Lake Forest High School
Post-Concussion Return to Academics (RTL) and Athletics (RTP) Procedures

A student's best chance of full recovery from a concussion involves two critical components: cognitive and physical rest. Early cognitive rest is essential to the quick resolution of concussion symptoms. Cognitive stimulation includes: driving, video games, computers, text messaging, cell phone use, loud and/or bright environments, television, reading and studying; these must be limited or even completely avoided the first couple of days post-injury. Physical activity such as physical education, sports activities, and strength or cardiovascular conditioning must also be avoided in the early days, but light activity as part of active rehab may be helpful later in the concussion recovery process.

Points of Emphasis:

- *It is important to note that the recovery from a concussion is a very individualized process and an evolving science. Caution must be taken not to compare students with concussions as they progress through the recovery process.*
- All students who sustain a concussion will be referred to the student's primary care physician or a sports concussion specialist for follow up care and oversight.
- For the academic procedures to be initiated the student must be evaluated by a health care professional and documentation must be provided to the school.
- The student will be granted adequate time to complete missed academic work based on the amount of time needed for complete recovery.
- The teacher has the option of assigning the student a grade of incomplete (I) for the final and/or semester grade.
- It is important once the student has returned to school that they report to the Athletic Trainer and/or Health Office daily in order to monitor symptoms as well as to determine progression of their academic activities. Status will be recorded in a Google spreadsheet that will be shared with the Core Team, who will keep the teachers informed regularly.
- As the student's recovery progresses teachers should be prepared to apply "mastery learning" criteria within their subject matter. By identifying essential academic work, the student's recovery will be aided by reducing anxiety levels related to the perceived volume of work that will be required once they are medically cleared to resume a full academic load.

When the student is evaluated by a physician, it is suggested that this information is shared with the physician during the initial visit.

Suggested Progression to Full Return to Academic Activity (RTL)

Recovery from concussion will vary considerably between one individual and another, and even between one concussion and another in the same individual. Rather than create arbitrary stages, the following progression allows for flexibility to allow the patient to recover at the pace their own brain establishes. Some patients might fall under one "stage" in one symptom or area of function, but under another "stage" in another area of function. The goal is to allow the athlete to gradually recover each area of function at their own pace. Therefore rather than stages, these procedures will discuss the following topics: Signs and symptoms of concussion, school attendance, possible academic modifications, and academic supports. A health care professional experienced in concussion management will be able to properly assess the number and severity of symptoms and advise appropriate attendance and academic modifications and the progression back to full academic activity.

Signs and Symptoms of Concussion Include:

- Headache
- Dizziness
- Nausea
- Sensitivity to light or noise
- Balance problems
- Sleep disturbances
- Emotional disturbances
- Feeling slowed down or foggy
- Difficulty concentrating
- Difficulty remembering
- Visual problems

All of these symptoms have the potential of creating significant learning difficulties depending on the degree to which the athlete is feeling these symptoms, and what activities worsen (or improve) them.

School Attendance:

Options include:

- At home, no schoolwork, minimal activity, maximizing cognitive and physical rest. Typically this should last no more than a couple of days.***
- Attend partial days of school (ex. Morning one day, afternoon the next; attend every other class and rest in the library or Health Office between, etc.).***
- Attend full days of school with academic modifications.
- Attend full days of school with no modifications.

*** These options may not be necessary; if the student has only mild symptoms the morning of their first day back, and they don't increase significantly as the day goes on, they may be able to complete the full day, perhaps with a rest or two. If symptoms increase significantly and don't reduce with rest, they may need to rest at home.

It is important that once the student has returned to school that they report to the Athletic Trainer or School Nurse daily in order to monitor symptoms as well as to determine progression in their return to academics.

Possible Academic Modifications:

- **Breaks**:
    - Allow student to close eyes and rest on desk as needed
    - Allow student to go to Health Office if symptoms increase significantly
    - Allow student to go home if symptoms do not subside after rest

- **Visual Stimulus**:
    - Allow student to wear sunglasses and/or billed hat in school
    - Pre-printed notes for class material or allow a note-taker
    - Limited exposure to smart boards, projectors, computers, TVs, or other screens (reduce brightness, move farther away, look away frequently, etc.)
    - Enlarged fonts when possible
    - Audible learning rather than visual when possible, such as discussions, audiobooks, others reading aloud, text to speech programs, etc.

- **Audible Stimulus**:
    - Allow student to leave class 5 minutes early to avoid noisy hallway
    - Lunch in a quiet place
    - Avoid loud environments such as: band, gym, shop, busses, etc.

- **Workload/Multi-tasking**:
    - Reduce overall amount of make-up work, class work, and homework when possible
    - No homework
    - Homework as tolerated, for short period of times
    - Prorate workload when possible

- **Testing**:
    - No tests or quizzes
    - No tests, but quizzes as tolerated
    - Allow extra time for tests/quizzes
    - No more than one test a day
    - Oral testing when possible
    - Open book testing

Academic Supports:

- Throughout the entire process the student and parents should coordinate frequently with the student's Teachers, School Counselor, and the Athletic Trainers or School Nurse. Special considerations may be given to circumstances associated or related to COVID-19.
- *If the student remains unable to attend school longer than 2 weeks it is recommended that he/she be referred to the Core Team in order to discuss impact on school performance. Students who remain unable to attend school for more than one week must be evaluated by a physician in order to continue academic modifications.
- **If the student is not able to progress back to full academic activity after an extended period of time, where it is unlikely the student will be able to make up required work, the Core Team will discuss with the student and their parents possible class withdrawal, class load modification, and/or Section 504 plan.*

When Ready for Full Academic Return (RTL):

- In cooperation with School Counselor and teachers, create a plan for possible modification and the gradual completion of missed assignments
- Teacher has the discretion to apply "mastery learning" criteria for their subject matter
- It is recommended that the student does not take more than one test per day
- Students are not required to makeup physical activities associated with their Physical Education classes due to a concussion.
- Gradual resumption of physical activity
- Students will begin Return to Wellness Education progression under the supervision of the Health Office. Athletes will begin Return to Play progression under the supervision of the Athletic Trainers.

Recommended Follow-Up

Students are encouraged to meet with their counselor regularly to discuss progress, grades and status of make-up work. The student is encouraged to meet with the Counselor, Athletic Trainer, School Nurse or Physician to review any recurring symptoms, disrupted sleep habits, or emotional concerns.

Full Return to Wellness/Health Activity (RTP)

Return to Wellness protocol

The Return to Wellness protocol includes 4 steps of activity with increasing intensity under the supervision of the Health Office and/or Athletic Trainers. Each step will take place 24 hours following the previous step. If symptoms return during any step, a 24 hour period of rest is required before repeating that step.

- Step 1: Light aerobic exercise - 10 minutes on an exercise bike; No weight lifting, resistance training, or any other exercises.
- Step 2: Moderate aerobic exercise - 15 to 20 minutes of exercise (ex. bike, elliptical, or jogging) at moderate intensity.
- Step 3: Non-contact activities. May also begin weight lifting, resistance training, and other exercises.
- Step 4: Full class participation

Full Return to Athletic Activity (RTP)

ImPACT Testing

When the student is symptom free, the Post-Concussion ImPACT testing in addition to clinical examination by an appropriate health care professional may be used as a tool to determine an athlete's status for complete Return to Play.

Return to Play protocol

The Return to Play protocol generally includes 6 steps of activity with increasing intensity. Each step will take place approx… 24-hours following the previous step. If symptoms return during any step, an

approx... 24-hour period of rest is required before repeating that step. For athletes, this protocol will be performed under the supervision of the Athletic Trainer.

Step 1: Relative Rest – limit all activities that cause symptoms to increase.
Step 2: Light aerobic exercise is encouraged to increase heart rate and cranial blood pressure.
Step 3: Moderate to heavy cardio and/or sport-specific drills.
Step 4: Non-contact participation in practice.
Step 5: Full participation in practice with contact.
Step 6: Following medical clearance and a formal evaluation by a certified athletic trainer the athlete may participate in game play.

Return to Play Clearance

When the athlete has successfully returned to full academic participation, and all steps of the return to play protocol are finished, the athlete will be cleared to resume all activities with no restrictions. Return to play and final clearance processes and decision-making will be performed by an Athletic Trainer under the supervision of a team physician or in collaboration with the treating physician if one is involved in the student's care. An IHSA consent form will also be signed by the athlete and parent or guardian allowing him/her to return to athletic activity. **Regardless of any clearances received from a Physician and/or Parent, the LFHS Athletic Trainers will have the final say on the athlete being fully cleared to play on any LFHS team.**

If you have additional questions, please contact the student's Counselor, the School Nurse or the Athletic Trainers.

LFHS Concussion Oversight Team:

Dr. Nicole Reams, MD, Concussion Oversight Physician
Tim Burkhalter, Athletic Director
Jennifer Regan, Athletic Trainer: 847-582-7397
Bart Castillo, Athletic Trainer: 847-582-7397
Patrick Sassen, Director of Educational Services
Destiny Sadoski, School Nurse: 847-582-7335
Jo Kudla, Nurse 847-582-7335

Compliance Officer: Tim Burkhalter

11/5/2015
Rev. 2/3/2016
Rev. 4/19/2016
Rev. 9/7/2017
Rev. 8/8/2018
Rev. 8/29/2019
Rev. 11/6/2020
Rev. 9/24/2021
Rev. 9/12/2022