JJIF-E Marshwood Concussion Protocol

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A concussion is an injury to the brain. Supporting the recovery of any student with a concussion requires that the brain injury be viewed as unique, and thus, an individualized, progressive rehabilitation plan be implemented. The success of this plan is dependent on the collaborative efforts of the school, the family, the medical professional, and the student. The following protocol is designed to formalize the school's support for a student with a concussion with a graduated school re-entry plan that will adapted to an individual student's recovery process.

Any student who is suspected to have incurred a concussion must be immediately removed from all activities, academic and athletic, and be referred to a licensed healthcare provider trained and experienced in the recognition and management of concussion.

If a concussion is diagnosed, the family will provide a signed release allowing the school to communicate directly with the health care provider in order to best support the student's recovery.

The following steps will be used when a student is diagnosed with a concussion:

INITIAL RECOVERY PERIOD:
5 days if symptom-free entire 5 days

The student will remain at home for complete physical and mental rest. While at home, the student should get complete rest including plenty of sleep, no mental exertion, computer use, texting or video games, and no driving until symptoms begin to diminish. As symptoms diminish, the student may slowly increase mental and/or physical exertion. If symptoms worsen with these activities, the student must stop and return to complete rest. Parent(s) and student will monitor and record symptoms, duration, frequency with any associated mental or physical activity.

When student is able to perform 30 minutes of light mental and/or physical activity without worsening symptoms (minimum of 1-5 days), then:

RE-ENTRY PERIOD:
1 to 6 weeks

- The school, parent(s)/guardian(s), student and healthcare provider will confer using information collected to implement a graduated school and activity re-entry plan.
- The re-entry plan will include length of manageable day, accommodations for symptom(s), symptom causing activities, rest breaks, and work reductions.
- The student will continue to slowly increase mental and/or physical activity as long as symptoms do not worsen. Student, parent(s)/guardian(s) and teachers will monitor and record use of accommodations, symptoms, and associated activity.
- The school, student, parent(s) and healthcare provider will review the plan every two weeks.
- Students will gradually increase mental exertion, eventually returning to a full school learning day without accommodations, and may be considered for return to sport and/or extra-curricular activities.

Return-to-Sport Strategy			
Step	**Exercise Strategy**	**Activity at Each Step**	**Goal**
1	**Symptom-Limited Activity**	Daily activities that do not exacerbate symptoms (e.g. walking)	Gradual reintroduction of work/school
2	**Aerobic Exercise** 2A- Light (up to approx. 55% maxHR), then 2B- Moderate (up to approx. 70% maxHR)	Stationary cycling or walking at a slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.	Increase heart rate
3	**Individual Sport-Specific Exercise** Note: If sport-specific training involves any risk or inadvertent head impact, medical clearance should occur prior to Step 3.	Sport-specific training away from the team environment (e.g. running, change of direction and/or individual training drills away from the team environment). No activities at risk of head impact.	Add movement, change of direction
Steps 4-6 should begin after the resolution of any symptoms, abnormalities in cognitive function and any other clinical findings related to the current concussion, including with and after physical exertion.			
4	**Non-Contact Training Drills**	Exercise to high intensity including more challenging training drills (e.g. passing drills, multiplayer training) can integrate into a team environment.	Resume usual intensity of exercise, coordination and increased thinking
5	**Full Contact Practice**	Participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	**Return to Sport**	Normal Game Play	—

*Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0-10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the baseline value reported prior to cognitive activity.

Athletes may begin Step 1 (i.e. symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms occurs during Steps 1-3, the athlete should stop and attempt to exercise the next day. Athletes experiencing concussion-related symptoms during Steps 4-6 should return to Step 3 to establish full resolution of symptoms with exercise before engaging in at-risk activities. Written determination of readiness to return to sports (RTS) should be provided by a HCP before unrestricted RTS as directed by local laws and/or sporting regulations.

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Return-to-Learn Strategy			
Step	**Mental Activity**	**Activity at Each Step**	**Goal**
1	**Daily Activities** that do not result in more than mild exacerbation* of symptoms related to the current concussion	Typical activities during the day (e.g. reading) while minimizing screen time. Start with 5-15 minutes at a time and increase gradually.	Gradual return to typical activities
2	**School Activities**	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work
3	**Return to School Part Time**	Gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day.	Increase academic activities
4	**Return to School Full Time**	Gradually progress in school activities until a full day can be tolerated without more than mild* symptom exacerbation.	Return to full academic activities and catch up on missed work

Following an initial period of relative rest, athletes can begin a gradual and incremental increase in their cognitive load.
Progression through the Return-to-Learn Strategy for students should be slowed when there is more than a mild and brief symptom exacerbation.

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