Return to Learn: Supporting Students Returning to the Classroom Post-Concussion

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Return-to-Learn after Concussion

- What is a concussion ?
- What are the school-related problems that students experience after concussion?
- How can we help students who are having school-related difficulties after concussion?



What is a concussion?

- Mild traumatic brain injury
- A disruption in normal brain <u>function</u> due to a blow or jolt to the head
- CT or MRI is almost always normal
- Invisible injury





Epidemiology of Concussion

- 1.6 to 3.8 million concussions each year in the United States
- Falls, motor-vehicle accidents, and assaults are the most common causes
- 20% are sports-related (with a higher percentage among adolescents)
- Approximately 10% of sports concussions involve loss of consciousness



Mechanisms of Injury

- A complex physiological process induced by traumatic biomechanical forces
 - > sudden chemical changes
 - traumatic axonal injury
 - altered cerebral blood flow



Recovery from Concussion

- Full recovery in 7-10 days. . . in most cases
- About 85% to 95% recover in 3 months
- When symptoms persist, non-injury factors appear to play an increasingly significant role over time

a 'miserable minority' experiences complicated recovery

Post-concussion syndrome

Risk factors for complicated recovery

- Re-injury before complete recovery
- Over-exertion, especially early after injury
- Significant stress
 - Unable to participate in sports or exercise
 - Medical uncertainty
 - Academic difficulties
- Prior condition
 - TBI or migraine
 - Anxiety
 - ADHD
- Concurrent condition
 - Neck injury
 - Psychological trauma





Principles of Concussion Management

- Avoid re-injury until recovered
- Avoid over-exertion during recovery
- Early education and reassurance improves outcome
- Return to activity should follow a medically supervised process



Return-to-Learn

- Concussion can cause academic problems for days, weeks, or months
- Physical <u>and</u> mental over-exertion can aggravate symptoms and complicate recovery
- Academic stress and failure can increase risk of depression and anxiety, which in turn can hamper recovery



Return-to-Learn

- Return-to-Learn is just as important as Return-to-Play
- Academic supports and accommodations can aid recovery
- School staff may have little understanding of concussion-related academic problems and how to help



Return-to-Learn

- Growing body of research showing cognitive, EEG, fMRI, DTI, and blood-flow abnormalities after concussion
- Growing awareness of academic problems after concussion, but still a significant lack of research in this area
- Current recommendations are based primarily on clinical experience



- Striking a balance . . .
 - Medical need for rest and reduced exertion or stimulation
 - Academic need to maintain progress and avoid falling too far behind

Parents, school staff and medical professionals need to work together!



- In most cases . . .
 - student may miss only a day or two of school
 - No specialized treatment needed
 - Avoiding re-injury or overexertion until recovered is the main concern



- In complicated cases . . .
 - student may be unable to tolerate normal work-load for weeks or months
 - Increased physical and cognitive rest is needed
 - gradual return to activity under medical supervision
 - multidisciplinary treatment in a specialized concussion program

Prague 2004 Guidelines

The concept of 'cognitive rest' was introduced with special reference to a child's need to limit exertion with activities of daily living and to limit scholastic activities while still symptomatic





Common Physical Symptoms

- Headache
- Nausea
- Fatigue and lack of energy
- Clumsiness and poor balance
- Dizziness and lightheadedness
- Sleep problems



Neck injury often accompanies head injury



- Blurred or double vision
- Bothered by bright or flourescent light
- Eyes tire more easily
- Trouble reading (e.g., words move on the page, skipping words or lines)



Standard eye exam usually shows normal ocular health and acuity



Common Emotional Symptoms

- Irritability
- Moodiness
- Easily overwhelmed
- Personality change
- Lack of motivation
- Emotional outbursts





Common Cognitive Symptoms

- Feeling 'dazed' or 'foggy' or 'fuzzy'
- Easily confused
- Slowed processing
- Easily distracted
- Memory problems
- Trouble organizing
- Poor mental stamina





Exertion effects

- Symptoms can be worsened by . . .
 - ✓ mental effort
 - environmental stimulation
 - ✓ emotional stress
 - physical activity





- Tires easily in class and over the course of the day
- Bothered by noise, light, and commotion (hallways, cafeteria)
- Trouble doing more than one thing at a time (e.g., listening to the teacher and taking notes)
- Easily overloaded and 'shuts down'



- Takes longer and more effort to accomplish the same work
- Concentration aggravates symptoms, especially headache
- Clumsy in hallways or stairwells
- Frequent visits to the nurse's office
- Late or incomplete homework



Invisible Injury

- Student looks normal and sometimes feels normal
- Standard medical and neurocognitive testing may not show significant impairment
- Expectation from self and others to 'get over it' and 'get back in the game'



- Depression or anxiety can emerge (or increase) due to . . .
 - Medical distress and uncertainty
 - Inability to participate in sports or other usual activities
 - Academic stress
 - Social isolation

Guidelines for Return to School after Concussion

- Out of school at first if necessary, and then gradual re-entry <u>as tolerated</u>
- Avoid re-injury in sports, gym class and crowded hallways or stairwells
- Provide academic accommodations
- Regular communication





- Rest breaks during school in a quiet location (not always the nurse's office)
- Reduced course and work load
 - If needed, drop unnecessary classes
 - Focus on essential material
 - Decrease homework
- Avoid over-stimulation, (e.g., cafeteria or noisy hallways)



- Extra time and a quiet location for tests
- Provide student with class notes or allow student to audiotape classes
- Allow student to wear sunglasses or a baseball cap to help with light sensitivity
- Preferential seating





- Test formats that minimize memory demands
- Large-print books or books on tape
- Extra help outside regular class-time
- Breaking information and assignments down into manageable chunks
- Assistance with organizing and prioritizing work and assignments

P.E. Accommodations

- Avoid re-injury
- Avoid physical <u>and</u> mental over-exertion
- Avoid over-stimulation (noise and light)
- Minimize exertion at first, then increase activity gradually, as tolerated
- In complicated cases, some physical activity may promote recovery
- Don't substitute mental activity for physical activity!

Physical education must be adapted to the physical needs of the student



- Home tutoring, 504 plan, or IEP
- Wide variation in how schools respond to requests for accommodations
- Resistance may be due to . . .
 - Lack of knowledge
 - Concern that student is faking
 - Grades are not that bad
 - Poor communication within school or between school and student/parents



Neuropsychological Testing

- Obective assessment of cognitive and emotional variables
- Test results can assist in return-toplay decisions
- Test results can also assist in returnto-learn decisions



Recommendations for schools

- Form a concussion team that can be a resource to families and staff
 - Athletic administrator and coach
 - School physician, nurse and ATC
 - Teacher and guidance counselor
- Implement an education program for sports, medical, and academic staff
- Develop and mplement RTP and RTL policies



Thanks!

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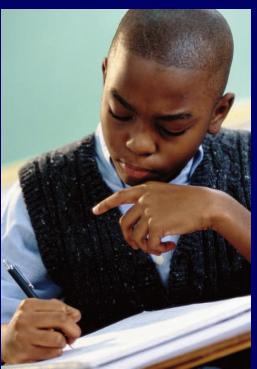


For more information:

Visit http://bianys.org/children.htm









DON'T FORGET...

MARCH is Brain Injury Awareness Month!





Our Next Scheduled Webinar:

Veteran Directed and other VA Home Based Services: Opportunities in NY and Beyond

Presenter: Dianne Kayala, MS

Date: Wednesday, March 28, 2012

Time: 1:00 pm - 2:15 pm ET







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