



McHenry High School District #156
Return to Learn Protocol

Team to facilitate “Return to Learning”

Family Team	Student, parents, guardians, other family or friends
Medical Team	Primary care provider, concussion specialist, clinical psychologist, neuropsychologist, athletic trainer, school nurse
School Academic Team	Teacher, school counselor, school psychologist, social worker, school nurse, school administrator
School Physical Activity Team	School nurse, athletic trainer, coach, physical education teacher

Identify a school staff member on the team who will function as a case manager, such as a school nurse, athletic trainer, school counselor or other identified school professional. This person will have the role of advocating for the student’s needs and serve as the primary point of contact for the student, family, and all members of the concussion management team. The case manager is responsible for ensuring all are informed and understand how to implement the student’s accommodations.

PLANNING FOR RETURN TO SCHOOL

It is recommended that this protocol be shared with the student's primary care physician (licensed to practice medicine in all its branches, e.g. pediatrician) as soon as possible.

Stages of Concussion Recovery and Academic/Athletic Participation:

1. Complete rest for 72 hours
2. Return to School
3. Full Day of School Attendance
4. Full Academic and Athletic Participation

Points of Emphasis:

1. It is important to note that the recovery from a concussion is a **very individualized process**. Caution must be taken not to compare students with concussions as they progress through the recovery process.
2. For the concussion care protocol to be initiated the student must be initially evaluated by an athletic trainer, primary care physician, or concussion specialist (licensed to practice medicine in all of its branches).
3. The protocol emphasizes allowing the student to participate in school in a modified fashion so as not to worsen symptoms. Determining "how much is too much" may be a trial and error process
4. The student should be granted adequate time to complete missed academic work based on the amount of time needed for complete recovery.
5. The student should report to the case manager daily in order to monitor symptoms and assess how the student is tolerating the accommodations (a symptom checklist is recommended), as well as assess how staff are implementing the modified learning plan.
6. As the student's recovery progresses through the outlined phases, teachers should be prepared to apply "mastery learning" criteria within their subject matter. By identifying essential academic work, teachers can facilitate recovery by reducing the student's anxiety levels related to perceived volume of work that will be required once he/she is medically cleared to resume a full academic load.

RETURN TO SCHOOL PHASES

PHASE 1: No School/Complete Cognitive Rest

Symptom Severity: In this phase, the student may experience high levels of symptoms that at best prohibit the student to benefit from school attendance and may cause symptoms to increase in intensity. During this stage, physical symptoms tend to be the most prominent and may interfere with even basic tasks. Many students are unable to tolerate being in the school environment due to severe headache, dizziness or sensitivity to light or noise.

Treatment: Emphasis on cognitive and physical rest to allow the brain and body to rest as much as possible.

Intervention Examples:

- No school
- Avoid activities that exacerbate symptoms. Activities that commonly trigger symptoms include reading, video games, computer use, texting, television, and/or loud music.
- Other symptom “triggers” that worsen symptoms should be noted and avoided in the effort to promote healing
- No physical activity-this includes anything that increases the heart rate as this may worsen symptoms
- No tests, quizzes, or homework
- Provide students with copies of class notes (teacher or student generated)

PHASE 2: Part-Time School Attendance with Accommodations

Symptom Severity: In this phase, the student's symptoms have decreased to manageable levels. Symptoms may be exacerbated by certain mental activities that are complex or of long duration. Often students can do cognitive activities but only for very short periods of time (5-15 minutes) so need frequent breaks to rest and "recharge their batteries".

Treatment: re-introduction to school. Avoid settings that trigger or worsen symptoms. In the first few days of returning to school the goal is not to immediately start catching up on the missed work or learn new material. Rather the initial goal is simply to make sure the student can tolerate the school environment without worsening the symptoms. This means the first few days often include just sitting in class and listening (no note-taking or reading). Once the student can tolerate this, he/she can try short intervals (5-15 minutes) of cognitive work per class.

Intervention Examples:

- Part-time school attendance, with focus on the core/essential subjects and/or those which do not trigger symptoms; prioritize what classes should be attended and how often.
 - Examples: Half days, alternating morning and afternoon classes every other day; every other class with rests in nurses office or quiet location in between
- Eliminate non-essential assignments or classwork
- Limit or eliminate "screen time" (computers, phones, smart boards, etc)
- Provide student with copies of class notes (teacher or student generated)
- No tests or quizzes
- Homework load based on symptoms. No due dates on homework, which allows the student to work at a pace that does not exacerbate symptoms and reduces their anxiety about completing assignments.
- Allow a 5 minute early passing period to avoid loud, crowded halls between classes.
- No physical activity including PE or participation in athletics
- ***For the student that is not a MHS athlete:*** report daily to the school nurse for assessment
- If this phase is prolonged, a tutor could be helpful

PHASE 3: Full-Day Attendance with Accommodations

Symptom Severity: In this phase, the student's symptoms are decreased in both number and severity. They may have intervals during the day when they are symptom-free.

Treatment: As the student improves, gradually increase demands on the brain by increasing the amount, length of time, and difficulty of academic requirements, as long as it does not worsen symptoms.

Intervention Examples:

- Limit students to one test per day with extra time to allow for breaks as necessary
- Continue to minimize overall workload
- Reported symptoms should be addressed by specific accommodations
- No physical activity unless specifically prescribed by the student's physician or health care provider
- ***For the student that is not a MHS athlete: report daily to the school nurse***

PHASE 4: Full-Day Attendance without Accommodations

Symptom Severity: In this phase, the student may report no symptoms or may experience mild symptoms that are intermittent.

Treatment: Accommodations are removed when the student can participate fully in academic work at school and at home without triggering symptoms.

Intervention Examples:

- Create a stepwise plan to complete missing academic work over an extended period of time
- Physical activities as specified by the student's physician

PHASE 5: Full School and Extracurricular Involvement

Symptom Severity: No symptoms are present. The student is consistently tolerating full school days and typical academic load without triggering any symptoms.

Treatment: No accommodations are needed

Intervention Examples:

- Before returning to PE and/or athletics, the student should receive written clearance and a complete step-wise return-to-play progression as indicated by the licensed healthcare professional.

FOLLOW UP

The student is encouraged to meet the school nurse or athletic trainer to assess any recurring symptoms.

The athletic trainer and/or school nurse will conduct a follow-up assessment with the student one week after he/she returns to full academic and athletic activity

The student is encouraged to meet with their case manager regularly to discuss progress, grades, and status of make-up work.

If seen by their primary care physician or concussion specialist, a clearance note or verbal communication with school nurse or athletic trainer, will be required for removal of academic accommodations and to return to practice

Formal Education Plans For students with prolonged symptoms who will require accommodations for several months, a formalized program may be implemented to be sure the student's specific educational needs are being met by the school. Parents can work with school leaders to develop a 504 plan or individualized education program (IEP).

**Adapted from Ann & Robert H. Lurie Children's Hospital of Chicago's document: Return to Learn after a Concussion: A Guide for Teachers and School Professional