

Secondary School Sports Medicine

**Return To Learn Protocol**

The OPS secondary school sports medicine return to learn protocol is the fulfillment of the academic portion of the Nebraska Concussion Awareness Act which “recognize(s) that students who have sustained a concussion may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff until the student is fully recovered.” To ensure this injury is treated correctly and efficiently, a multidisciplinary Concussion Management Team (CMT) has been established at each secondary school within the district. The members of the CMT may be, but are not limited to:

 Athletic Trainer(s)

 School Nurse

 School Counselor

 Athletic Director

 Assistant Athletic Director(s)

 Administrator for Attendance

 SAT/IEP Coordinator(s)

Each person involved with the team is assigned a role that utilizes their specific talents and job description in order to ensure students who have suffered a concussion are being monitored effectively and assisted in safely and successfully returning to full academic participation. In the case that full participation is not possible as a result of a student's injury, there will also be people on the team who can assist in modifying the academic work to fit the new needs of the student.

When a student is diagnosed with a concussion, the student will be placed in the OPS secondary school concussion management protocol. The protocol is as follows:

1. Diagnosis of concussion occurs.
2. Parents are notified and at-home instructions are given.
3. Concussion Management Team (CMT) is notified via email. Concussion/Student ID # will be in the subject. Designated staff within the CMT will notify teachers.
4. CMT documents initial symptoms, both emotional and behavioral**.**
5. CMT monitors the student’s progress during their recovery and communicates within Office 365 and/or Infinite Campus
6. A graduated return to school strategy shall be followed to assist in safely and successfully returning the student to full participation in academics. An example of the strategy is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Stage | Aim | Activity | Goal of each step |
| 1 | Daily activities that do not result in more than a mild exacerbation \* of symptoms related to the current concussion | Typical activities during the day (e.g. reading) while minimizing screen time. Start with 5–15 min at a time and gradually build up | Gradual return to typical activities |
| 2 | School activities | Homework, reading or other cognitive activities outside of the classroom | Increase tolerance to cognitive work |
| 3 | Return to school part-time | Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day | Increase academic activities |
| 4 | Return to school full time | Gradually progress school activities until a full day can be tolerated | Return to full academic activities and catch up on missed work |

Note: Following an initial period of relative rest (24-48 hours following an injury at step 1), athletes can begin a gradual and incremental increase in their cognitive load. Progression through the strategy for students should be slowed when there is more than a mild and brief symptom exacerbation.

\*Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0-10 point scale for less than an hour when compared to the baseline value reported prior to cognitive activity.

1. A return to sport progression allowing physical activity can be completed concurrently with the return to learn progression. However, any member of the CMT reserves the right to communicate red flags that can halt return to sport.