

Oregon School Activities Association 25200 SW Parkway Avenue, Suite 1 Wilsonville, OR 97070

503.682.6722 http://www.osaa.org

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School Email:	

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MEDICAL RELEASE – RETURN TO LEARN FOLLOWING A CONCUSSION

When students have symptoms after a concussion, they may need a gradual return to their pre-injury academic load. This progression can speed recovery and support the student's return to a full academic load. Important things to remember:

- The stages are flexible based on the student's tolerance to school activities.
- Depending on symptoms, a student may start at any step and remain at each step as long as needed.
- If symptoms worsen, the student should return to the previous step.
- Daily check-ins with the student regarding how they are tolerating school is recommended.
- Depending on symptoms, some students can begin limited physical activity early after injury.

Stage	Suggested Accommodations	Criteria for Progression
Rest – Limited mental activity	Limited mental exertion (computer, texting, video games, or homework), no driving.	30 minutes of mental exertion without symptom exacerbation.
Part-time school with accommodations	Accommodations based on symptoms (e.g., shortened day/schedule, built-in breaks, no significant classroom or standardized testing).	Full day of school with accommodations.
Full-time school with accommodations	Accommodations based on symptoms (e.g., shortened day/schedule, built-in breaks, no significant classroom or standardized testing).	Handles all class periods in succession without symptom increase.
Full pre-injury academic load	Complete return to pre-injury status	N/A

For more information, including a detailed list of suggested accommodations, visit CBIRT.org

If you have questions contact your School Nurse, Athletic Trainer, Counselor or staff at the Center on Brain Injury Research and Training (CBIRT) at 541.346.0593.

Signs and Symptoms

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is most often caused by a direct blow to the head, but it can also result from body actions that snap the head forward or back, shaking the brain around in the skull hard enough to cause a brain injury, such as a whiplash injury. It is possible to sustain a concussion without being directly hit in the head. Children and adolescents are among those at greatest risk for concussion. A concussion is a brain injury and should be taken seriously.

A TBI can Result from:

Falls

- · Sports injuries
- Collisions with objects or other people
- Being shaken
- Any trauma to the head

Common Symptoms of TBI

Car wrecks

Cognitive/Communication	Emotional/Behavioral	Physical
Feeling dazed or in a fog - disorientation	Irritability	Dizziness
Confusion	Quick to anger	 Weakness
Difficulty concentrating slowed information processing	Decreased motivation	 Changes in balance
learning problems	Anxiety	 Headaches
Difficulty with memory difficulty juggling multiple tasks	Depression	 Changes in vision
 Communicating in "socially unacceptable" ways 	Social withdrawal	 Changes in hearing
Difficulty with concentration and attention	 Does not get the "gist" of social interactions 	 Sleep disturbance
	May comment on or react to things that	Fatigue
	seems random to others	

Any variety of the symptoms listed above can have a negative impact on a student's learning and school experience. Recovery may be delayed when students push through symptoms. Therefore, it is important to avoid stimuli that increase symptoms. We ask that you modify learning activities vs. postpone them. Remember, injuries are unique and what increases symptoms in one student may not in another.



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Staff Notification Regarding a Student with a Concussion

Your student	sustained a concussion on		
concussion is a mild traumatic brain injury (mTBI) and should	student in the management and recovery of their concussion. A be treated seriously. Some students may be advised to stay home should not miss more than 2-3 days of school except in rare cases.		
concussion symptoms persist for days or weeks. In rare case	e symptoms and will recover at different rates. For most students, ses, students may experience symptoms for months or longer and to academic accommodations. You can help by monitoring the agement team.		
At the time of evaluation, your student reported the following	ng signs and symptoms:		
Concussion Signs and Symptoms			
☐ Appears dazed or stunned	□ Drowsiness		
□ Seems confused	☐ Sensitivity to light or noise		
☐ Forgets plays or instructions	☐ Feeling more emotional		
☐ Shows changes in mood, behavior or personality	☐ Feeling slowed down		
☐ Responds slowly to questions	□ Foggy or hazy feeling		
☐ Headache or pressure in the head	□ Problems concentrating		
□ Nausea or vomiting	□ Problems remembering		
☐ Balance problems or dizziness	☐ Double vision, blurry vision		
☐ Feeling lightheaded, sluggish, fatigued or groggy	☐ Just not feeling right		
☐ Irritability, sadness, nervousness, anxiety	□ Sleep problems		
Notes from Medical Provider:			
Submitted by:Date:			
help guide recovery, the Signs and Symptoms Fact Sheet and to minimize symptoms and facilitate optimum recovery. Ple	ng a Concussion Form with guidance on a learning progression to d the Temporary Accommodations Plan that can outline a strategy ease identify a staff member to help coordinate accommodations, espond to parent concerns and collaborate with the health care		
School Point Person:			



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Temporary Accommodations Plan for Concussion

Student Name:	Date of Evaluation:		
successful and better able to manage school demands. For written plans such as a 504 or IEP. Students with symptoms detailed assessment by a concussion specialist, who may refour months, the team should consider special education	c accommodations without penalty for missed work are more or most students, accommodations can be made without formal selasting longer than three to four weeks may benefit from a more commend a 504 plan. If accommodations are needed longer than in. These recommendations are based on the student's current tudent improves or new learning needs emerge, these guidelines of to minimize symptoms and facilitate optimum recovery.		
GENERAL RECOMMENDATIONS:			
	on:		
Return to school with the following supports:			
Adjust class schedule (i.e., every other day, shortened of Shortened day)	·		
Shortened day: hours/day or No physical education classes. However, the student ca	an exercise for minutes if there is no significant		
increase in symptoms. Walk, run, exercise bike, lift wei			
☐ Limit classes with "noisy environments" (i.e., band, cho	_		
□ Reduce in-class work and homework (select most impo	rtant or critical tasks and concepts only, consider maximum hours		
	estions, or pages to read, offer alternative ways for student to		
demonstrate knowledge).			
 Delay testing (standardized tests, midterms, finals, etc.) 	until student reaches "yellow" stage.		
RECOMMENDATIONS FOR COGNITIVE ISSUES:			
Shorten, unweight grade and/or provide extended time	•		
Shorten, unweight grade and/or provide extended time to take tests in a quiet environment (including across multiple class periods). *Do not mark if student is deferred from test taking*			
Stagger tests, so the student only needs to prepare for one per day. *Do not mark if student is deferred from test taking*			
Provide concise written instructions for homework.			
□ Provide class notes by teacher or peer (i.e., online notes	s, recording, teacher provides notes).		
RECOMMENDATIONS FOR FATIGUE/PHYSICAL ISSUES:			
$\hfill\Box$ Allow time to visit the health room or school nurse for t			
Allow "hall passing time" before or after the crowds have cleared.			
Allow student to wear sunglasses and/or hat or visor indoors to control for light sensitivity. Allow student to wear earplugs (not with music) to control for noise sensitivity.			
Allow student to wear earplugs (not with music) to confProvide quiet environment for lunch.	not for house sensitivity.		
RECOMMENDATIONS FOR EMOTIONAL ISSUES:			
□ Share progress and difficulties with parents, nurse, teach	her, counselor, doctor and/or athletic trainer.		
	is may include an adult with whom <i>the student</i> can talk, if feeling		
Family signed an information release for bi-directional comm	nunication with		
Signature:	Date:		
Printed Name			