Concussion Information Sheet for Students and Parents

The following recommendations are standard for all students who suffer from a concussion and are designed to help speed your recovery. The typical recovery period for a concussion is 3-4 weeks, but 20% of students may take longer to recover. Your careful attention to these guidelines can help prevent prolonged recovery and further injury.

- Get lots of rest. Be sure to get enough sleep at night – no late nights. Keep the same bedtime on the weekdays and weekends.
- Take daytime naps or rest breaks if you feel fatigued or the onset of a headache. Limit naps to shorter time periods if they prevent you from falling asleep at a reasonable hour in the evening.
- Drink lots of fluids and eat well balanced meals to maintain appropriate blood sugar levels.
- Trigger avoidance: Avoid prolonged computer use, video gaming, television watching, reading, text messaging, and telephone use. Visual stimulation can make your symptoms worse and prolong your recovery. Start with audio activities (IPOD, listening to TV, audible books) before trying visual activities.
- Sub-symptom pace: Limit activities that require a lot of thinking or concentration to short periods of time. These activities can make your symptoms worse. This may include limiting class work, homework and job related activity. For example, if you develop a headache after 30 minutes of reading, then for that day, read only in 20 minute blocks of time, with breaks in between until your symptoms resolve.
- Have a medical evaluation at least by the third day after injury (sooner if you are developing progressive symptoms; e.g. worsening headache, vomiting, mental confusion, imbalance); your evaluation should include a thorough review of symptoms, an examination of your balance and how your eyes function with head movement, and an evaluation of your memory, concentration, and thought processing.
- During recovery, it is normal to feel frustrated and sad when you do not feel right and you cannot be as active as usual. These symptoms should get better with time.
- After several weeks, your doctor may have you start low-level aerobics (walking, treadmill, stationary bike), but you should not participate in contact sports, weight training, running, or heavy lifting until:
  a) You are symptom-free at rest
  b) You are symptom-free with full academics
  c) You have a normal medical evaluation after successfully completing a graduated exercise program (“Return to Play” protocol)
Academic Participation

Recovering from a concussion can be a gradual process and school work continues while recovery is taking place. Thus, it is necessary for students, parents, faculty and college personnel to be aware of and consider the following symptoms that a student may demonstrate during recovery:

- difficulty paying attention or concentrating
- problems remembering or learning new information
- needing a longer time to complete tasks or assignments
- greater irritability, less able to cope with stress
- headaches and fatigue that worsen when doing school work

These symptoms are normal, to be expected, and temporary. Cognitive work should be paced at a rate and volume that does not worsen symptoms (sub-symptom threshold). Your doctor, health center nurse, Dean of Students, or Office of Disability staff members can help you determine appropriate pacing and accommodations if you are having trouble.

Requirements for Academic Accommodations during Recovery

1. Medical evaluation and page 3 of this form is completed by student’s physician
2. Authorization for Health Center Staff and medical advisor to exchange information with student’s physician.
3. Student has not been cleared to resume game play (athletics) or other contact/strenuous physical activity.
4. Beyond three weeks, an assessment and recommendation(s) by a neurologist or concussion specialist may be recommended.

Physical Activity and Sport Participation

It is important to avoid all contact/collision activity, in school and out of school, in particular any physical activity that carries a risk of head injury. The likelihood of sustaining a second head injury is greater during the recovery phase of a concussion. Rapid or early return to sports and play puts you at risk for Second Impact Syndrome which can lead to severe and possibly fatal outcomes. Therefore, it is necessary to follow these recommendations for returning to sports/play:

- You should NEVER return to play if you have any concussion symptoms (see page 3). This includes symptoms at rest and while doing any physical or mental activity. Be sure the coach and athletic trainer are aware of your injury and ongoing symptoms.
- It is normal to feel frustrated, sad and even angry because you cannot return to sports right away. As with any injury, a full recovery will reduce the chances of getting hurt again. It is better to miss one or two games than the whole season.
Campus resources at Trinity:

- **Student Accessibility Resource Center.** Concussion and mild traumatic brain injury are covered under ADAAA. Contact SARC@trincoll.edu

- **Counseling Center.** The Counseling Center can provide support to students as they recover from concussion, including emotional support.

- **Health Center.** The Health Center can help to identify an appropriate physician for evaluation of concussion and can monitor physical symptoms.

- **Concussion Awareness and Support Organization.** A student-run group that provides support and education to other students.

- **Dean of Students.** The Dean of Students Office can be particularly important if you need to alter your schedule as a result of your concussion.

Resources in Hartford area:

- **Hartford Hospital Concussion Clinic.**
  http://rehab.harthosp.org/pages/concussionclinic.asp
  860-696-2500

- **Elite Sports Medicine Concussion Care CCMC**
  http://www.connecticutchildrens.org/our-care/elite-sports-medicine/
  860-545-9000

- **UConn Health Sports Concussion Program**
  http://uconnsportsmed.uchc.edu/injury/head/index.html
  860-535-6232

- **Head Zone**
  http://head-zone.com/ 203-538-5400

- **Brain Injury Alliance of CT**
  www.biact.org 800-278-8242

National Resources

- **Center for Disease Control:** http://www.cdc.gov/concussion/
- **School Wide Concussion Management:** http://brain101.orcasinc.com/

Adapted from: Center for Disease Control and Prevention, USDHHS. Heads up: Brain Injury In Your Practice toolkit, Acute Concussion Evaluation (ACE) Care Plan.
Acute Concussion Care Plan – Must be completed by student’s physician

Student Name ___________________________ Birth Date ___________ Today’s Date_____________

Date of Injury __________________   Expected Date of Return to Campus ___________________

Current Symptoms:  □ Headache  □ Feeling mentally foggy
 □ “Pressure in head”  □ Sleeping more less
 □ Neck Pain  □ Difficulty concentrating
 □ Nausea or vomiting  □ Difficulty remembering
 □ Dizziness /Balance problems  □ Fatigue or low energy
 □ Blurred vision  □ Irritability
 □ Noise sensitivity  □ Sadness/emotional
 □ Light sensitivity  □ Confusion

Suggested Academic Adjustments:
The above student will benefit from the following short term academic supports for proper concussion management in school (checked items apply):
 □ No classes for ______ days
 □ No classes until re-evaluated on _________________
 □ Reduced class schedule, dropping ______ classes
 □ Homebound tutoring as tolerated
 □ Extra time to complete coursework, assignments, tests
 □ No more than one test per day every other day
 □ No significant classroom testing or standardized testing
 □ Pre-printed material/notes, if available
 □ Allow student to leave class if symptoms worsen during class time
 □ Allow school concussion team to gradually modify accommodations if student remains symptom free
 □ Other recommendations: ______________________________________________________________________

Physical Exertion Accommodations
The above student should adhere to the following recommendations regarding physical education (PE) and athletic participation (checked items apply):
 □ May not return to sports/athletics until further notice
 □ Aerobic, non-contact activities as tolerated (walk, run, jog)
 □ Is medically cleared to participate in full activities
 □ May gradually return to sports/athletics (for student athletes) under the supervision of an appropriate person (e.g. athletic trainer, coach). Return to play as per return-to-play guidelines

These recommendations will be reviewed and updated on _________________________________. (Academic accommodations beyond three weeks may require assessment by a neurologist or concussion specialist).

Care Plan completed by _______________________________ MD APRN PA

Signature

Printed Name _______________________________ Telephone ___________________