Post-Head Injury Gradual Return to Academic and Athletic Participation Plan

Concord-Carlisle High School, Concord MA

 Student:______
 YOG: ______
 Date of Injury: ______
 Activity: ______

*Be patient with the healing process. REST IS NECESSARY for the brain to heal. Trying to move too quickly through stages of recovery can slow healing and increase duration of symptoms. The goal is to return to school with planned rest breaks when symptoms occur and gradual increase in time on learning.

Stage	Priorities	Possible Duration	School Actions	Student Actions	Parent/Guardian Actions
Red	Complete physical and	1-4 days School	Nurse or athletic trainer WILL: Notify teachers, athletic trainer,	NO school, rest and sleep Treat with rest, NOT pain	Take child to primary care for initial evaluation, or to ER for signs of
Injury	cognitive rest to be symptom free at rest	nurse or Guidance counselor to notify teachers	guidance counselor, support staff, family, athletic director and coach, as applicable	medication Limit screens, reading, music, socializing, loud music, bright lights Stay well-nourished and hydrated Once symptom-free at rest, attempt 15-min intervals of reading or writing	emergency Have physician write note for school Enforce limits, monitor "student actions" Email Guidance counselor and school nurse regarding injury Submit physician note to school nurse
		Must have no	symptoms at rest and with 15 min c	of reading or writing before moving to	Orange Stage
Orange	School-home communication	2-10 days	Teachers SHOULD: Categorize assignments.	Half day attendance, focus on core subjects	Understand Gradual Return Plan Confirm student understanding of each
Recovery	Balance rest with gradual reintroduction to school Emphasis on in-school learning and rest out of school,	Parent or Guidance counselor may notify teachers of recovery progress and request academic information	Postpone or excuse assignments based on learning priority Communicate plan to parent and student. <i>Most students will not be</i> <i>able to make up all missing work.</i> Send to nurse if symptomatic REMEMBER: student may not be able to self-advocate <i>Teachers SHOULD NOT:</i> Assign tests or homework at this time Expect multi-tasking in class— listening only	Communicate with Counselor Rest in health office when symptoms develop Be patient with slow recovery -Maximize class time by frequent planned breaks Complete homework assignments in 15-min intervals, or stop when symptomatic to allow for recovery Communicate with teacher about progress and problems. <u>No after school activities</u> <u>-Prevent second injury</u>	teachers' expectations of academic work. Communicate with teachers regarding progress and problems. Monitor symptoms Remind student to rest if symptoms develop and assist with pacing cognitive work -Prevent exposure to symptom triggers including screen time, noise and light. Contact guidance counselor if orange stage lasts longer than 4 days Revisit primary care and/or concussion specialist if orange stage > 2 weeks
		Mu	ust have no symptoms with part-tim	he school days to move to Yellow Stag	e
Stage	Key Ideas	Possible Duration	School Actions	Student Actions	Parent/Guardian Actions
Yellow	Gradual increase of	1-7 days	Teachers SHOULD: Construct a plan to complete	Full day attendance. Self advocate Maintain clear communication with	Clear communication with teachers on priorities and due dates.
Recovery	time and energy at school as student resumes normal workload.	Parent or Guidance counselor to notify teachers of recovery stage	missed academic work and keep stress level low Help students avoid scheduling more than 1 test/day <i>Guidance</i> WILL: Schedule Academic Team meeting if student has not recovered within 4 weeks of injury.	teachers on priorities and due dates Rest if intermittent symptoms Once asymptomatic with full cognitive activity, check in with athletic trainer or school nurse no physical activity until released by health care professional.	Revisit primary care and/or concussion specialist if yellow stage > 2 weeks

Green	*Complete resumption of	2-3 days	Teachers SHOULD: expect regular academic capabilities.	Once asymptomatic with full cognitive activity schedule ImPact.with Athletic	Monitor symptomsNegotiate activities pending academic
Full	normal	Parent or		Trainer or school nurse and begin	progress
Academic	academic	Guidance	School Medical Staff WILL:	gradual return to physical activity	Confirm with teachers that student has
Recovery	activities.	counselor to notify	Perform neurological	(See "Graduated Return to Physical	completed work and is back to normal
	*Initiate	teachers of	assessment to initiate gradual	Activity").	pace in class.
	assessment	recovery	return to athletic activity.	Negotiate participation in activities	Support Gradual Return to Play Plan
	for Gradual	stage	 Counselor sends note to 	pending academic performance.	 Contact school nurse and counselor of
	Return to	Ū	teachers re: clearance for full		participation of full return to academics
	Activity		return to academics.		
	Must ha	ve no symptor	ms with full academic participation	n and modified physical activity before r	moving to Blue Stage
Blue	*Complete	4+ days	Teachers: expect regular	See athletic trainer or school nurse	Obtain physician clearance for full return
Progressive	resumption of		academic capabilities.	for full workout plan	to all activity and deliver to school nurse
Return to	academic	Parent or		Final assessment and provider	
Athletic/	activities	Counselor to	Assessment by athletic trainer	clearance	
extra	*Progressive	notify	or school nurse for return to	Full return to athletics and Health and	
curricular	participation	teachers of	athletics and Health and Fitness.	Fitness	
Activity	in athletic	recovery			
,	activities	stage			

Model Graduated Return to Physical Activity

(If symptoms occur during any of the activities, student must rest for 24 hours and then return to the previous stage)

Rehabilitation Stage	Functional Exercise	Objectives
Stage 1: No activity	Complete physical and cognitive rest	Recovery
Stage 2: Light aerobic exercise	Walking, swimming or stationary cycling at <70% max. predicted heart rate (<140 bpm)	Increase heart rate
Stage 3: Sport-specific exercise	Basic drills. No impact activities. Ex: shooting basketball, kicking soccer ball, running	Add movement
Stage 4: Non-contact training	More complex drills: Passing, cutting	Exercise, coordination, cognition
Stage 5: Full contact practice	Normal training activities, followed by clearance by physician, licensed athletic trainer, nurse practitioner or neuropsychologist	Confidence, observation
Stage 6: Full return after clearance	Normal game play after documented clearance for FULL activity	Full athletic participation

Referral to a concussion specialist may be necessary if the student 1) has had two concussions in the previous 12 months, or three or more concussions in his/her lifetime, 2) has a prior neurological illness or condition increasing susceptibility to prolonged or complicated recovery, 3) is having substantial symptoms at twoweeks post injury that interfere with functional abilities.

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Guidance Counselor: Phone:

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