



Broome Tioga BOCES Concussion Management Return to Learn Progression Form

Baseline: Recovery at Home – No mental exertion until symptom free for 24 hours

Step 1 – Gradual Reintroduction of Learning Activities at Home

Short periods (5-15 minutes at a time) of mental exertion: homework, reading, texting, video games, computer work with no return of symptoms:

Symptoms of a concussion may include:

- Amnesia
- Confusion or appearing dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulty or dizziness, clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting, and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy, groggy, or lightheadedness
- Concentration or focusing problems
- Slowed reaction times, drowsiness
- Fatigue and/or sleep issues (sleeping more or less than usual)

Students developing the following symptoms, or worsening of the above listed symptoms, must be evaluated immediately at the nearest hospital emergency room:

- Worsening headaches
- Seizures
- Looks drowsy or cannot be awakened
- Repeated vomiting
- Slurred speech
- Unable to recognize people or places
- Weakness or numbing in arms or legs, facial drooping
- Unsteady gait
- Dilated or pinpoint pupils, or change in pupil size of one eye
- Significant irritability
- Loss of consciousness
- Suspicion of skull fracture: blood draining from ear or clear fluid from nose

Step 2 – Homework at Home

Completion of homework in 20-30 minute increments for a cumulative 1-2 hours with no return of symptoms.

Student's Name: _____, has completed Step 1 and Step 2 at home with no return of symptoms, and is able to proceed to Step 3 – 5 of Return to Learn Progression as long as he/she remains symptom free.

Physician clearance received on _____

Parent/Guardian Verbal consent: _____ Date: _____
Name

Nurse's Signature: _____ Witness's Signature: _____

Step 3 – Reentry to School Part Time **Date:** _____

Accommodations: Half day maximum. No significant testing, provide quiet place for scheduled mental rest, modify rather than postpone activities, provide extra time, extra help and modified assignments.

- No symptoms after 30 minutes of mental exertion, able to proceed to Step 4
 Symptoms returned – return to Step 2

Teacher's Signature: _____

Step 4 – Reentry to School Full Time **Date:** _____

Accommodations: No standardized testing, routine testing OK, decrease - extra time, help and modification of assignments.

- No symptoms after 30 minutes of mental exertion, able to proceed to Step 5
 Symptoms returned – return to Step 3

Teacher's Signature: _____

Step 5 – Reentry Full time with No Accommodations **Date:** _____

No accommodations. Attends all classes, full homework.

- No symptoms after 30 minutes of mental exertion, able to return to regular classroom activities
 Symptoms returned – return to Step 4

Teacher's Signature: _____

Upon completion of this process, the student will be ready to begin the 5-Step Return to Play Progression. Please communicate the completion to the school nurse and the physical education teacher.