

Date: _____

FAX #: _____

Dear Principal _____, _____ School:

We are the medical team managing the care for one of your students, _____, who has suffered a concussion. A concussion is a mild traumatic brain injury that impacts on the student's ability to think, concentrate, learn, and remember. Two or more concussions have been shown to result in a significant decline in GPA six months to a year post-injury (4).

Studies also show that too much cognitive work, as well as too little cognitive work, can result in a prolonged recovery (1). Our goal is for your student to stay in school during their recovery without exacerbating their injury. This will require a team approach to ensure appropriate trigger avoidance and cognitive pacing (3).

We have coached your student in trigger avoidance and cognitive pacing and have informed them that your school will support their return in this manner. We have also identified potential triggers in the school setting and have identified initial accommodations (<http://concussioncorps.org/partnering-with-schools/> **FORM A**) to help your student transition back to school successfully.

The challenge for all caregivers, including school staff, is to help the student pace their cognitive work below symptom threshold throughout their recovery. Note that recovery from a mild traumatic brain injury is not linear. The student will have “ups and downs” in their tolerance of cognitive work as well as the school environment. This will require that you have a knowledgeable school-based concussion management team (CMT) to recognize and respond to the variability in the student's condition throughout their course, which may take weeks to months.

Please refer to Oregon's “Brain 101” Program for an excellent model for concussion management in schools (<http://brain101.orcasinc.com/>). This site includes instruction for forming a school wide concussion management policy, school based concussion management teams, communication forms, and

educational videos for all. The most successful concussion management teams appear to be those that are led by at least two individuals: a school nurse and an academic supervisor (guidance counselor, psychologist, teacher, etc) (2). Thus, one team member is able to monitor and respond to the student's medical condition and one team member is able to monitor and respond to the student's cognitive progress.

We have found the following process the most successful way to help your student stay in school: (FORMS found on <http://concussioncorps.org/partnering-with-schools/>):

- 1) After a short period of home rest, the physician coaches the student in trigger avoidance and sub-symptom pacing before return to school
- 2) The physician identifies an initial set of potential triggers in the school environment and requests accommodations (and faxes this form to school)
- 3) The parent and student meet with the school nurse upon first day of return
- 4) The Nurse CMT obtains:
 - History of injury
 - Parental consent to exchange information between all school members and health care providers
 - Student's initial symptom score
 - Student's King-Devick eye tracking speed (<http://kingdevicktest.com/for-concussions/>)
- 4) The Nurse CMT provides a quiet area for the student to "rest and recharge" and reassures the student that the school team will allow breaks throughout the school day if needed
- 5) The Nurse CMT communicates the physician's accommodations and her assessment of the student's status to the Academic CMT member and to all of the school staff who interact with the student (including substitute teachers, gym teachers, recess monitors, and coaches).
- 6) The Academic CMT member then meets with each of the student's teachers to confirm their understanding of the injury and to form an initial academic plan ("Concussion Management Plan" with academic adjustments) for each of the student's classes
- 7) The Nurse CMT and Academic CMT meet regularly to share their information about the student's progress and to continue to moderately pace the student's academics throughout recovery (see <http://www.brainsteps.net/> for webinars and online training for Educators).

8) The Nurse CMT faxes an assessment of the student's school status to the physician every 1-2 weeks.

The following "Brain 101 Manual" has templates of school forms for the above process: http://orcassportsconc2.s3.amazonaws.com/files/h_cmt_packet.pdf

Or you can access all referenced forms and links here:

<http://concussioncorps.org/partnering-with-schools/> .

We have found that students recover faster and parents are happily cooperative when a school is well organized in their management of this injury. Note that an immediate "Concussion Management Plan" that defines academic adjustments reflective of the student's cognitive abilities *in the context of their injury*, which provides an individualized plan for essential make-up work, paced current work, and adjustments in test-taking, will often obviate the need for a 504 Plan or referral to Special Education. For webinars and online training for educators in academic adjustments for children recovering from mild TBI refer to <http://www.brainsteps.net/>). We have posted an example of the Westport Public Schools "Concussion Management Plan" with academic adjustments here: <http://concussioncorps.org/partnering-with-schools/> .

Schools that have formed CMT's and that initiate immediate "Concussion Management Plans with Academic Adjustments" are able to successfully pace the student's academic progress throughout recovery (2). For those students with cognitive deficits (e.g. problems with memory, attention, concentration, retention) persisting beyond three weeks, we have found the Colorado "Brain Injury Manual for Educators" (http://cokidswithbraininjury.com/ckwbi/wp-content/uploads/2013/01/BI_Manual_Hi-Res_Final_WEB.pdf) a wonderful resource for teachers who need to institute classroom strategies.

In addition, the Brain Injury Association of New York has a website (<http://projectlearn.net.org/>) that provides long-term learning strategies and study tools for students who have cognitive deficits following a mild traumatic brain injury. We often refer parents as well as educators to this interactive site.

We would be happy to meet with you and/or members of your school staff in an educational forum. We offer free seminars and "hands-on" workshops for schools through the collaboration of our non-profit organization (www.ConcussionCORPS.org) and the Connecticut Chapter of the American Academy of Pediatrics. You are invited to 'sign-up your school' for a free on-

site “hands-on” workshop from ConcussionCORP’s medical team to help build your school’s concussion management team in a day (<http://concussioncorps.org/educational-programs>).

Thank you for your time and consideration. We look forward to a successful team approach to your student’s recovery and well-being.

Sincerely,

(Physician/Clinician’s signature)

(Printed name)



(Office Stamp)

References:

- (1) Brown; Pediatrics, February 2014; 133 (2)
- (2) Gioia; J Head Trauma Rehab, 2015
- (3) Halstead; Pediatrics, October 2013; doi: 10.1542
- (4) Moser RS; Neurosurgery, August 2005; Vol. 57(2)