Community of Practice on Traumatic Brain Injury

Transcript Webinar 7: Return to Learn and Play
March 5th, 2014. 2:00-3:00 P.M. ET

>> HI EVERYONE, THIS IS BEKAH.

WE'LL GET STARTED IN JUST A MINUTE.

IF YOU WOULD JUST FILL OUT THE POLL ON THE SCREEN, I WOULD REALLY APPRECIATE IT.

THANKS.

>> HI AGAIN EVERYONE, THIS IS BEKAH.

WELCOME TO THE SEVENTH WEBINAR ON THE COMMUNITY OF PRACTICE, ON DRAW PATTIC BRAIN INJURY.

WE'LL GET STARTED IN JUST A MINUTE.

I'LL PASS IT OFF TO BAILEY TRIGGS WHO WILL TALK TO US ABOUT TECHNOLOGY TODAY.

>> THANKS BEKAH.

I'LL MOVE THIS OVER TO SO I CAN REFER TO A SLIDE BUT SCROLL DOWN
TO SEE THE REST OF IT.
WE'RE BROADCASTING AUDIO THROUGH
YOUR COMPUTER SPEAKERS.
IF YOU ARE LISTENING BY PHONE,
PLEASE MUTE, SO YOU CAN
ELIMINATE ECHO.
WE'LL ATTEMPT TO INSIST YOU IF ASSIST YOU.
IF YOU HAVE ANY PROBLEMS.
CALL THE ADOBE HOT LINE, THE
PHONE NUMBER IS ABOVE THE SHIED.
WE HAVE SEVERAL RESOURCES
AVAILABLE FOR YOU TO DOWNLOAD
TODAY BLOWS THE SLIDE DECK.
TO DOAN ALLOWED LOAD ONE OF
THESE RESOURCES, JUST CLICK ON,
AND DOWNLOAD THE FILES BUTTON.
IT WILL THEN YOU SAVED ONTO YOUR
COMPUTER.
WE WILL ALSO E-MAIL THESE OUT.
IF YOU WANT TO WAIT FOR THAT.
THIS MEETING IS BEING RECORDED
AND AN ARCHIVE AND THE
POWERPOINT FROM THE SESSION,
ALONG WITH THE SLIDES, WILL BE
E-MAILED YOU.
AT THE END WE WILL OPEN THE PHONE LINES FOR COMPUTER DISCUSSION.

PLEASE REMEMBER, TO UNMUTE YOUR PHONE LINES, IF YOU WOULD LIKE TO CALL IN TO SPEAK.

IF YOU ARE IN A PLACE WHERE THERE'S A LOT OF BACKGROUND NOISE, PLEASE MUTE YOURSELF.

IF I AM GETTING BACKGROUND NOISE YOU CAN USE CHAT.

EVEN THOUGH YOUR MIKE IS MUTED IF YOU WOULD LIKE TO SPEAK WE'RE ENCOURAGING YOU TO USE THE HAND-RAISE FUNCTION AND THAT'S AT THE TOP OF THE SlIDES. THERE'S A LITTLE MAN WITH HIS HAND UP.

IF YOU CLICK ON THAT, THAT WILL RAISE YOUR HAND AND THEN WE'LL CLICK ON YOU.

BEKAH.

>> THANK YOU.

TWO MEMBERS FROM OUR TEAM, STATE TEAM FROM NEBRASKA ABOUT THE
RETURN TOURN LEGISLATION THAT THEY HAVE INTRODUCED.

I’D LIKE TO INTRODUCE YOU TO OUR PRESENTER KAREN McAVOY.

KAREN IS WAS A SCHOOL PSYCHOLOGIST, JAKE SNAKENBURG, AS A RESULT KAREN DEVELOPED REAP, REMOVE, REDUCE, EDUCATE, ACCOMMODATE.

AFTER 22 YEARS IN EDUCATION DR. McAVOY WAS ASKED TO OPEN THE CENTER FOR CONCUSSION WITH THE ROCKY MOUNTAIN CENTER FOR CHILDREN.

HER UNIQUE PERSPECTIVE TO DEVELOP POLICY AND CHANGE IN THE AREA OF CONCUSSION AND BRAIN INJURY.

WITHOUT FURTHER ADO I’D LIKE TO PASS THINGS OVER TO KAREN.

>> GREAT, THANK YOU VERY MUCH.

I HOPE CAN YOU ALL HEAR ME OKAY.

>> YOU SOUND GREAT.

>> IT IS JUST PAST MORNING HERE IN COLORADO.
THANK YOU FOR HAVING ME HERE THIS MORNING.

IT'S AN HONOR TO TALK ABOUT NOT ONLY THE COMMUNITY BASED CONCUSSION MANAGEMENT PROGRAM WE CALL REAP, BUT FOCUS ON THE RETURN TO LEARN, A LITTLE LATE TO COME TO THE TABLE ABOUT CONCUSSION MANAGEMENT, IT'S BEEN PRIMARILY ABOUT ATHLETICS.

WE'LL GO AHEAD AND GET STARTED. MOST OF YOU ARE REPRESENTED ON THE MAP OF LEGISLATION. SINCE 2009, ALL THE STATES EXCEPT ONE HAVE BEEN PUSHED FORWARD ABOUT LEGISLATION, REMOVAL FROM PLAY AND RETURN TO PLAY AND AS I SAID BEFORE, REALLY FOCUSING ON THE ATHLETIC PERSPECTIVE OF CONCUSSION MANAGEMENT AND FOR GOOD REASON. FOR MOST OF THESE KIDS THE BIG CONCERN IN ALL OF OUR STATES HAS BEEN THE CONCERN FOR SECOND-IMPACT SYNDROME, WHERE
YOUNG ATHLETES WERE OUT PLAYING, RECEIVED A CONCUSSION, HAD SYMPTOMS STILL FROM THAT CONCUSSION, TOOK ANOTHER HIT, AND THEN ENDED UP HAVING PERMANENT BRAIN DAMAGE AND DEATH.

EVERYONE HAS THEIR OWN STORY. IN THE STATE OF COLORADO, AS YOU HEARD, OUR LEGISLATION IS NAMED AFTER JAKE SNAKENBURG. A YOUNG FOOTBALL PLAYER AT HIGH SCHOOL. JAKE HAD RECEIVED THE CONCUSSION THE WEEK BEFORE HE REALD REALLY, REALLY ONLY FELT ONE SYMPTOM WHICH WAS THE NUMBNESS AND TINGLING. AND HE WAS RETURNED BACK TO PLAY WITHIN A WEEK.

THE NEXT SATURDAY HE TOOK ANOTHER HIT TO THE HEAD. HE LOST CONSCIOUSNESS AND HE WAS AIR LIFTED OFF OF THE FIELD, TAKEN TO A LOCAL HOSPITAL, AND
HE PASSED AWAY FROM SECOND-IMPACT SYNDROME THE FOLLOWING DAY.

THE SYMPTOMS ARE TELLING US THE STORY OF RECOVERY, ADJUST AND ACCOMMODATE ACCORDINGLY AT HOME AND AT SCHOOL, AND PACE THESE GUIDELINE STEPS, AND RETURN THE STUDENT BACK TO PLAY.
SO WE HAVE BEEN DOING A LOT OF THIS WORK SINCE 2004.
BUT AS YOU KNOW, ONLY RECENTLY HAS THERE BEEN SOME NEW EMPHASIS ON RETURN TO SCHOOL, WHAT ARE THE CONCERNS THAT WE NEED TO BE AWARE OF IN TERMS OF THE COGNITIVE ASPECTS, AND THIS ARTICLE THAT CAME OUT IN JANUARY ABOUT CUTTING DOWN THE HOMEWORK FOR KIDS WITH A CONCUSSION, IS ONE REFLECTION OF THAT.
IN OCTOBER OF 2013, PEED YACHT PEDIATRICS ALSO PUBLISHED A REPORT ON THE REAP HE PROTOCOL, RETURN TO PLAY, RETURN TO LEARN, WHAT A PEDIATRICIAN SHOULD KNOW ABOUT PARTNERING WITH SCHOOLS, HELPING THESE KIDS GO BACK TO SCHOOL.
I was lucky enough to be the second author and my conclusions had to do with the Reap, immediately you adjust for them ride away with a concussion and eventually later with the 10 to 20% that don't get better, with protracted recovery, all the way up to kids who might need special education which is incredibly rare. So this pediatric article covers the gamut.

But it is actually a follow-up to an article I wrote in 2012 for the National Association of School Psychologists. And here is the link to that if you are interested in reading that.

This is an article I wrote about return to learn in 2012 for school psychologists to help their teachers understand the components of mental fatigue and
CELLULAR INEFFICIENCY SO THEY COULD ADJUST IN THEIR CLASSROOMS.

HERE IS ANOTHER RESOURCE FOR YOU IF YOU ARE WANTING TO READ MORE ON THAT.

THE GOOD NEWS ABOUT CONCUSSION THOUGH, IS AT A FOR THE MOST PART, MOST OF THESE KIDS WITH A CONCUSSION ARE GOING TO RECOVER WELL AND THEY ARE GOING TO RECOVER WITHIN THREE TO FOUR WEEKS.

IF YOU LOOK AT THE RESEARCH THAT HAS BEEN DONE WHERE THEY HAVE FOLLOWED STUDENTS FOR A NUMBER OF WEEKS, YOU CAN SEE IN ONE WEEK 40% OF CONCUSSIONS WILL RECOVER, TWO WEEKS 70%, THREE WEEKS 80%, FOUR WEEKS 90%, THESE ARE GOOD ODDS IN TERMS OF THIS BEING ONE OF THOSE SITUATIONS WHERE WE CAN REALLY HAVE A GREAT IMPACT A VERY POSITIVE IMPACT ON THESE STUDENTS IN THREE TO FOUR
WEEKS.
80 TO 90%.
SO THAT'S REALLY WHAT I SPEND
MOST OF MY TIME FOCUSING ON WITH
SCHOOLS.
ALTHOUGH THERE IS A LOT OF
INTERESTING CONCERN ABOUT THE
PROTRACTED RECOVERY.
A LOT OF AWAY I DO ON THE FRONT
END WITH SCHOOLS, IS REALLY TO
SAY HOW DO WE MAXIMIZE OUR
RECOVERY ON THE FRONT END IN
THOSE LAST THREE WEEKS?
THAT IS WHAT REALLY TAKES A
VILLAGE.
WHAT ARE THE SYMPTOMS THAT ARE
IMPACTING OUR STUDENTS IN THOSE
THREE WEEKS?
THEY ARE GOING TO HAVE ANY OR
ALL OR SOME OF THESE SYMPTOMS
AND HOW DOES THE RECONCILE AND
HOW DOES THE FAMILY CUT BACK AND
CUT BACK ON THE DEMANDS TO TRY
TO DECREASE SOME OF THESE
SYMPTOMS?
SO WHAT WE HAVE WRITTEN UP IN
THE REAP PROTOCOL AND IF YOU
HAVE NOT GOTTEN A GOOD COPY OF
THIS I APOLOGIZE ABOUT THAT.
WE HAVE ATTACHED THE REAP MANUAL
SO CAN GO INTO THAT LATER AND
SEE THE TEXT IN THIS BETTER.
WHAT WE HAVE COME UP IN THE REAP
PROTOCOL IS TO IDENTIFY THE FOUR
TEAMS, THE PARENTAL GROUP,
ALWAYS IN ORANGE, AND THE SCHOOL
HAS TO HAVE BOTH AN EDUCATOR
TEAM AND AN ACADEMIC TEAM AND A
PHYSICAL TEAM, MORE LIKE THE
COACHES AND THE TRAINERS.
THAT ALLOWS THE SCHOOL TO TAKE
CARE OF NOT ONLY THE PHYSICAL OR
THE SPORT COMPONENT BUT ALSO TO
BE ACUTELY AWARE OF THE
EDUCATIONAL PIECE WHICH GETS TO
THIS NEW AREA OF RETURN TO
LEARN.
SO THERE ARE FOUR TEAMS.
THE BOOK IS TOTALLY
COLOR-COORDINATED BUT I THINK
IMPORTANT COMPONENT IS THE GRAPH
UNDER THESE DIFFERENTLY CIRCLES.
NOT EVERY TEAM HAS A VERY, VERY
LARGE PART, ALL THE WAY THROUGH
THE MANAGEMENT.
THIS IS REALLY A PROCESS OF SOME
TEAMS STEP UP FIRST IN THE
BEGINNING AND AT THE END.
AND THERE ARE TWO TEAMS THAT
REALLY 10 STEP UP IN THE
MANAGEMENT -- STEP UP IN THE
MANAGEMENT PEACE.
IF WE ARE GOING TO EDUCATE
COACHES AND PULL ATHLETES OUT OF
PLAY, OUR SCHOOL PHYSICAL TEAM
NEEDS TO KNOW WHAT TO DO TO
IDENTIFY CONCUSSION.
THEY HAVE A HUGE ROLE IN THE
BEGINNING AND OUR MEDICAL TEAM
NEEDS TO CONFIRM THE DIAGNOSIS,
RULE OUT ANYTHING ELSE.
ONCE WE SAY THEY CAN’T GO BACK
TO PHYSICAL SPORT FOR A WHILE
THERE’S NOT A BIG ROLE FOR THE
SCHOOL PHYSICAL TEAM OR THE
MEDICAL TEAM.
THEY TAKE A BIT OF A BACK SEAT.
THE FIRST, INTO THE FIRST AND
SECOND AND THIRD WEEK IS REALLY
A MANAGEMENT COMPONENT.
AND THAT'S WHERE THE FAMILIES
REALLY NEED TO UNDERSTAND THEIR
PIECE AND HOW DO THEY HELP THIS
STUDENT TO MANAGE THE
CONCUSSION?
AND HOW DOES THE SCHOOL EDUCATOR
HELP TO MANAGE THE CONCUSSION?
WITHIN THE FIRST TWO TO THREE
WEEKS IN BETWEEN, HOPEFULLY WE
ARE MANAGING WELL, HOPEFULLY WE
GET THESE KIDS TO THE POINT
WHERE THEY ARE ASYMPTOMATIC AND,
WE WILL BRING THIS BACK OVER TO
THE PHYSICAL TEAM AND THE
MEDICAL TEAM TO IN THE END DO
CLEARANCE.
THAT'S WHY IT'S SO IMPORTANT
THAT EVERYBODY IS WORKING
CLOSELY TOGETHER AND EVERYBODY
KNOW WHAT THEIR ROLE AND
Responsibility is. Primarily you know no matter what team you’re on everybody must understand that with a concussion, the first thing we do is remove them from all physical play. And so that would be all organized sports or recreational sports. But at a school that means we need to remove them from P.E. and physical dance class and recess. We remove them from physical stimulation. This is what the kids really hate, we have to say no texting no video games, the really big things I see now that hold up the recovery for my young students and then we need to reduce the demands at school. And I’ll go into a little bit more detail about these areas.
BUT THESE THREE AREAS ARE THE
ONES THAT ARE PRIMARILY IMPACTED
WITH A CONCUSSION.

THE MENTAL FATIGUE SLOW
PROCESSING SPEED AND DIFFICULTY
CONVERTING MEMORY INTO NEW
LEARNING.

SO THE REPROTOCOL GOES THROUGH
AND TELLS EVERY DIFFERENT TEAM
WHAT THEIR PART IS IN TERMS OF
REMOVAL AND REDUCTION OF
ACTIVITIES AND REST.

AND THAT'S ON THIS PAGE RIGHT
HERE.

BUT AS I SAID YOU KNOW, THE
MAJORITY OF THE MANAGEMENT
WITHIN THAT SECOND TO THIRD WEEK
REALLY FALLS ON THE FAMILY TEAM
AND THE SCHOOL TEAM.

IF WE CAN REALLY EDUCATE THEM WE
CAN REALLY MAXIMUM PIEZ THE
AMOUNT OF -- MAXIMIZE THE AMOUNT
OF RECOVERY WE GOOD AT HOME.

YOU -- GET AT HOME.

WE NEED TO REDUCE THE DEMANDS AT
SCHOOL.

OF COURSE THE FIRST THING WE
NEED TO DO IS GET THEM BACK TO
SCHOOL.

THIS IS A PAGE OUT OF THE REAP
PROTOCOL.

OBVIOUSLY IF THEY ARE HUGELY
SYMPTOMATIC WE DON'T FEED TO
HAVE THEM BACK TO SCHOOL.

-- NEED TO HAVE THEM BACK TO
SCHOOL.

SOME LIGHT SOME INTERACT AND IF
THEY ARE ABLE TO TOLERATE OR
CONCENTRATE, PERHAPS THEY'RE
STILL AT HOME WITH WITH LIGHT
ACTIVITY.

WHEN THEY'RE ABLE TO TOLERATE
BEING INACTIVE FOR 35 TO 40
MINUTES, CAN HAVE SOME PERIODS
OF LEARNING AND REST, WE WANT
THEM BACK TO SCHOOL.

AT LEAST BY THE FIRST OR SECOND
WEEK.

THAT'S WHAT THE PEDIATRIC
ARTICLE SAID, SUPPORTED THAT THE
KIDS NEED TO BE BACK TO SCHOOL WHEN THEY CAN TOLERATE CONCENTRATING FOR SIX TO SEVEN MINUTES.

THIS IS A PAGE FROM THE REAP MANUAL ALSO THAT TALKS ABOUT THOSE COMMON AREAS THAT ARE GOING TO MOST -- GOING TO MOST BE AFFECTED WITH THE CONCUSSION AND THAT'S MENTAL FATIGUE AND DIFFICULTY CONCENTRATING, SLOW PROCESSING SPEED AND MEMORY. ALL OF THESE THINGS INCLUDING THE EMOTIONALLY SYSTEMS ARE ABOUT THE -- EMOTIONAL SPEEDS ARE, THE KIDS ARE RUNNING OUT OF STEAM AND YOU SEE THESE PROBLEMS IN THESE AREAS.

HOWEVER IF YOU REALLY WORK WITH THE SCHOOLS AND THE TEACHERS ON HOW WOULD YOU CUT BACK SOME OF THE DEMANDS ON THE CELLS, THE TEACHERS CAN COME UP WITH SOME GREAT WAYS TO DO SO.

ONE WAY TO TRY TO HELP FOR THEM
TO THINK ABOUT THESE THINGS IS
THE SYMPTOM WHEEL WHICH IS IN
THE REAP MANUAL AND OUT OF THE
COMMUNIQUE ARTICLE.
WE WANT TEACHERS TO UNDERSTAND
THAT THE MANIFESTATION OF THE
SYSTEM COULD COME FROM AND BE
SUBPOENA IN ANY OF THESE
DIFFERENT WAY.
PHYSICAL, COGNITIVE, EMOTIONAL
AND IN SLEEP.
BUT THE MAJORITY IS COMING FROM
THE MENTAL FATIGUE WHICH IS THE
GUY IS AT THE CORNER WHO HAS
FALLEN ASLEEP ON HIS DESK.
WHICH IS RUNNING OUT OF STEAM
CELLULARLY.
BEING FATIGUED TAKING MANY, MANY
REST BREAKS.
MY FAVORITE IS IN THAT SLEEP
CATEGORY, ALLOW FOR REST BREAKS
IN SCHOOLROOM OR CLINIC.
CLOSING THEIR EYES FOR FIVE TO
TEN MINUTES PER PERIOD OR PER
HOUR.
THAT GIVES THE STUDENT AN
ABILITY TO GET A LITTLE BIT
OF REFUELING GOING ON THAT HELPS
THEM KEEP ROLLING THROUGH THE
DAY.

I PUT A FEW SLIDES IN HERE THAT
HITS THE AREAS OF BIGGEST
CONCERN WITH THE COGNITIVE
AREAS -- COGNITIVE AREA.

YOU CAN SHORTEN THE DAY IF
NEEDED FOR A LIMITED PERIOD OF
TIME, YOU CAN REALLY WORK WITH
YOUR TEACHERS ON MAXIMIZING
CONSTRUCTION AND TRYING TO DO
JUST A LOT OF REPETITION BUT
WORKING ON WHAT'S NEEDED TO BE
TAUGHT AT THAT TIME, ADD IN THE
STRATEGIC REST BREAKS, BUILD IN
THE BREAKS, DO THE FIVE TO TEN
MINUTES OF CLOSING YOUR EYES PER
PERIOD AND IN TERMS OF NOT
PUSHING THOSE CELLS TOO MUCH,
YOU CAN CUT DOWN ON THE AMOUNT
OF PROBLEMS, ALLOW THE STUDENT
TO AUDIT THE MATERIAL BUT NOT
HAVE THE STUDENT DO A LOT OF WRITING, CHECK IN BY ORAL INSTEAD OF WRITTEN OUTPUT. YOU CAN CUT DOWN SOME OF THE NOISE AND LIGHT SENSITIVITY WITH SUN GLASSES OR EAR PHONES AND FOR MANY OF MY YOUNGER KIDS WHEN THEY HAVE THESE EMOTIONAL MELT DOWNS THAT IS USUALLY A SIGN OF MENTAL FATIGUE AS WELL FOR MY ELEMENTARY SCHOOL STUDENTS. SLOW PROCESSING SPEED IS A COMMON THING YOU’LL SEE. THEY’RE GETTING IT IT ALL IN BUT ARE NOT OUTPUTTING QUITE AS MUCH. GO FOR QUALITY NOT QUANTITY. TESTING WOULD NOT BE A GREAT IDEA THICH. YOU’RE NOT GOING TO GET THE BEST MEASURE OF THEIR ABILITY RIGHT NOW BUT IT IS ALSO QUITE TAXING TO THE BRAIN. AT SOME POINT WITHIN THE SECOND OR THIRD WEEK YOU CAN SAD AD IN
A QUIZ, ADD IN A TEST AND SEE IF -- CAN YOU ADD IN A QUIZ, ADD IN A TEST.

YOU CAN DO SOME THINGS TO HELP WITH CUTTING BACK SOME OF THE DEMANDS LIKE HAVING THEM HAVE A BUDDY NOTE-TAKER OR SOMETHING LIKE THAT AND YOU CAN ADJUST SOME OF THEIR WORK AT THIS TIME.

BUT ONE OF THE PROBLEMS IS TO POSTPONE OR DELAY TOO MUCH OF THE WORK.

I’LL TALK ABOUT THAT IN THIS SLIDE.

WHAT WE REALLY WANT THE TEACHERS TO BE UNDERSTANDING WITH, WITH OUR STUDENTS COMING BACK AFTER A CONCUSSION, WE DON’T WANT THEM TO MISS TOO MUCH SCHOOL OR BE OUT OF SCHOOL DURING THIS TIME. BUT WE’RE ALSO NOT GOING TO BE ABLE TO GET EVERYTHING DONE.

FOCUS ON COMPREHENSION AND NOT JUST MEMORIZATION.

WE TRY TO GET SCHOOLS TO THINK
ABOUT REMOVING SOME WORK AND
REQUIRING SOME WORK BUT HAVING A
GOOD AMOUNT OF WORK THAT IS
NEGOTIABLE IN BETWEEN.
DOING AN ALTERNATIVE PROJECT,
DON'T DELAY TOO MUCH OF THE
WORK.
WHAT IS THE BIG CONCERNS ABOUT
STRESS AND ANXIETY AND DEALING
WITH A SCHOOL DURING A
CONCUSSION IS THE TEACHERS WILL
PILE UP ALL THE WORK, EXPECT IT
TO BE DONE HEAR IT AND THAT'S
JUST NOT REASONABLE.
THOSE ARE THE THREE AREAS THAT
SEEM TO BE IMPACTED WITH
CONCUSSION ON THEIR RETURN TO
SCHOOL.
BUT THE GOOD NEWS AS I SAID, THE
MAJORITY OF OUR KIDS WILL BE
COMING THROUGH THIS QUITE WELL,
IT IS ALMOST A PREDICTABLE
PATTERN THAT THE SYMPTOMS WILL
DECREASE OVER TIME AS THE CELLS
GET MORE EFFICIENT AND THE
ABILITY TO ADD IN DIFFERENT KINDS OF ABILITIES AT SCHOOL OR AT HOME WILL INCREASE. ADDING IN A QUIZ, ADDING IN A TEST, ADDING IN A PROJECT, AT SOME POINT THEY'RE AT THE POINT WHERE THEY ARE ALMOST BACK TO WHERE THEY WERE.

WE REALLY WORK WITH OUR TEACHERS TO FRONT-LOAD THEIR INTERVENTIONS. REALLY GIVE EVERYTHING THEY CAN WITHIN THE NEXT FEW WEEKS SO WE HAVE LESS WITH THE KIDS IN THE PROTRACTED RECOVERY.

THIS IS THE PAGE FROM REAP WHERE WE HAVE A CHECKLIST TO HELP OUR STUDENTS UNDERSTAND, THERE IS SOMETHING WE ARE LOOKING FOR TO GET TO THE POINT OF BEING 100% SYMPTOM FREE.

WHEN THE STUDENT IS 100% BACK TO WHERE THEY WERE AT HOME, BASELINE, 100% BACK TO WHERE THEY WERE AT SCHOOL, IF YOU ARE
DOING IMPACT OR NEUROCOGNITIVE
ARE BACK TO BASELINE OR AVERAGE RANGE.
IF THE ATHLETIC TRAINERS EVOLVED ARE -- TRAINERS INVOLVED ARE DOING CHECKLISTS, IF THE ANSWER IS YES TO ALL OF THESE THEN WE CAN MOVE ON TO THE GUIDELINE STEPS.
IF THE ANSWER IS NO TO ANY OF THESE WE CONTINUE TO SUPPORT THE STUDENT IN ANY WAY WE NEED TO.
YOU KNOW CONTINUING TO SUPPORT THEM AT SCHOOL, CONTINUING TO SUPPORT THEM AT HOME, CUTTING OUT THE TEXTING, CUTTING OUT VIDEO GAMES, SOMETIMES THAT IS WHAT IS HOLDING UP THE RECOVERY. SO JUST TWEAKING THE PROTOCOL A LITTLE BIT.
BUT WHEN WE GET TO THE POINT THAT THEY ARE BACK 100%, AND THE ANSWER TO ALL OF THOSE QUESTIONS IS YES, THEN THE MD WILL APPROVE THE STARTUP THE ZURICH GUIDELINE
STEPS, THAT EVERY ATHLETE CAN RETURN BACK TO THEIR SPORT IN THIS ORDER.

THAT IS WHEN WE WOULD GIVE THIS OVER TO THE ATHLETIC TRAINER AT SCHOOL, TO THE MEDICAL TEAM TO MAKE THE FINAL CLEARANCE IF THEY CAN GET THROUGH THESE STEPS JUST FINE.

THIS IS THE PROCESS OF PASSING THE BATON BACK AND FORTH WORKS. IT REQUIRES EVERYBODY WORKING VERY CLOSE TOGETHER, SHARING SYMPTOMS, SHARING CONCERNS AS WELL AS CELEBRATING WHEN THE STUDENT COMES THROUGH THIS, TWO TO THREE WEEKS AS THE TYPICAL TIME WOULD SUGGEST.

WAYS TO COLLECT YOUR DATA TO KNOW WHEN YOU'RE AT THAT POINT AND READY TO GET TO THE ZURICH GUIDELINE STEPS, HERE IS THE LIST, YOU CAN DEFINITELY HAVE YOUR STUDENT TAKE OR YOUR PARENTS ASSESS THEIR SYMPTOMS ON
A regular basis so you can make sure you are if not back to symptom-free, back to baseline symptoms but the other thing we have added on in our clinic, is this teacher feedback form. And this is a requirement that I have my students go around and get feedback from all of our teachers. If the student is really struggling academically, I need to do this to have adjustments and support the school on whatever other interventions need to happen. If they're doing well and the teacher can say that there are no concerns, they are providing no adjustments, this is an important piece in terms of saying yes, this student is ready to return to play steps, and only then would it be safe to start them back.
I was asked to talk a little bit about impact testing.

I’ll queue my slide in here.

The point is that we really have to keep in mind that impact is one tool in this entire arsenal of things we do for concussion management.

It is much like a thermometer when we’re taking a temperature for a fever.

We know if you have strep throat, your temperature’s going to go up.

And we’re going to have to treat this until we can get the temperature back down again.

And that’s you know, that’s the first graph there.

So impact works that same way.

Where if you have a baseline, and you were to give the impact test in the context of a concussion, you would expect the scores to go back down and come
BACK IN WHEN YOU ARE WELL.
AND THAT IDEALLY IS HOW IMPACT
WORKS, IS ONE PIECE OF
INFORMATION.
THE THINGS THAT YOU HAVE TO
REALLY BE AWARE OF WITH ANY
NEUROCOGNITIVE TESTING THOUGH IS
THAT YOU HAVE TO REALLY HAVE A
VERY GOOD BASELINE TESTING, A
BASELINE SITUATION IF YOU REALLY
WANT TO GET GOOD SCORES.
THE SAME GARBAGE IN GARBAGE OUT
APPLIES HERE, IN THAT THERE ARE
SO MANY KIDS THAT TAKE THIS
IMPACT TEST, 50 OF THEM AT A
TIME IN A COMPUTER LAB AND THEY
DON'T UNDERSTAND THE IMPORTANCE
OF THIS.
SO THEIR BASELINE SCORES PAY NOT
BE ALL THAT GOOD -- MAY NOT BE
ALL THAT E-GOOD IN THE FIRST
PLACE.
WHEN YOU TRY TO USE THEM IN A
WAY TO REFLECT THEIR RECOVERY
THEY'RE ALSO NOT GOING TO BE
THAT HELPFUL.

KEEP IN MIND YOU HAVE TO HAVE A
VERY SYSTEMATIC WAY TO DO YOUR
BASELINE TESTING IF YOU WANT TO
BE OF HELP DOWN THE ROAD.
NEUROCOGNITIVE TESTING ONCE
AGAIN IS A MEASUREMENT, NOT THE
RECOVERY.

I HAVE MANY, MANY SCHOOLS WHO
GIVE THE IMPACT TEST, THEY GIVE
IT A WEEK LATER A WEEK LATER A
WEEK LATER, THE KID ISN'T DOING
ANY BETTER BUT YOU HAVE TO DO
TREATMENT IN BETWEEN.

THE FINAL THING HERE I GO BACK
TO MY TEACHER FEEDBACK FORM.
YOU ALWAYS GET THE QUESTION
ABOUT SANDBAGGING.

WHAT ABOUT THE STUDENTS WHO WILL
SIMPLY DO JUST TRY TO BOMB THEIR
IMPACT BASELINE SO THAT IT'S
EASY FOR THEM TO CLEAR.

IT NEVER WORKS FOR ME BECAUSE
THE PARENTS ALMOST ALWAYS COME
IN AND BRAG ABOUT HOW SMART
THEIR KIDS ARE AND YET THEIR
BASELINE SCORES ARE JUST
TERRIBLE.
AND I WILL EXPECT FOR THIS
STUDENT TO GET BACK TO SCORES
THAT WE THINK THAT THEY SHOULD
HAVE BEEN AT, NOT THEIR BASE
LINE SCORES.
SO I DON'T REALLY WORRY ABOUT
SANDBAGGING AGAIN, I GO TO
TEACHER FEEDBACK AND HAVE THE
TEACHER GET THE FEEDBACK FOR ME
AND SAY WHEN IT'S TIME TO RETURN
THEM TO CLEARANCE.
THAT'S ABOUT IT.
WE HAVE CUSTOMIZED THIS
PROTOCOL, IF YOU THINK THAT WILL
BE HELPFUL FOR YOUR STATE, YOU
CAN CONTACT ME AND WE CAN
CUSTOMIZE IT FOR YOUR STATE AS
WELL.
ONE THING WOULD I LIKE TO END ON
BEFORE MY TIME IS UP, JUST TO
HIGHLIGHT WE HAVE A COMPONENT
WHERE BECAUSE OF THIS REAP
MANUAL WE ARE ABLE TO IMPACT
STUDENTS FROM THE POINT OF THE
EMERGENCY ROOM.
SO WE HAVE 11 EMERGENCY ROOMS
THAT HAVE THIS REAP BOOK IN
PLACE.
AND EVERY TIME STUDENT HAS A
DIAGNOSIS OF CONCUSSION THEY GET
A COPY OF THIS BOOK AND A FAX IS
ALSO SENT TO ME.
A PARENT SENDS A RELEASE AND A
FAX IS SENT TO ME AND I AM ABLE
TO CONTACT THE SCHOOL.
THESE ARE OUR NUMBERS OVER THREE
YEARS OF THE SCHOOLS I HAVE BEEN
ABLE TO CONTACT.
IT’S AT THIS POINT 1693 FAMILIES
HAVE GONE THROUGH THE EMERGENCY
ROOMS.
WE DO A FOLLOW UP CALL TO THE
PARENT TO ENCOURAGE THEM TO GO
TO THEIR HEALTH CARE PROVIDER
AND MAKE SURE THIS STUDENT IS
CLEARED TO RETURN TO SPORT.
IT DOESN’T HAVE TO BE US, MAKE
SURE THEY SEE A HEALTH CARE PROVIDER.

AND ME I'M ALLOWED TO CALL THE SCHOOL.

THESE ARE THE NUMBERS OF SCHOOLS WE HAVE BEEN ABLE TO IMPACT.

OVER 200 SCHOOLS IN 38 DISTRICTS.

I'M ABLE TO CALL THEM AND LET THEM KNOW THAT SO-AND-SO WAS SEEN IN THE EMERGENCY ROOM, COMING BACK TO YOU IN A COUPLE OF DAYS, AND HERE IS WHAT YOU CAN DO ON THE FRONT END.

I TRULY BELIEVE IF WE TEACH OUR TEACHERS TO BUILD CAPACITY, TO REALLY THROW ALL KINDS OF SUPPORTS TO THESE STUDENTS IN THAT FIRST THREE WEEKS WE'LL HAVE A BETTER CHANCE OF TURNING THE CORNER IN THESE CONCUSSIONS IN THAT TYPICAL THREE WEEK PERIOD OF TIME.

OBVIOUSLY I DO A LOT OF CONSULTATION TO SCHOOLS AND I'M
Doing some articles on how to write 504s for those students in the ten to 20% who are not getting better in that three week period of time. Those kids are more complicated. That is a whole 'nother presentation. I'll be glad to come back at some point.

I try to maximize your supports in the front end, build capacity with schools, build good communication between your team and outside the school with health care providers, with parents, and make sure that we're taking care of, that you have a seamless system of support for the 80 to 90% of kids with concussion who could really benefit from these great adjustments in those first three-week period of time.

And then, you know, obviously,
WE'LL SPEND MORE TIME ON THE
PROTRACTIVE RECOVERY.

BUT I WOULD SAY, ANY STATE THAT
SPENDS A YEAR OR TWO, JUST TO
GET A GOOD SYSTEM IN PLACE FOR
THIS 80 TO 90% WILL HAVE WITHIN
A COUPLE OF YEARS THAT 10 TO 20%
THAT ARE GOING TO TAKE A LITTLE
BIT MORE WORK ON EVERYBODY'S
PART.

SO THAT IS WHY WE TAKE THIS
PRESENTATION, IT TAKES A
VILLAGE.

IT REALLY DOES TAKE A COMMUNITY
APPROACH AND A MULTIDISCIPLINARY
APPROACH TO CONCUSSION
MANAGEMENT IN ORDER TO MAKE SURE
THAT ALL OF OUR KIDS ARE SAFE
AND SUPPORTED.

I THINK I'M GOING TO STOP AT
THIS POINT.

I'M GOING TO TURN THIS
PRESENTATION BACK OVER TO
NEBRASKA TO TALK ABOUT THEIR
RETURN TO LEARN PROTOCOL AND I
THINK WE'LL HAVE SOME TIME FOR QUESTIONS AT THE END IF YOU HAVE ANY QUESTIONS FOR ME.

OKAY, THANK YOU.

>> THANKS SO MUCH KAREN, THAT'S EXACTLY WHAT'S GOING TO HAPPEN. WE'RE GOING TO TURN THINGS OVER TO NEBRASKA TO HEAR ABOUT THE RETURN TO LEARN LEGISLATION THEY'VE INTRODUCED AND OPENING UP THE PHONE LINE FOR QUESTION AND DISCUSSION. WE'VE ALREADY HAD SOME REQUESTS AND I PROMISE WE CAN GET NO TO THOSE IN A MOMENT.

PEGGY.

>> I'M PEGGY, I'M THE EXECUTIVE DIRECTOR FOR THE INJURY ASSOCIATION OF NEBRASKA. AND THIS YEAR WAS A YEAR AT A WE DIDN'T NECESSARILY GO INTO IT, PLANNED TO INTRODUCE LEGISLATION OF RETURN TO LEARN. WE STARTED A COALITION IN NEBRASKA HAD OUR FIRST MEETING
IN NOVEMBER AND HAD INVITED A VARIETY OF FOLKS THAT HELPED US ACTUALLY PASS OUR CONCUSSION LEGISLATION BACK TO THIS MEETING, TO SAY, YOU KNOW THERE IS A LOT OF WORK THAT STILL NEEDS TO BE DONE HERE IN NEBRASKA REGARDING WHAT NEEDS TO BE DONE, NOT JUST THE LEGISLATION.

AS WE SAT WITH THOSE 30 FOLKS AT UNIVERSITY OF NEBRASKA, LINCOLN, ONE PERSON PARTICIPATING WAS A LEGISLATIVE AIDE THAT HELPED US PASS OUR FIRST LEGISLATION.

HE HEARD US TALK A LOT ABOUT RETURN TO LEARN THAT DAY, AND WENT BACK TO SENATOR LATHROP, WHO HAD ORIGINALLY INTRODUCED THE LEGISLATION, WHO SAID I WANT TO CRAFT SOME LEGISLATION TO GET THIS ON THE BOOKS.

WE WENT INTO IT NOT NECESSARILY EXPECTING IT TO PASS.

AND HONESTLY RIGHT NOW I'M SAD
TO SAY IT HASN’T PASSED YET BUT IT HAS PAID IT TO -- HERE IN NEBRASKA THERE IS A UNICAMERAL -- IT ONLY NEEDS TO BE INTRODUCED IN WITH US HOUSE, THE RETURN TO LEARN FOR STUDENTS WHO SUSTAINED A CONCUSSION. FOR ALL STUDENTS, NOT JUST GEARED FOR KIDS WITH SPORTS INJURY BUT ANY CONCUSSION. RETURN TO LEARN PROTOCOL, RECOGNIZE STUDENTS WHO HAVE SUSTAINED AN INJURY MAY NEED INFORMAL OR FORMULA -- OR FORMAL ACCOMMODATION. THE EDUCATION COMMITTEE THAT HEARD OUR TESTIMONY WE HAD EVERYBODY THAT TESTIFIED THAT DAY WAS ALL IN FAVOR, WE DID NOT HAVE ONE PERSON NOT IN FAVOR OF IT. WE HAVE SINCE FOUND OUT THAT ALL COMMITTEE MEMBERS WERE IN FAVOR OF PASSING IT FORWARD. HOWEVER, THE -- THERE WAS ONE
SENATOR THAT SAID THAT HE DID
NOT FEEL LIKE THERE WAS GOING TO
BE FUNDING AVAILABLE FOR FOLKS.
AND I'VE GOT ANOTHER PHONE
RINGING, DON'T YOU LOVE THAT?
THAT HE -- HE DIDN'T FEEL LIKE
THE SCHOOLS NECESSARILY WERE
GOING TO BE ABLE TO HAVE FUNDING
IN PLACE TO SUPPORT THIS.
AND THAT WAS THE OTHER THING
THAT WAS REALLY DETHIS
LEGISLATION, WAS THERE WAS NO
FISCAL NOTE TO IT.
AND DID THAT HELP US OR HURT US,
I'M NOT REALLY SURE WHICH IT
DID.
BUT THE FACT OF RIGHT NOW
IT'S -- WE'RE STILL WAITING TO
SEE IF IT'S GOING TO MAKE IT TO
THE LEGISLATIVE INTERIOR TO BE
DEBATED.
SO IN A NUTSHELL THAT'S KIND OF
OUR LEGISLATION.
I THINK OUR HOPE IS THAT EVEN
THOUGH -- EVEN IF THIS DOES NOT
PASS THIS YEAR, AT LEAST WE GOT SOME MOMENTUM GOING AND WE GOT PEOPLE THINKING ABOUT IT AND TALKING ABOUT IT. AND THEN WITH THE WORK THAT OUR CONCUSSION COALITION IS DOING, PAIN WE CAN REINTRODUCE IT OR -- MAYBE WE CAN REINTRODUCE IT NEXT YEAR. IN A NUTSHELL THAT IS ABOUT WHERE WE ARE WITH IT. I'D BE HAPPY TO ANSWER ANY QUESTIONS THAT FOLKS MIGHT HAVE. >> GREAT, THANK YOU SO MUCH PEGGY. STEPHANIE WILLING IS ASKING IF NEBRASKA HAS A SAMPLE RETURN TO LEARN PROTOCOL AND IF YOU DO, IF YOU COULD SHARE IT WITH THE GROUP. >> WE HAVE -- HERE IN NEBRASKA WE HAVE A GROUP THAT'S BEEN WORKING ON RETURN TO LEARN. AND WE HAVE BEEN TRYING TO ESTABLISHING WHAT WE CALL
CONCUSSION MANAGEMENT TEAMS.

IT'S A LITTLE DIFFERENT THAN
WHAT YOU HEARD EARLIER, IN
REGARDING TO REAP.

BUT WE DO HAVE A PROTOCOL THAT
WE'VE BEEN TRYING TO PASS OUT
ACROSS THE STATE.

THE OTHER KEY THING HERE IN
NEBRASKA, WE HAVE WHAT WE CALL
BURST, OR BRING INJURY SUPPORT
TEAMS, WE'RE TRYING TO BET
INFORMATION OUT TO ALL OF THE
SCHOOLS.

THEY ARE KIND OF OUR KEY PEOPLE,
FIVE REGIONAL SUPPORT TEAMS
ACROSS THE STATE.

THAT'S WHAT WE'RE TRYING TO USE
AS A WAY TO INFILTRATE
THROUGHOUT THE STATE.

BUT YES, I'D BE HAPPY TO SHARE
WITH YOU WHAT WE HAVE.

>> GREAT.

IF YOU WANT TO PASS THAT ALONG
TO ME, I CAN SHARE IT OVER THE
LISTERV.
WE DO HAVE A LOT OF QUESTIONS IN THE QUEUE.
I'M GOING TO GO AHEAD AND READ SOME OF THOSE QUESTIONS OUT LOUD.
IF WE HAVE TIME, WE CAN UNMUTE THE PHONE LINES FOR A LITTLE BIT MORE INTERACTIVE DISCUSSION.
MARKET IS ASKING ABOUT THE REAP CUSTOMIZATION, HOW THAT WORKS, IS IT TREE OR HOW CAN YOU ACTUALLY CUSTOMIZE IT TO YOUR STATE.
>> OKAY, THIS IS KAREN.
I CAN SPEAK TO THAT.
AND WE HAVE A FEW PEOPLE ON AS PARTICIPANTS THAT ACTUALLY HAVE CUSTOMIZED FOR THEIR STATE SO I'D BE HAPPY TO AS WELL AS HAVE THEM COME ON AND SEE IF THEY HAVE FOUND THIS TO BE HELPFUL OR NOT.
THE WAY THAT IT WORKS IS THAT WE HAVE IDENTIFIED ABOUT 16 AREAS OF REAP THAT WOULD LEND ITSELF
TO YOUR STORY, IN YOUR STATE.
OR YOUR COMMENT FROM YOUR M.D,
YOUR STATE LAW, YOUR RESOURCES,
THAT KIND OF THING.
AND THEN THE REST OF REAP STAYS
PRETTY MUCH AS IT IS, ALL OF THE
CONTENT.
SO WE WORK WITH YOU ON A
CONTRACT TO -- AND THERE’S A
$2500 FEE TO CUSTOMIZE.
AND THAT BASICALLY PAYS THE
GRAPHIC DESIGNER TO TAKE YOUR
INFORMATION AND DROP IT INTO
THOSE 16 AREAS, SO THAT REAP
BECOMES ABOUT YOUR STATE.
FROM THAT POINT ON, ONCE IT’S
CUSTOMIZED, YOU HAVE THE PDF
COPY OF IT AND YOU COULD PUT IT
ON AS MANY WEBSITES AS YOU WANT.
WE WOULD SAY THE PRINTER IS DONE
BY OUR PRINTER BUT IT IS THE
AT-COST PRINTING, THE SAME WE
PAY AT COLORADO WOULD YOU HAVE
YOUR VERSION PRINTED AT THAT
SAME COST.
THIS IS PRETTY MUCH HOW WE HAVE MADE THIS AVAILABLE TO OTHER STATES.

NEW YORK IS ON RIGHT NOW, I KNOW JUDY AVENER IS ON, THEY HAVE CUSTOMIZED IT FOR AN AREA IN LONG ISLAND, AND THEN IT'S BEEN CUSTOMIZED FOR A CLINIC IN FLORIDA.

I DON'T KNOW IF THEY'RE ON THE CALL TODAY.

IF THAT ANSWERED YOUR QUESTION, I DON'T KNOW IF YOU WANTED JUDY TO SAY ANYTHING.

>> THANKS.

LET'S GET THROUGH A COUPLE MORE QUESTIONS AND IF WE HAVE TIME TO OPEN UP THE PHONE HIENS WE CAN TALK -- LINES WE CAN TALK TO THE PEOPLE WHO HAVE CUSTOMIZED REAP FOR THEIR STATES.

CAROL ASKS IF SHE MAY SHARE THE REAP INFORMATION WITH HER COLLEAGUES IN NURSING SCHOOL.

>> OH ABSOLUTELY.
I WOULD SAY SHARE THIS WITH WHATEVER YOU LIKE.

EVERY TIME I SEE A KID IN CLINIC I SEND THEM A COPY OF THE PDF, HOPEFULLY THEY ARE NOT JUST USING IT FOR THE STUDENT I'M CALLING ON BUT HOPEFULLY, THEY'RE APPLYING THIS TO ALL OF THE OTHER KIDS THAT THEY ARE SEEING IN THEIR CLINICS WHO HAVE CONCUSSION WHO NEVER COME TO SEE US.

THAT IS WHAT WE'RE HOPING FOR WITH THE KIDS IN THE EMERGENCY ROOM, IF THEY'RE NOT FOLLOWING UP THAT THEY KNOW WHAT TO DO.

WE HAVE ONE AREA IN COLORADO, A SKI AREA THAT LIKES TO GIVE IT OUT, THEY CAN AT LEAST GIVE THEM A COPY OF THIS AND SEND THEM BACK ON THE AIRPLANE BACK TO THEIR STATE AND THEY'LL KNOW WHAT TO DO THERE.

TO TELL YOU THE TRUTH I REALLY WROTE REAP TO BE AS STAND-ALONE
It is good for area where you have one nurse that covers an entire district or one parent. With that you have the team you feed to be able to manage a student as well as can you in rural areas where they may not have access to a neurologist. Again trying to manage that 80 to 90% with typical good concussion management will help so many kids than to not get it out. Definitely send it as far and wide as you would like.

>> Great, that’s really good to hear.

Helen Hines is asking how did you obtain participation by the emergency departments by giving outreach and how many emergency departments are doing it?

>> Well, we have luckily had a great connection with an
EMERGENCY ROOM DOCTOR IN ONE OF THOSE EDs WHO STARTED THIS PROCESS.

SHE CREATED A FAX FORM.

AND SO WITH HER SUPPORT, SHE HAS BEEN GIVEN APPROVAL TO GO AROUND TO EVERY ONE OF THE EMERGENCY ROOMS IN THE HEALTH 1 SYSTEM, WHICH THERE WERE EIGHT TO START WITH.

SO SHE TAKES A LITTLE TIME EVERY YEAR GOES OUT TO THE EDs, DOES A LITTLE BIT OF TRAINING WITH THE EMERGENCY ROOM DOCTORS AND AWAY THEY'RE LOOKING FOR.

AND INTRODUCED THE ED TO SCHOOL EDUCATION FORM AND ALL THE DOCTORS AND NURSES IN THOSE EIGHT EDs HAVE TO DO IS EXPLAIN TO THEM WHAT A CONCUSSION IS, GIVE THEM A COPY OF REAP, HAVE THEM SIGN THE FORM AND THAT ALLOWS ME TO FOLLOW UP WITH THE FAMILY AND FOLLOW UP WITH THE SCHOOLS.
IT'S BEEN VERY WELL RECEIVED AND FAMILIES GENERALLY DO NOT, NOT SIGN THAT.

AND THEN THAT ALLOWS ME TO EDUCATE HUNDREDS OF SCHOOLS BY SIMPLY SAYING ONE OF YOUR STUDENTS WAS IN OUR EMERGENCY ROOM.

I DON'T KNOW WHO THEY'RE GOING TO FOLLOW UP WITH MEDICALLY BUT I DO WANT YOU TO KNOW, THIS IS HOW YOU CAN HELP THEM AT SCHOOL AND THAT'S THE BEAUTY OF THAT. YOU REALLY NEED A CHAMPION IN THE ED IF CAN YOU GET A DOCTOR OR NURSE THAT'S WILLING TO WORK WITH YOU ON THAT, IT CAN BE VERY, VERY HELPFUL.

AND WE HAVE NOW ADDED THREE MORE MRM ROOMS TO THAT.

IT'S JUST A LOGISTICAL ISSUE OF GETTING IT APPROVED HAVE A COPY OF YOUR STATE REAP TO GIVE OUT TO THEM. EVEN IF THAT WASN'T GOOD, TO
HAVE A FOLLOW-UP CALL IT WOULD
BE GREAT FOR THEM TO HAVE A COPY
OF THIS TO TAKE BACK TO THE
SCHOOL IT WOULD HELP DIRECT THE
SCHOOL ON HOW TO PUT THOSE
INTERVENTIONS IN PLACE.
>> THANKS KAREN.
AND DID YOU MENTION HOW MANY
EDs ARE CURRENTLY WORKING WITH
THE REAP SYSTEM?
>> CURRENTLY THERE ARE 11 EDs
AND MORE THAT HAVE CONTACTED US
WITH INTEREST IN THIS.
>> GREAT, THANK YOU.
RENEE CARFEY IN NEW JERSEY SAYS,
WE HAVE HEARD OF PROGRAMS IN NEW
JERSEY KEEPING KIDS OUT OF
SCHOOL FOR PROLONGED PERIODS,
MANY FOR MONTHS.
HOW DO YOU ADDRESS THIS IF
ANOTHER PROFESSIONAL IS
RECOMMENDING PROLONGED STAY OUT
OF SCHOOL?
>> THAT'S A TOUGH QUESTION.
WE HEARD ABOUT THIS ALL OF THE
I'm sure in your own state you have some of this going on. I don't think there's an easy answer. There are some kids that have true medical issues that they are impacted by their concussion much longer than others and need to be out of school for a longer period of time. And that's going to be in that smaller 10 to 20%. So I think from my perspective, if there are those students, we need to have a clear understanding as to why they are such an outlier, why they need to be out of school this long and what kinds of very specific medical and pharmacological and school interventions need to be put in place to help that very small percentage. My concern is when there are
DOCTORS OR PEDIATRICIANS WHO KIND OF ROUTINELY HOLD KIDS OUT FOR TOO LONG.
IT'S GENERALLY THAT THEY ARE WELL-INTENDED BUT WHAT WINDS UP HAPPENING IS THESE KIDS GET SO FAR OFF TRACK ACADEMICALLY, THEY GET SO FAR OFF TRACKSOCIALLY AND DEVELOPMENTALLY, AND WE HAVE ISSUES OF SECONDARY DEPRESSION, SECONDARY ANXIETY, SCHOOL PHOBIA, SCHOOL AVOIDANCE.
TRYING TO HIGHLIGHT THE FACT THAT 80 TO 90% OF KIDS ARE GOING TO HAVE A GREAT RECOVERY AND WITHIN THREE WEEKS.
IF YOU HOLD THEM OUT OF SCHOOL TOO LONG YOU’RE REALLY NOT DOING THEM A SERVICE.
IT IS SOMETHING THAT SCHOOLS HAVE TO HAVE CONVERSATIONS WITH THEIR DOCTORS ON.
THAT WAS THE FOCUS OF THAT PEDIATRIC ARTICLE.
TRYING TO GET PEDIATRICIANS TO
UNDERSTAND THAT I'M SURE THEY'RE NOT INTENDING TO CREATE OTHER APPROXIMATE DOWN THE ROAD BUT INTO THAT HAPPENS, TRYING TO GO WITH THE TYPICAL 80 TO 90%, THOSE KIDS ARE OFTEN RARING TO GO, READY TO GO BACK IN AT LEAST BY THAT SECOND WEEK. WE WANT TO REINFORCE WITH THEM, STAYING BACK ON TRACK WITH THEIR LINES. WE WANT THEM TO BE FAIRLY CLOSE TO JUMP BACK ON TO WHERE THEY WERE AT THE TIME OF THE CONCUSSION.

>> GREAT, THANK YOU.

JUDY AVENER IS ASKING, HOW DID YOU GET SCARES TO GIVE OUT -- SKI AREAS TO GIVE OUT REAP AND HOW DID THAT WORK?

>> SKI AREAS, IF SOMEBODY LIKE IT, THEY CONTACT US AND SAY, CAN WE HAVE MORE OF THESE, CAN WE GIVE THIGHS OUT. WE ARE LUCKY TO HAVE ONE AREA IN
THE MOUNTAINS THAT HAS REALLY TAKEN TO THIS BOOK AND LIKES TO GIVE IT OUT SO THAT THEY FEEL THAT THEY HAVE SOMETHING TO GO BACK WITH HAIR THIS EASY THEIR HOME STATE, WE HAVEN'T TRIED TO DO IT, ALTHOUGH IT WOULD PROBABLY BE A GREAT IDEA GIVEN HOW THESE KIDS GET THEIR INJURIES.

>> GREAT, THANK YOU.
I BET IF WE ALL SAT TOGETHER WE COULD BRAINSTORM A WHOLE BUNCH OF DIFFERENT ACTIVITY AREAS, PERHAPS THAT'S ONE OF THE TEAMS WOULD WANT TO TAKE UP.

>> ABSOLUTELY.
THE OTHER THING IN OUR STATE IS RODEO.
A LOT OF INJURIES THERE.
BUT IN HAWAII IT'S SURFING.
EVERY STATE HAS ITS PROBLEMS WITH THIS ISSUE.

>> SARAH IS WONDERING, STUDENTS WHO EXPERIENCE CONCUSSION, DO
THEY TYPICALLY HAVE TIME TO DO
THAT?

>> GOOD QUESTION.

SO WITH SCHOOLS YOU KNOW THAT
THEY'RE DIFFICULT TO GET INTO
AND REALLY GET THE INFORMATION
DOWN TO WHERE IT FEEDS TO BE.

AND AS I SAID YOU KNOW I'VE BEEN
DOING THAT SINCE THE TIME THE
CENTER FOR CONCUSSION OPENED IN
2010.

MY SPEAKING WAS TO COACHES,
ABOUT SPORTS, LEGISLATION,
PULLING THEM FROM PLAY,
RETURNING THEM TO PLAY.

ONLY UNTIL RECENTLY I'VE BEEN
ABLE TO GET IN FRONT OF THE
SCHOOL PEOPLE NAP, TO ME, IS A
THRILL AFTER 20 YEARS OF
EDUCATION, THAT'S WHERE MY HEART
IS.

I'M PRIMARILY BEEN IN FRONT OF
NURSES SCHOOL MENTAL HEALTH,
COUNSELORS, ATHLETIC TRAINERS.

SO -- AND THOSE ARE THE RELATED
SERVICES THAT THEN TAKE THIS INFORMATION AND TRY TO GET IT DOWN IN FRONT OF THEIR TEACHERS. EVERY ONCE IN A WHILE A SCHOOL WILL ALLOW ME TO BE IN FRONT OF THEIR ENTIRE TEACHING STAFF AND THAT'S BEEN WONDERFUL. IN THE SCHOOLS I'VE BEEN ABLE TO DO THAT IN, I SEE A DIFFERENCE THAT THE TEACHERS ARE EMPOWERED AND CONFIDENT AND ABLE TO SUPPORT THESE KIDS IMMEDIATELY BECAUSE WE'VE BEEN ABLE TO TRAIN THEM RIGHT AWAY. RECENTLY I'VE BEEN ABLE TO GET IN FRONT OF THE SCHOOL'S PRANCE. THEY NEED THE OKAY THAT THE TEACHERS PUT THIS IN PLACE AND THAT AGAIN HAS BEEN VERY HELPFUL. FROM MY EXPERIENCE, THE TEACHERS LOVE THE SYMPTOM WHEEL. IF THERE'S ANYTHING THEY REALLY LIKE, THEY LOVE THE SYMPTOM WHEEL.
I'm trying not to be too prescriptive, I'm not asking you to say a reduction in class work by 50%, please don't let them read or things like that.

I'm trying to get the teachers and empower the teachers to understand the cellular inefficiency concept.

If I don't want to run the cells too much I might teach to the student and instead of 20 problems I would bring it down to ten problems.

If I am an art teacher would I have another approach, if I'm social studies teacher I would let them listen to the lecture but not do many of the questions.

I would ask them to apply it to the subject matter and that seems to have the best effect in terms of the sturcht's feel it, to get the concept, the RTI,
RESPONSE TO INTERVENTION AND
EDUCATORS UNDERSTAND THAT
LANGUAGE.
WE ALL KNOW FROM LEARNING
DISABILITIES AND FROM BEHAVIOR
PROBLEMS THAT IF YOU DO GOOD
TEACHING, TO THE UNIVERSAL
LEVEL, 80 TO 90% OF YOUR KIDS
ARE GOING TO DO WELL IN YOUR
CLASSROOMS, WITH YOUR MATERIAL,
AND NOT HAVE ACADEMIC ISSUES,
AND NOT HAVE BEHAVIOR PROBLEMS.
AND LO AND BEHOLD, CONCUSSION
FALLS INTO THAT CATEGORY AS
WELL.
IF YOU JUST SAY, TODAY YOU DON'T
LOOK LIKE YOU COULD TAKE THE
TEST.
YOU DON'T HAVE TO TAKE THE TEST.
BUT ANOTHER DAY DOWN THE ROAD
THEY LOOK PERFECTLY OKAY AND IT
IS OKAY TO TAKE THE TEST.
KNOWING YOUR KIDS AND READING
YOUR KIDS IS WHAT I WOULD HOPE
THEY WOULD USE FROM THE CONCEPTS
OF REAP.

EVERY STUDENT I SEE I ALSO SAID
A COPY OF THE ARTICLE TO THE
SCHOOL SO THEY CAN USE THAT WITH
THEIR TEACHER.

IT'S MORE ABOUT CAPACITY
BUILDING AND USING THAT RTI
PROTOCOL.

THEY SEEM TO LOVE IT.

MANY OF MY STUDENTS TAKE PARTS
OF REAP, AND USE THAT ONE PAGE.

THAT'S WHAT THEY GIVE TO
PARENTS, WHAT THEY GIVE
TEACHERS.

THAT'S FINE.

-- GIVE IT TO TEACHERS.

THAT'S FINE, AS LONG AS TEACHERS
UNDERSTAND AND ARE USING THEM
FROM THEIR SUPPORT.

>> WE HAVE ONE MORE QUESTION
WITH PEGGY, YOUTH AND ELDERLY
WHO SUSTAIN A HEAD INJURY DUE TO
A FALL?

>> NOTHING THAT I HAVE HAD ANY
TIME, SYSTEMICALLY.
I WOULD SAY THERE’S A LOT OF
OVERLAP.
THE CONCEPTS IN REEP ARE GOOD
CONCUSSION CONCEPTS.
THEY ARE NOT SPECIFICALLY FOR
KIDS.
I’VE HAD NUMEROUS PRINCIPLES OR
TEACHERS IN -- PRINCIPALS OR
TEACHERS IN A SCHOOL WHO SAY
STUDENTS HAVE A BIKE ACCIDENT,
AND NEED REAP ADAPTED TO THE
ADULT LEVEL, FINE.
THEY NEED TO HAVE THEIR
COLLEAGUES STEP UNITED STATES
AND REDUCE THE LEVEL RIGHT NOW.
THE BLUE PAGE ON REAP THAT
TALKED ABOUT THE DIFFERENT WAYS
IT WILL AFFECT YOU ARE NOT
SPECIFIC TO SCHOOL.
IT TALKS ABOUT MENTAL FATIGUE
AND SLOW PROCESSING SPEED, YOU
KNOW KIND OF FROM THE CONCEPT OF
THIS CAN AFFECT YOU NO MATTER
WHAT AGE YOU ARE.
SO WE’VE HAD A REQUEST TO MAKE
REAP AN ADULT VERSION.
AND WE’RE WORKING ON THAT AS
WELL.
>> GREAT.
THANK YOU.
ALL RIGHT.
WE’RE GOING TO TAKE A MOMENT TO
OPEN UP THE PHONE LINES FOR
ANYBODY WHO WOULD LIKE TO SPEAK
THEIR QUESTION VERBALLY OR HAS
COMMENTS ABOUT THEIR OWN
EXPERIENCES WITH RETURN TO LEARN
OR THE REAP PROTOCOL.
IF YOU HAVE CALLED IN AND ALSO
ARE LISTENING THROUGH YOUR
COMPUTER, PLEASE MUTE YOUR
COMPUTER SPEAKERS SO WE DON’T
HEAR THE ECHO.
WHEN YOU HAVE GOT A LOT OF
SOUND, PLEASE (INAUDIBLE).
>> THIS IS JOHN McFEE FROM
MEXICO.
I WANTED TO FOLLOW UP ON KAREN’S
VERY APT COMMENTS ABOUT NOT
ISOLATING THOSE WITH BRAIN
INJURIES FOR TOO LONG FOR SO MANY REASONS.

OBVIOUSLY GETTING ACADEMICALLY FAR BEHIND THEIR CLASSMATES.

BUT THE SOCIAL ASPECT.

AND IN THE THIRD SITUATION IS I THINK IN PART OF THEIR INTEGRAL RECOVERY, IS BE SURE TO INTRODUCE A LITTLE BIT OF STIMULATION AS QUICKLY AS POSSIBLE BUT NOT TOO MUCH.

PARENTS IGNORE THE INJURY AND THE CHILD IS THERE ALL DAY BEING TREATED LIKE EVERYONE ELSE AND BECOMES FATIGUED AND MAY REGRESS OR THEY'RE TOTALLY ISOLATED AND HAVE NO STIMULUS, AND BOTH EMOTIONALLY SOCIA LLY AND IN TERMS OF MENTAL STIMULUS, TO MONITOR THAT CHILD LIKE KAREN'S SAYING AND HAVE THEM INCREMENTALLY A FEW MORE PIECES, HAVE THEIR FRIENDS COME OVER FOR AN HOUR, NOT FIVE HOURS AND SO FORTH IS A REALLY INTEGRAL PART
OF THE RECOVERY.

>> GREAT, THANK YOU JOHN.

>> UH-HUH.

>> DOES ANYBODY ELSE HAVE COMMENTS OR QUESTIONS?

HOW ABOUT HEARING FROM THE FOLKS WHO HAVE CUSTOMIZED REAP IN THEIR COMMUNITIES?

HE GLEN OR JUDY ARE YOU ON THE PHONE LINE AND ABLE TO TALK?

>> THIS IS HELEN.

I DON'T KNOW IF YOU CAN HEAR ME.

>> WE CAN HEAR YOU.

>> OH YOU CAN.

THE DEPARTMENT OF HEALTH IN COLLABORATION, AND JUDY MAINLY WORKED WITH KAREN TO ADAPT THE REAP BOOKLET FOR NEW YORK.

I FELT AT FIRST YOU KNOW IT CAN BE A LOT OF INFORMATION FOR PEOPLE.

BUT ON THE OTHER HAND, WHEN YOU ARE A PARENT OF A CHILD WITH A TBI YOU WOULD READ THAT FROM COVER TO COVER, EVEN THOUGH IT'S
COLOR-CODED, TO JUST DIRECT PARENTS TO READ TEAR PORTION.
AND I HAVEN'T YET SEEN ANYTHING SIMILAR TO THAT, THAT BRINGS ALL THE PLAYERS TOGETHER, AND HAS THAT INFORMATION ALL IN THE SAME PLACE.
SO WE'VE BEEN VERY PLEASED WITH IT.
AND YOU KNOW, THIS PHONE CONFERENCE HAS PAID ME WONDER WHAT OUR INVENTORY IS LIKE FOR THE REMAINING COPIES.
SO I'LL HAVE TO TOUCH BASE WITH THE AMIES.
BUT IT HAS BEEN I THINK A WONDERFUL TOOL THAT IS ENHANCING OUR OUTREACH IN NEW YORK.
AND YOU KNOW, WE'RE HOPEFUL TO
CONTINUE THAT OUTREACH FOR YEARS TO COME.

BECAUSE WE HAVE JUST REALIZED,
WE HAD A -- THERE WAS A ROUND TABLE DISCUSSION THAT THE AMIES AND THE GRANT ORGANIZED JUST LAST FRIDAY.

AND IT BECAME VERY APPARENT TOO,
THAT PYS ED TEACHERS SEEM TO BE PROBLEMATIC, THERE WAS AGREEMENT AROUND THE TABLE THAT NOT MAKING ACCOMMODATIONS TO PHYSICAL EDUCATION, THEY ARE ABLE TO WRITE PAPERS, WHERE THEY ARE REALLY NOT ABLE TO WRITE THE PAPERS, PARENTS ARE ADMITTING THEY ARE WRITING THE PAPERS TO COMPLY WITH THE PHYSICAL EDUCATION REQUIREMENT.

THERE ARE A LOT OF REQUIREMENTS TO IT WHERE WE REALIZED THERE IS SO MUCH MORE WORK TO DO.

THE REAP IS A WONDERFUL TOOL IN OUR STATE.

>> GREAT, THANK YOU SO MUCH,
HELEN.

IN THAT IS THE CONCLUSION OF THE
INFOMERCIAL FOR REAP.

>> IT SOUNDS TO ME LIKE THERE
ARE A LOT OF CONCEPTS IN REAP
WHICH CAN APPLY TO A LOT OF
DIFFERENT AGE GROUPS AND CAUSES
OF TBI, ONE OF THE BIG
CONVERSATIONS THAT WE HAVE HAD
THROUGHOUT THE COMMUNITY OF
PRACTICE, HOW THE SPORTS FIELD
COG CONCUSSION CAN LOOK LIKE A
MINOR TRAFFIC COLLISION
CONCUSSION.

TAKING A LOT OF THESE CONCEPTS
AND MOVING THEM OFF THE SPORT
FIELD TO GET A HOLISTIC APPROACH
TO TREATING, ASSESSING TRAUMATIC
BRAIN INJURY AND EXACERBATION OF
THE PROBLEM, SOUNDS LIKE THIS
PROTOCOL, THIS PROGRAM COULD
REALLY HELP US IN THINKING
THROUGH WHAT THAT LOOKS LIKE.

SO WE ONLY HAVE A COUPLE MINUTES
LEFT BEFORE OUR TIME COMES TO AN
END SO I WANTED TO DO SOME
HOUSECLEANING.
AS ALWAYS, THERE IS A BRIEF
EVALUATION ON THE SCREEN IN
FRONT OF YOU THAT YOU CAN GIVE
SOME FEEDBACK TO OUR SPEAKERS AS
WELL AS TO ME ABOUT WHAT YOU
THOUGHT ABOUT THIS WEBINAR.
KAREN HAS GRACIOUSLY SHARED SOME
FILES WITH US FOR DOWNLOAD,
THOSE ARE IN THE FILE SHARE POD
AT THE BOTTOM OF THE SCREEN.
AS I MENTIONED IN THE E-MAIL
THAT WENT OUT, I DID CLOSE THE
MID TERM EVALUATION, THANK YOU
FOR PARTICIPATING, I GOT GRADE
FEEDBACK, I LOVE EVALUATION AND
I LOVE THE RESPONSES THAT I GOT.
THANK YOU SO MUCH.
WE DO STILL HAVE SEVERAL
OUTSTANDING TEAM EVALUATIONS.
THE DEADLINE IS MARCH 12th.
PLEASE LET ME KNOW, I'M MORE
THAN HAPPY TO HELP YOU IN THE
PROCESS.
THE STATES THAT HAVE FILLED IT OUT SO FAR, THERE ARE FOUR OF YOU, I THANK YOU SO MUCH FOR FILLING IT OUT. FOR EVERYBODY OUT THERE KEEP UP THE GOOD WORK AND THANK YOU FOR YOUR CONTINUED PARTICIPATION. I THINK THAT'S IT.