

Guidelines

For school re-entry
for students with mild
traumatic brain injury



Pediatric
Brain
Injury
Program



Hennepin County
Medical Center

Logan's Story

Eight-year-old Logan was riding his bicycle when he struck the rear of a parked car. He hit his head and had no loss of consciousness. He rode his bicycle home where he complained of a headache and his parents noticed he had a chipped tooth. Since he had a headache his family took him to the local emergency room where he had a decrease in his level of consciousness and was transferred to Hennepin County Medical Center. Evaluations at the Pediatric Brain Injury Program revealed he sustained a mild traumatic brain injury for which he received treatment, family education and support, school return guidelines and was discharged home within three days.

Each year Hennepin County Medical Center's Pediatric Brain Injury Program helps more than 200 children like Logan achieve their maximum potential. A major milestone is returning to school. These guidelines will help those involved in decisions related to returning to school know what to expect and how to best help the child through the transition.

Mild traumatic brain injury (concussion)

A mild traumatic brain injury is an injury to the head that results in a brief loss of consciousness (no more than 15 minutes) or reported period of altered consciousness (for example – disorientation, confusion, inability to follow simple commands), and a hospital-administered Glasgow Coma Scale of 13-15. Optimal recovery may take from several weeks to several months.

Causes of Mild Traumatic Brain Injury

- Falls
- Motor vehicle crash
- Sports injury (hockey, soccer, football)

The Pediatric Brain Injury Program evaluates and treats children/adolescents who sustain traumatic brain injuries. Families are provided with information about mild TBI, children/adolescents are screened to identify problems with cognitive or physical functioning requiring further evaluations or treatment. The team helps facilitate successful school and community re-entry based on each child's needs.

Possible Post Brain Injury Behaviors

The characteristics of students with mild brain injury are variable. ***These behaviors represent changes and should be judged relative to a student's functioning before the injury.***

1. Medical appointments or recovery-related fatigue may result in intermittent or unexpected absences.
2. Expect the student to show positive and rapid variation in school performance from day to day or morning to afternoon.
3. The student may require more time to process directions and complete tasks.
4. The student may demonstrate distractible or inattentive behaviors.
5. Academic performance may be different than before the injury.
6. The student may not tolerate, or may become more irritable with, increased stimulation.
7. The student may have difficulty organizing large tasks (term papers, book reports) and may have difficulty comprehending large reading assignments.
8. The student may be challenged by higher level subjects (algebra, geometry) and/or cumulative learning (foreign language study).
9. Relationships with friends may change.

10. The student may demonstrate new behaviors including impulsivity, excessive moodiness, disrespectful/inappropriate comments, aggressive behavior, decreased frustration tolerance, or depression.
11. The student may complain of headaches; may close one eye, squint, or hold head.
12. The student may have side effects from medications that result in fatigue, impaired memory and organization, or unexpected behaviors.
13. Transitions from one class or activity to another may take extra time or preparation.
14. The student may have difficulty attending to two tasks simultaneously (e.g., note taking and listening).

If behaviors/cognitive issues persist beyond 30 days, an assessment for Special Education may be appropriate.

Intervention Strategies

These are listed alphabetically – one or more may apply. The following strategies have been found to be helpful with student's re-entry to school:

Attention

- It may be necessary to shorten assignments or break tasks down into smaller parts.
- Plan to minimize distraction in the student's auditory/visual space.
- Student may need re-direction to task (e.g., verbal, physical prompts).
- Student may benefit from taking tests in a quiet area and additional time for tests.

Behavior/Emotional Adjustment

- Avoid changes in student's routine.
- Provide the student with choices, and be flexible with expectations.
- Student should be encouraged to review behavior at the end of the day (via diary or teacher-student contact).
- Utilization of intervention strategies for specific problems may structure the environment and help student return to baseline emotional functioning.
- Contact with the school counselor, social worker, or psychologist may facilitate student's insight into emotional changes and assist in developing coping/problem-solving strategies.

Expressive/Receptive Language

- Provide homework assignments in written and verbal form.
- Limit length of verbal directions and verify student's understanding of directions.
- Use of specific vs. open-ended questions may decrease student's frustration with language formulation and word retrieval.

Family Involvement

- Contact school prior to student return.
- Arrange shorter school day if necessary.
- Help with organizing school materials, assignments, projects.
- Arrange for additional tutoring if recommended.
- Schedule medical appointments, when possible, around school attendance.

Fatigue

- Plan shorter days initially.
- Frequent rest breaks may be needed.
- Younger children may need a short nap in a quiet area.

Math

- Student may need extra help recalling memorized math facts.
- Student may benefit from instruction in applied calculation skills.
- Student with visual organizational problems may benefit from the use of grid paper to organize their columns for multiplication/division.
- Short-term remedial math may be necessary.

Medical Management

- Be aware of medications and changes in medications.
- Help student remember when to take medications.
- Be aware of side effects caused by medications.

Memory/Organization

- Organizing information in advance may help students with transitions.
- Student may not be able to complete make-up assignments and may need additional help with cumulative subjects (e.g., foreign languages, algebra).
- An extra set of books at home may be helpful.
- A daily schedule and notebook organizers can help the student remember routines or unusual activities and assignments.
- Use of a buddy system may be helpful with task organization.
- Plan to limit changes in the daily routine.
- Use of assistive technology.
- Other external aids as appropriate for the student may be useful. Examples include assignment book, log of daily activities, written cues on the board or desk, etc.

Physical and Coordination Difficulties

- Provide assistance with written tasks.
- Reduce written work and utilize dictation.
- The buddy system can help with written work and physical safety.
- Provide extra time for assignment completion and getting from place to place.
- Consider safety in activities such as climbing, jumping, and contact sports during recess and physical education.

Reading/Visual

- Books on tape are available for students with reading/visual impairment.
- Tests may be given orally.
- Review of other students' notes may be helpful.
- Short-term remedial reading instruction may be necessary.
- Briefer reading passages may be needed due to decreased reading speed and comprehension.
- Use of assistive technology may be helpful.
- Students may need adaptations of written print size and larger keyed calculator.

Social Support

- Provide a staff person to monitor student's readjustment to school (attendance, assignment completion, or other problems).
- Buddy system can help model appropriate social skills, particularly in unstructured situations.
- Provide extra supervision in unstructured activities.
- Encourage participation in community clubs or after-school programs.
- Consider an older-grade buddy or peer tutor for specific academic or social activities, tutoring, homework, and lunch time.
- Some students may benefit from conflict resolution activities.

Sports/Recreational Activities

- Return to physical education or sports only after obtaining doctor's approval.
- Avoid contact sports (football, hockey, soccer) or in-line skating, skiing/skateboarding for at least 6 months.
- Obtain medical clearance before resuming operation of mechanical vehicles.
- Wear protective gear when engaging in sports/recreational activities or using motorvehicle.

Additional Resources

1. Contact your area Physical /Health Disabilities (P/HD) teacher.
2. Debra C. Williamson, Statewide PI & TBI Specialist, MN Low Incidence Projects Metro ECSU
4001 Stinson Blvd. NE, Suite 210
Minneapolis, MN 55421
Phone : (612) 638-1532
E-mail: dcwilliamson@district287.org
3. Brain Injury Association of Minnesota
34 13th Ave NE, Suite B001
Minneapolis, MN 55413
Phone: (612) 378-2742 or 1-800-669-6442
Web: www.braininjurymn.org
4. Program Coordinator, Hennepin County Medical Center (HCMC) Pediatric Brain Injury Program, Minneapolis, MN.
Phone: (612) 873-2259
5. Return to Sports and Recreation Following Traumatic Brain Injury.
Available from TBI Center—www.hcmc.org



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