

Research Matters

Critical Elements of Return to Learn for Students with Concussion

PURPOSE

Authors Kemp and O'Brien (2022) conducted a scoping review to identify critical elements of return-to-learn (RTL) for students with concussion. The authors examined existing empirical and expert literature. Based on their findings, the authors provide a summary of recommended accommodations for students following concussion.

KEY FINDINGS

Empirical studies have increased over the last five years; however, this literature is still in its early stages. The authors note that expert literature has attempted to supplement and/or fill the gaps in the empirical research literature.

What are critical elements of RTL for students with concussion?

There are four key components to RTL protocols: (a) RTL Teams, (b) management approaches, (c) outcome measurement and (d) accommodations

What recommendations or accommodations do RTL protocols make to address particular symptom profiles or to individualized care for students with concussion?

- The authors summarized 361 accommodations. The accommodations were sorted into 43 types, and then categorized as physical, cognitive, sleep, or unspecified symptoms.
- Recommendations from the expert literature specify that accommodations should be symptom specific and be modified or adapted as the student's symptoms evolve. However, the empirical literature found that most provided accommodations were broad recommendations, not targeted to specific symptoms.
- The most common accommodation identified was reduction of workload/activities.

IMPLICATIONS

It is important for school teams to implement research-based practices to support students with concussion. Asking administrators at your school or district the following questions is a great place to start:

- Who leads the RTL team?
- Is there a gradual RTL (management approach?)
- What data informs accommodations and modifications?
- How are outcomes measured after supports are put in place?

EVIDENCE-BASED SCHOOL SUPPORTS FOR STUDENTS WITH CONCUSSION

To help with physical symptoms:

Reduce/modify workload or activities

- Offer rest breaks, ensure access to a dark space, allow student to put head down
- Excuse student from or limit physical activity
- Modify schedule: shorten school days, late start time or leave early
- Have student break work into smaller sections and avoid multitasking
- Excuse absences, missing work
- Reduce assignments

Environmental Supports

- Limit participation in large group activities
- Allow sunglasses, earplugs, preferential seating, elevator access
- Reduce screen time
- Adjust teaching space

To help with cognitive symptoms:

Provide support for testing and assignments

- Provide extra time for tests and assignments or offer alternative testing formats (multiple session tests, oral, 1 on 1)
- Exempt student from testing, assignments, or reduce assignments
- Reschedule assignments and testing
- Offer quiet testing or work location
- Encourage use of planner, calculator

Reduce cognitive load

- Use written instructions
- Use notetaker, record class, preprinted class notes, outline of class lectures
- Provide prompts or repetition of instructions, clear work expectations
- Reduce the amount of reading and math required
- Provide tutoring

Provide support in organizing and recalling deadlines

- Use assistive technology for reading and writing

To help with emotional symptoms:

Use emotional/behavioral management strategies

- Reinforce and discuss positive behaviors, acknowledge student feelings
- Teach self-monitoring strategies
- Discuss appropriate behaviors and possible alternatives
- Assign group assignments; team leader for student to use as a resource
- Allow student to leave class to “de-stress,” reducing stimulation and stressors

REFERENCE

Kemp, & O'Brien, K. H. (2022). Critical elements of return to learn for students with concussion: A scoping review. *The Journal of Head Trauma Rehabilitation, 37*(2), E113–E128.

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