RETURN TO LEARN:
BACK TO CLASS AFTER A CONCUSSION

WHAT IS A CONCUSSION & HOW CAN IT IMPACT LEARNING?

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or body that moves the head and brain rapidly back and forth, causing the brain to bounce or twist in the skull. Concussion symptoms can impact a student physically, cognitively, and emotionally. These symptoms may disrupt the student’s ability to learn, concentrate, keep track of assignments, process and retain new information, tolerate light and noise, and appropriately regulate emotions and behaviors. School professionals play a vital role in creating a culture that values safety and open communication, encourages students to report symptoms, and supports students throughout the process of recovery. Teachers and other school staff can provide symptom-based classroom accommodations while the student’s brain continues to heal from the concussion. Supports can be lifted as the brain heals and concussion symptoms no longer keep the student from full classroom participation.

After a concussion, it is as important to rest the brain as it is the body. Students will need an initial break, usually 2 to 3 days, from cognitive activities such as problem solving, concentrating or heavy thinking, learning new things, memorizing, reading, texting, computer or mobile device time, video games, and watching television. Upon clearance from their health care provider, students can gradually return to learning activities.

Providing appropriate support for a student returning to school after a concussion requires a collaborative team approach. Teachers, school counselors, school nurses, school administration, parents/guardians, the student, and the student’s health care provider are examples of these team members. Continuous communication between students, caregivers, health care providers, and school staff is vital to ensure the student’s individual needs are understood and consistently met by their support team throughout recovery.

CONCUSSION SIGNS TO WATCH FOR IN THE CLASSROOM

- Increased problems paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time needed to complete tasks or assignments
- Difficulty organizing tasks or shifting between tasks
- Inappropriate or impulsive behavior during class
- Greater irritability or more emotional than usual
- Less ability to cope with stress
- Difficulties handling a stimulating school environment
  - (lights, noise, etc.)
- Physical symptoms (headache, fatigue, nausea, dizziness)

EXAMPLES OF SCHOOL SUPPORTS BASED ON CONCUSSION SYMPTOMS

- Reduce assignments and homework to key tasks only and base grades on adjusted work.
- Provide extra time to work on assignments and take tests.
- Provide written instructions, study guides, and/or help for classwork.
- Limit tests to one per day.
- Allow students to demonstrate understanding of a concept orally instead of in writing.
- Provide class notes and/or allow students to use a computer or tape recorder to record classroom information.
- Provide time to visit the school nurse for treatment of headaches or other symptoms.
- Provide rest breaks.
- Provide extra time to go from class to class to avoid crowds.
  - If students are bothered by light, allow sunglasses, blue light blocking glasses, or sitting in a less bright location (e.g., draw blinds, sit them away from windows).
  - If students are bothered by noise, provide noise-reducing headphones and a quiet place to study, test, or spend lunch or recess.
- Do not substitute concentration activities for physical activity (e.g., do not assign reading instead of PE).
- Develop an emotional support plan (e.g., identify an adult with whom they can talk if feeling overwhelmed).
- Locate a quiet place students can go when feeling overwhelmed.
- Students may benefit from continued involvement in certain extracurricular activities, such as organizational or academic clubs, as approved by their health care provider.
- Arrange preferential seating, such as moving the student away from windows (e.g., bright light) or talkative peers, or closer to the teacher.

Provide structure and consistency; make sure all teachers are using the same strategies.
# Return to Learn Protocol Overview

Every student will experience a concussion differently. One student may spend an extended time in one return to learn phase, while another may not need a particular phase at all.

<table>
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<th>Phase</th>
<th>Description</th>
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<td>PHASE 1</td>
<td><strong>No school</strong>&lt;br&gt;A licensed health care provider should provide written clearance for a student to return to school after a concussion. A concussion management team should be assembled and begin to develop a plan for the student.</td>
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<td>PHASE 2</td>
<td><strong>Half-day attendance with accommodations</strong>&lt;br&gt;The concussion management team leader should meet with the student and their parents to review information from the health care provider (e.g., current symptoms and recommended accommodations), concussion management team member roles and responsibilities, and the initial concussion management plan.</td>
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<td>PHASE 3</td>
<td><strong>Full-day attendance with accommodations</strong>&lt;br&gt;Monitor the student for worsening or reemerging symptoms during class. The concussion management team should be communicating on a regular basis to evaluate progress and collaborating to revise the concussion management plan as needed based on any changes in symptoms or symptom severity.</td>
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<td>PHASE 4</td>
<td><strong>Full-day attendance without symptoms</strong>&lt;br&gt;When the student can participate in all classes and has been symptom-free for at least 24 hours, they may begin the return to play protocol for physical activities at school (e.g., gym, PE classes, athletics participation).</td>
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<td>PHASE 5</td>
<td><strong>Full school and extracurricular involvement</strong>&lt;br&gt;For most students, accommodations for concussion recovery are temporary and informal. When recovery is prolonged, however, formal support services (e.g., an individualized education plan, a response to intervention protocol, or 504 plan) may be needed to support the student.</td>
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To learn more about supporting students returning to learn after a concussion, visit [https://concussion.health.ok.gov](https://concussion.health.ok.gov)

Contact us: concussion@health.ok.gov | 405.271.3430

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