



Secondary School Sports Medicine

Return To Learn Protocol

The OPS secondary school sports medicine return to learn protocol is the fulfillment of the academic portion of the Nebraska Concussion Awareness Act which “recognize(s) that students who have sustained a concussion may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff until the student is fully recovered.” To ensure this injury is treated correctly and efficiently, a multidisciplinary Concussion Management Team (CMT) has been established at each secondary school within the district. The members of the CMT may be, but are not limited to:

- Athletic Trainer(s)
- School Nurse
- School Counselor
- Athletic Director
- Assistant Athletic Director(s)
- Administrator for Attendance
- SAT/IEP Coordinator(s)

Each person involved with the team is assigned a role that utilizes their specific talents and job description in order to ensure students who have suffered a concussion are being monitored effectively and assisted in safely and successfully returning to full academic participation. In the case that full participation is not possible as a result of a student's injury, there will also be people on the team who can assist in modifying the academic work to fit the new needs of the student.

When a student is diagnosed with a concussion, the student will be placed in the OPS secondary school concussion management protocol. The protocol is as follows:

1. Diagnosis of concussion occurs.

2. Parents are notified and at-home instructions are given.
3. Concussion Management Team (CMT) is notified via email. Concussion/Student ID # will be in the subject. Designated staff within the CMT will notify teachers.
4. CMT documents initial symptoms, both emotional and behavioral.
5. CMT monitors the student’s progress during their recovery and communicates within Office 365 and/or Infinite Campus
6. A graduated return to school strategy shall be followed to assist in safely and successfully returning the student to full participation in academics. An example of the strategy is as follows:

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the child symptoms	Typical activities of the child during the day as long as they do not increase symptoms (eg, reading, texting, screen time). Start with 5–15 min at a time and gradually build up	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 increased breaks during the day	Increase academic activities
4	Return to school full time	Gradually progress school activities until a full day can be tolerated	Return to full academic activities and catch up on missed work

7. A return to sport progression allowing physical activity can be completed concurrently with the return to learn progression. However, any member of the CMT reserves the right to communicate red flags that can halt return to sport.