**Concussion Management: Accommodations in Your Classroom**

**Physical and cognitive rest is the first step in proper management following a concussion.** Every student athlete is different and their return to school will be based upon their level of symptoms in the days following the concussion. As a rule of thumb, a student athlete may return to school while symptoms are still present but are improving. However, a student athlete should NOT return to school if symptoms are severe (i.e., extreme headache, severe nausea, vomiting, or dizziness, etc.). Because symptoms are usually only severe for the first few days following a concussion, it is perfectly acceptable for a student athlete to miss one to two days of school (with severe symptoms) in the very beginning of their recovery.

**When the student athlete returns to school,** the level of academic accommodation should be based upon the individual needs of the student athlete. Increasing their cognitive load should be gradual. The student athlete must be functioning successfully academically before s/he can be considered ready to begin any physical activity including the graduated Return to Play progression.

<table>
<thead>
<tr>
<th>Area of Concern</th>
<th>Suggested Accommodations</th>
</tr>
</thead>
</table>
| Mental Fatigue                        | • Prevent emotional "meltdown" by scheduling strategic rest periods.  
• Adjust the schedule to incorporate 15-20 minute rest periods mid-morning and mid-afternoon.  
• Remove the student from physical activity during school including recess and physical education classes. Resting during those classes is advised.  
• "Quiet reading" is not considered appropriate cognitive rest for all students.                                                                                     |
| Difficulty Concentrating (feeling "foggy") | • Reduce the cognitive load by requiring smaller amounts of learning during recovery.  
• Since learning during recovery is compromised, the instructor should decide which is the most important concept for the student to learn at this time.  
• Be careful not to tax the student cognitively by demanding that all learning continue at the rate prior to concussion.                                                                                                      |
| Slowed Processing Speed (feeling like dial-up internet instead of high speed internet) | • Provide extra time for tests and projects.  
• Remove or adjust due dates of large tests or projects due during the recovery period.  
• Provide a peer notetaker or copies of teacher's notes during recovery.                                                                                                    |
| Difficulty with Working Memory (Unable to temporarily store and manage information during complex cognitive processes such as learning and reasoning) | • Initially exempt the student from routine work or tests.  
• Since memory during recovery is limited, the instructor should determine which is the most important concept(s) for the student to know.  
• Work toward comprehension of a smaller amount of material versus rote memorization.                                                                                             |
| Difficulty Converting New Learning into Memory | • Allow the student to “audit” the material during this time.  
• Remove “busy” work that is not essential for comprehension. Making the student accountable for all of the work missed during the recovery period (can be up to 3 weeks or more) places undue cognitive and emotional strain on him/her and may hamper recovery.  
• Ease student back into full academic/cognitive load.                                                                                                                                                                           |
| Emotional Symptoms                      | • Be mindful of emotional symptoms throughout the student/athlete’s recovery process. Students are often scared, overloaded, frustrated, irritable, angry and depressed as a result of concussion. They respond well to support and reassurance that what they are feeling is often the typical course of recovery. |