time for tests and projects and/or shorten tasks.  
- Assess whether the student has large tests or projects due during the 3-week recovery period and remove or adjust due dates.  
- Provide a peer notetaker or copies of teacher’s notes during recovery.  
- Grade work completed — do not penalize for work not done. |
| Difficulty with working memory   | - Initially exempt the student from routine work/tests.  
- Since memory during recovery is limited, the academic team must decide: What is the most important concept(s) for the student to know?  
- Work toward comprehension of a smaller amount of material versus rote memorization. |
| Difficulty converting new learning into memory | - Allow student to “audit” the material during this time.  
- Remove “busy” work that is not essential for comprehension. Making the student accountable for all of the work missed during the recovery period (3 weeks) places undue cognitive and emotional strain on him/her and may hamper recovery.  
- Ease student back into full academic/cognitive load. |
| Emotional symptoms               | Be mindful of emotional symptoms throughout! Students are often scared, overloaded, frustrated, irritable, angry and depressed as a result of concussion. They respond well to support and reassurance that what they are feeling is often the typical course of recovery. Watch for secondary symptoms of depression — usually from social isolation. Watch for secondary symptoms of anxiety — usually from concerns over make-up work or slipping grades. |
Symptom Wheel
Suggested Academic Adjustments

PHYSICAL:
- "Strategic Rest" scheduled 15 to 20 minute breaks in clinic/quiet space (mid-morning; mid-afternoon and/or as needed)
- Sunglasses (inside and outside)
- Quiet room/environment, quiet lunch, quiet recess
- More frequent breaks in classroom and/or in clinic
- Allow quiet passing in halls
- REMOVE from PE, physical recess, & dance classes without penalty
- Sit out of music, orchestra and computer classes if symptoms are provoked

COGNITIVE:
- REDUCE workload in the classroom/homework
- REMOVE non-essential work
- REDUCE repetition of work (i.e. only do even problems, go for quality not quantity)
- Adjust "due" dates; allow for extra time
- Allow student to "audit" classwork
- Exempt/postpone large test/projects; alternative testing (quiet testing, one-on-one testing, oral testing)
- Allow demonstration of learning in alternative fashion
- Provide written instructions
- Allow for "buddy notes" or teacher notes, study guides, word banks
- Allow for technology (tape recorder, smart pen) if tolerated

EMOTIONAL:
- Allow student to have "signal" to leave room
- Help staff understand that mental fatigue can manifest in "emotional meltdowns"
- Allow student to remove him/herself to de-escalate
- Allow student to visit with supportive adult (counselor, nurse, advisor)
- Watch for secondary symptoms of depression and anxiety usually due to social isolation and concern over "make-up work" and slipping grades. These extra emotional factors can delay recovery

SLEEP/ENERGY:
- Allow for rest breaks—in classroom or clinic (i.e., "brain rest breaks = head on desk; eyes closed for 5 to 10 minutes")
- Allow student to start school later in the day
- Allow student to leave school early
- Alternate "mental challenge" with "mental rest"

Read "Return to Learning: Going Back to School Following a Concussion" at nasponline.org/publications/co/40/6/return-to-learning.aspx
Mental Fatigue

◆ Shortened day if needed – but only for a limited time
◆ Student should be at school to maximize instruction

Instruction (input) can’t be replicated. Work (output) can be adjusted!

➢ “strategic rest breaks”
➢ 5 to 10 minutes of “eyes closed/head down” per period

◆ Cutting back homework and in-class work
  ◆ Reducing # of problems
  ◆ “Auditing” lecture material
  ◆ Oral vs written output

◆ Sunglasses or earphones to reduce stimuli

◆ Emotional reactions are often signs of mental fatigue

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**Slowed Processing Speed**

- Cut back on the amount of work. Go for quality not quantity

- No tests in the beginning. Eventually, extra time on projects and tests
  - Tests can tax the brain – effect recovery
  - Tests will not be accurate – not best measure right now

- Use of technology for organization and ease
  (buddy notes, tape recorder, smart pens)

- Adjust due dates – but do not carry over too much work, it is not possible, it is not reasonable!
Difficulty Learning New Material

◆ Be thoughtful about your teaching. What is most important for the student to know at this time?

◆ Focus on comprehension, not memorization

◆ Remove, do not postpone work:
  ◆ REMOVE – consider 25%
  ◆ NEGOTIABLE – alternative project OR delay – but consider delaying no more than 25%
  ◆ REQUIRED – consider no more than 25%

Piling up work causes the biggest source of stress and it hampers recovery!

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Front Load your interventions ... and then taper back
>> Is the student/athlete 100% symptom-free at home?
- Use the Symptom Checklist every few days. All symptoms should be at “0” on the checklist or at least back to the perceived “baseline” symptom level.
- Look at what the student/athlete is doing. At home they should be acting the way they did before the concussion, doing chores, interacting normally with friends and family.
- Symptoms should not return when they are exposed to the loud, busy environment of home/social, mall or restaurants.

>> Is the student 100% symptom-free at school?
- Your student/athlete should be handling school work to the level they did before the concussion.
- Use the Teacher Feedback Form (APPENDIX) to see what teachers are noticing.
- Watch your child/teen doing homework; they should be able to complete homework as efficiently as before the concussion.
- In-school test scores should be back to where they were pre-concussion.
- School workload should be back to where it was pre-concussion.
- Symptoms should not return when they are exposed to the loud, busy environment of school.

>> If the school or healthcare professional has used neurocognitive testing, are scores back to baseline or at least reflect normative average and/or baseline functioning?

>> If a Certified Athletic Trainer is involved with the concussion, does the ATC feel that the student/athlete is 100% symptom-free?
- Ask ATC for feedback and/or serial administrations of the Symptom Checklist.

>> Is your child off all medications used to treat the concussion?
- This includes over the counter medications such as ibuprofen, naproxen and acetaminophen which may have been used to treat headache or pain.

If the answer to any of the questions is “NO,” stay the course with management and continue to repeat:

do symptoms direct the interventions... for however long it takes for the brain cells to heal!

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# A Graduated Return-to-Play (RTP) Recommended by The 2012 Zurich Consensus Statement on Concussion in Sport*

<table>
<thead>
<tr>
<th>STAGE</th>
<th>ACTIVITY</th>
<th>FUNCTIONAL EXERCISE AT EACH STAGE OF REHABILITATION</th>
<th>OBJECTIVE OF STAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No activity</td>
<td>Symptom limited physical and cognitive rest.</td>
<td>Recovery</td>
</tr>
<tr>
<td>2</td>
<td>Light aerobic exercise</td>
<td>Walking, swimming or stationary cycling keeping intensity &lt;70% maximum permitted heart rate. No resistance training.</td>
<td>Increase heart rate</td>
</tr>
<tr>
<td>3</td>
<td>Sport-specific exercise</td>
<td>Skating drills in ice hockey, running drills in soccer. No head-impact activities.</td>
<td>Add movement</td>
</tr>
<tr>
<td>4</td>
<td>Non-contact training drills</td>
<td>Progression to more complex training drills, e.g., passing drills in football and ice hockey. May start progressive resistance training.</td>
<td>Exercise, coordination and cognitive load</td>
</tr>
<tr>
<td>5</td>
<td>Full-contact practice</td>
<td>Following medical clearance, participate in normal training activities.</td>
<td>Restore confidence and assess functional skills by coaching staff</td>
</tr>
<tr>
<td>6</td>
<td>Return to play</td>
<td>Normal game play.</td>
<td>No restrictions</td>
</tr>
</tbody>
</table>

*Note: The recommendations are based on the current best evidence and should be modified based on the athlete's response and the medical team's assessment.

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*Medical Team* approves the start of the RTP steps.

*Medical Team* often the ATC at the school takes the athlete through the RTP steps.

If there is no ATC available, the MEDICAL TEAM should teach the FAMILY TEAM to administer and supervise the RTP steps.

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**When All Four Teams Agree**

that the student/athlete is 100% recovered, the MEDICAL TEAM can then approve the starting of the Graduated RTP steps. The introduction of physical activity (in the steps outlined in order below) is the last test of the brain cells to make sure they are healed and that they do not “flare” symptoms. This is the final and formal step toward “clearance” and the safest way to guard against a more serious injury.
100% back to pre-concussion level at home now!

100% back to pre-concussion level at school now!

TIME (usually between 7 to 21 days)
# Symptom Checklist

Name: ______________________________ Assessment Date: __________________

Date of Injury: _____________________ Time of Injury 2-3 Hrs 24 Hrs 48 Hrs 72 Hrs Daily Weekly

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>SEVERITY RATING</th>
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<tbody>
<tr>
<td></td>
<td>Mild</td>
</tr>
<tr>
<td>Pathways</td>
<td>Symptoms</td>
</tr>
<tr>
<td>A</td>
<td>I feel like I’m going to faint</td>
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<tr>
<td>V</td>
<td>I’m having trouble balancing</td>
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<tr>
<td></td>
<td>I feel dizzy</td>
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<tr>
<td></td>
<td>It feels like the room is spinning</td>
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<td>O</td>
<td>Things look blurry</td>
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<td></td>
<td>I see double</td>
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<tr>
<td>H</td>
<td>I have headaches</td>
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<tr>
<td></td>
<td>I feel sick to my stomach (nauseated)</td>
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<td></td>
<td>Noise/sound bothers me</td>
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<tr>
<td></td>
<td>The light bothers my eyes</td>
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<tr>
<td>C</td>
<td>I have pressure in my head</td>
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<tr>
<td></td>
<td>I feel numbness and tingling</td>
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<tr>
<td>N</td>
<td>I have neck pain</td>
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<tr>
<td>S/E</td>
<td>I have trouble falling asleep</td>
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<tr>
<td></td>
<td>I feel like sleeping too much</td>
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<td></td>
<td>I feel like I am not getting enough sleep</td>
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<td></td>
<td>I have low energy (fatigue)</td>
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<td></td>
<td>I feel tired a lot (drowsiness)</td>
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<td>Cog</td>
<td>I have trouble paying attention</td>
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<td></td>
<td>I am easily distracted</td>
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<td></td>
<td>I have trouble concentrating</td>
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<td>I have trouble remembering things</td>
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<td>I have trouble following directions</td>
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<td>I feel like my thinking is “foggy”</td>
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<td></td>
<td>I feel like I am moving at a slower speed</td>
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<td></td>
<td>I don’t feel “right”</td>
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<td></td>
<td>I feel confused</td>
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<td></td>
<td>I have trouble learning new things</td>
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<td>E</td>
<td>I feel more emotional</td>
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<td></td>
<td>I feel sad</td>
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<td></td>
<td>I feel nervous</td>
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<tr>
<td></td>
<td>I feel irritable or grouchy</td>
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</tbody>
</table>

Other: ____________________________________________________________

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Teacher Feedback Form

**Student:** you have been diagnosed with a concussion. It is your responsibility to gather data from your teachers before you return to the doctor for a follow-up visit. A day or two before your next appointment, go around to all of your teachers (especially the CORE classes) and ask them to fill in the boxes below based on how you are currently functioning in their class(es).

<table>
<thead>
<tr>
<th>1. Your name</th>
<th>2. Class taught</th>
<th>Is the student still receiving any academic adjustments in your class? If so, what?</th>
<th>Have you noticed, or has the student reported, any concussion symptoms lately? (e.g., complaints of headaches, dizziness, difficulty concentrating, remembering: more irritable, fatigued than usual etc.)? If yes, please explain.</th>
<th>Do you believe this student is performing at their pre-concussion learning level?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No&lt;br&gt;Date: &lt;br&gt;Signature:</td>
</tr>
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1. Garbage in, garbage out.
2. Neurocognitive testing is simply a tool to measure recovery, it is NOT the treatment.
3. Get corroborating data – Teacher Feedback Form, it prevents “Sandbagging”.
## Teacher Feedback Form

>> Student’s Name ____________________________

**Student:** You have been diagnosed with a concussion. It is your responsibility to gather data from your teachers before you return to the doctor for a follow-up visit. A day or two before your next appointment, go around to all of your teachers (especially the CORE classes) and ask them to fill in the boxes below based upon how you are currently functioning in their class(es).

**Teachers:** Thank you for your help with this student. Your feedback is very valuable. We do not want to release this student back to physical activity if you are still seeing physical, cognitive, and emotional or sleep/energy symptoms in your classroom(s). If you have any concerns, please state them below.

<table>
<thead>
<tr>
<th>1. Your name</th>
<th>2. Class taught</th>
<th>Is the student still receiving any academic adjustments in your class? If so, what?</th>
<th>Have you noticed, or has the student reported, any concussion symptoms lately? (e.g., complaints of headaches, dizziness, difficulty concentrating, remembering, more irritable, fatigued than usual etc.) If yes, please explain.</th>
<th>Do you believe this student is performing at their pre-concussion learning level?</th>
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</table>
Emergency Department REAP

To Date:
1693 families
Get REAP in ED
- Follow-up call to parent
- Encourage follow-up with healthcare provider of their choice
- Follow-up call to school
- REAP sent to school is needed

www.rockymountainhospitalforchildren.com
Nebraska: Introduction of Return to Learn Legislation

“To require schools to establish a return to learn protocol for students who have sustained a concussion. The return to learn protocol shall recognize that students who have sustained a concussion and returned to school may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff until the student is fully recovered"
Thank you for your participation

Please take a moment to complete our short evaluation:

https://www.surveymonkey.com/s/CGGJVW6T

Questions or Comments? Contact:

Rhunt@edc.org

617-618-2178