Concussion Guidelines for Parents/Guardians and Students

Recommended Phases of Returning to Learning and Physical Activity

* Phase 1: At Home
* The student may have a high level of symptoms that prevent him or her from benefiting from classwork. Physical symptoms tend to be the most prominent and interfere with even basic tasks. The student should rest the brain and body as much as possible.
* Get lots of Rest. This is most important. Regular sleep at night, naps and rest breaks are necessary for healing.
* No school or after school events. Parents should call the Attendance Office daily for absences and late arrivals @ 908-638-2184.
* Limit thinking and concentration activities. Gradually reintroduce reading, writing, computer and TV at home by 15 minute increments if remains symptom free.
* Avoid activities that may exacerbate symptoms, such as television, video games, computer use, texting, loud music or earphones and any other “triggers” that you notice.
* No physical activity. This includes PE, school and club sports & practices, intramurals, dancing, weight training, running, exercising, heavy lifting, and employment.
* Frustration or sadness during this time is a normal reaction to limited activity and mild brain injury.
* Phase 2: Half Day School
* The student’s symptoms have decreased to manageable levels. Student is tolerating 1 to 2 cumulative hours of homework at home. Symptoms may be exacerbated by certain mental activities that are complex, difficult and/or have a long duration.
* Balance rest with gradual re-introduction to school for half days.
* The athletic trainers and nurses as point people in the school, will provide repeated evaluation to assist with safe return to full activity. If students should enter school late or leave early they must sign in and out through the health office.
* The concussion re-entry orders from your physician will be shared with teachers and counselors to assist your child in balancing recovery and school work.
* Remain at home and rest if you are symptomatic in the morning.
* Cognitive and Physical Rest is necessary after school; No Homework at this time.
* Prioritize which classes should be attended and how often; focus on the core subjects; alternate half days as able.
* Concentration on learning priority material; allow extra time to complete assignments; Consult with Guidance Counselor.
* No tests should be taken.
* No physical activity or Resource Center assignments.
* Symptoms reported by student will be addressed with specific accommodations such as early passage in halls and elevator key, increased font size, sun glasses (light blue), avoidance of noisy environments such as band, choir, cafeteria and shop
* If symptoms worsen or return, scale back, rest and then try again to increase activity gradually.
* Stop activities at warning sign of moderate headache or other symptoms; rest in health office as needed; return home if no response to rest and pain medication
* Phase 3: Full Day School with Academic Supports
* The student’s symptoms have decreased in both number and severity. Symptoms may still be exacerbated by certain activities, but short time spans with known symptom triggers do not have drastic effects on symptom levels.
* As the student improves, gradually increase demands on the brain by increasing the amount, length of time spent, and the difficulty of work. Gradually re-introduce known symptom triggers for short time periods. Guidance Counselor can assist with this transition.
* Continue to prioritize assignments, tests and projects; minimize workload and promote best effort on important tasks
* Continue to prioritize in-class learning material; Allow 50% of homework
* Limit to one test per day
* Address symptoms with specific supports; reduce supports as symptoms resolve
* No physical activity or Resource Center assignments
* Phase 4: Full Day School with no supports needed
* The student may not have any symptoms or may have mild symptoms that are often intermittent.
* Student can function fully without academic supports.
* Resume 100% homework and testing.
* Construct a plan to complete missed academic work while keeping stress levels low; again your Guidance Counselor can assist.
* No physical activity until released by a physician (Mandatory 7 day rest without symptoms per NJ State Law)
* Phase 5: Graduated Return to Play **(**GRTP)
* **Requires Clearance by Family & School MDs-** Returning to contact or collision sports before you have completely recovered from a concussion may lead to additional and more serious injury and can increase your chances of long-term problems.
* No symptoms are present during full school day for at least 7 days
* No accommodations are needed.
* Family Physician must clear student to begin Graduated Return to Play (GRTP)
* If baseline Impact Test previously done, ATC will schedule a repeat exam.
* If passes repeat Impact Test, School MD will be asked to approve GRTP.

School nurse and ATC/PE teacher will coordinate GRTP as long as student remains symptom free. If symptoms return, student should resume rest, resuming the gradual return to play when symptom free.

* \_\_\_\_\_Resume LOW levels of physical activity (only if symptoms free before, during and after activity) This includes walking, light jogging, light stationary biking, light weight lifting (lower weight, higher reps, no bench, no squat)
* \_\_\_\_\_Resume MODERATE levels of physical activity with body head movement. This includes jogging, brief running, moderate intensity stationary biking, moderate intensity weightlifting, such as reduced time and reduced weight from your usual routine.
* \_\_\_\_\_Resume heavy NON-CONTACT physical activity. This includes sprinting/running, high intensity stationary biking, regular weightlifting routine, sport specific drills (in three planes of movement.)
* \_\_\_\_\_Resume CONTACT in CONTROLLED PRACTICE.
* \_\_\_\_\_Resume CONTACT in GAME PLAY.

Please contact the Athletic Trainers or Nurses for any questions concerning this recommended Care Plan.

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