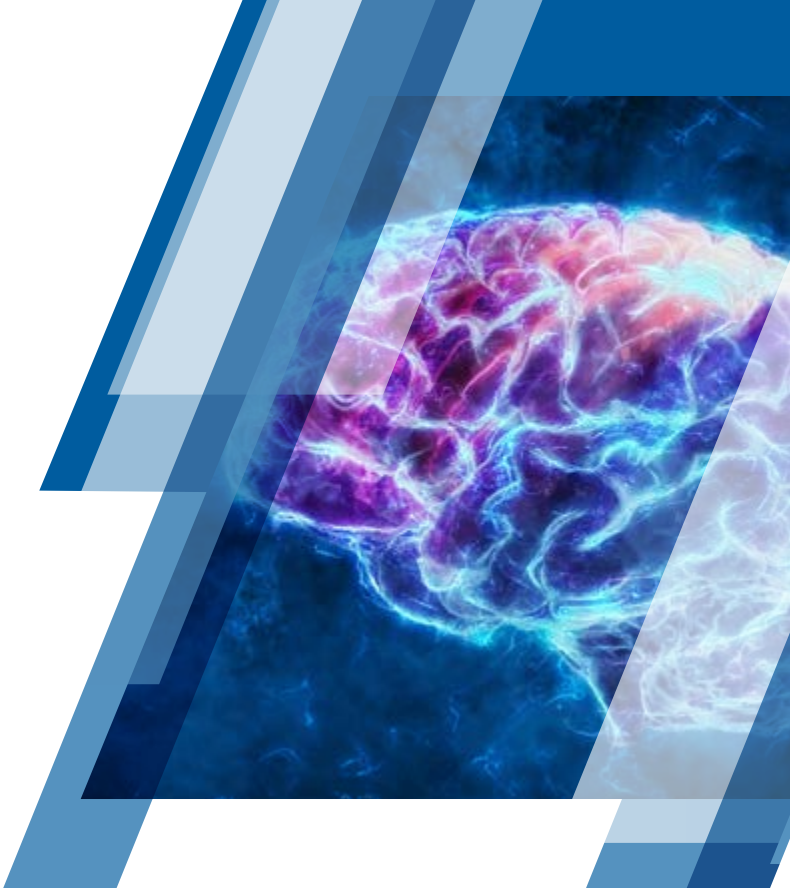
KEY INFORMATION FOR EDUCATORS

Concussion Safety Guide



Understanding Concussion

The Consensus Statement on Concussion in Sport, developed after the 6th international conference, describes sport-related concussion as follows:

Sport-related concussion is a traumatic brain injury during sport or exercise when a direct blow to the head, neck or body sends an impulsive force to the brain. This triggers a cascade of neurotransmitter and metabolic changes, with possible axonal injury, altered blood flow and brain inflammation. Signs and symptoms may arise immediately or develop over minutes or hours. They often resolve within days but can last longer.

Standard structural brain scans, including computed tomography and T1- and T2-weighted magnetic resonance imaging, show no abnormality. Research imaging of brain function, blood flow or metabolism may reveal changes. Sport-related concussion causes varied clinical signs and symptoms, with or without loss of consciousness. These findings cannot be explained solely by, but can occur alongside, drug, alcohol or medication use, other injuries, such as cervical injury or peripheral vestibular dysfunction, or other comorbidities, including psychological factors or coexisting medical conditions.

More on concussion diagnosis, management and prevention in college athletes, including the full definition, is available **here.**

Your Role in Concussion Recovery

- Every athletics department should have a concussion management plan describing the steps team physicians and athletic trainers take after a sport-related concussion diagnosis and throughout recovery.
- This plan should identify an academic contact to guide return-to-learn activities with a student-athlete diagnosed with a sport-related concussion.
- The return-to-learn process is part of the recommended medical management plan. In complex cases, the academic contact joins a broader multidisciplinary team.
- Return-to-learn should progress step by step, with changes tailored to each student-athlete's symptoms, needs and recovery response.
- Academic contacts and other academic staff benefit from understanding the science behind concussion management and the reasons for return-to-learn guidance.

Return-to-Learn Considerations

Return-to-learn guidance recognizes that physical and cognitive tasks depend on brain function, which concussion can impair. A student-athlete may look physically well but be unable to perform as expected because of concussion symptoms.

Individual differences in symptoms and recovery make fixed return-to-learn advice difficult. For injuries sustained while enrolled in classes, unrestricted return-to-sport should follow unrestricted return-to-learn. The broad recommendations on the next page reflect available evidence and expert consensus. Some content was previously published in the NCAA **Concussion Safety Protocol Checklist** and its companion **Concussion Safety Protocol Template.**

Guidance for Return-to-Learn

Progressing Step by Step

Return-to-learn begins with relative physical and cognitive rest; avoid complete rest and isolation. Relative cognitive rest means limiting mental demands such as reading and schoolwork. Tailor the wait before resuming classes or homework to each student-athlete, who should return to class and study as tolerated. Some need no formal plan or accommodations. Progress gradually, watching for significant symptom worsening after mental activity or symptoms lasting beyond two weeks. Current expert consensus advises:

- Student-athletes unable to tolerate light cognitive activity should stay at home or in their residence hall.
- When light cognitive activity is tolerated, return to class as symptoms allow, often in gradual increments.
- If academic demands cause sustained symptom worsening beyond baseline, or clinical/cognitive scores decline, notify the team physician or return-to-learn contact and reassess the student-athlete's return-to-learn activity.

Typical Academic Adjustments

When a student-athlete needs a small change to their academic schedule during the first one to two weeks after a sport-related concussion, the athlete and academic contact can often arrange it together, without major changes to schedules, coursework or testing settings. Recovery and return-to-learn timelines differ by individual, but the vast majority of young adults fully return to learning without extra academic support by 10 days after injury.

Symptoms That Persist

- If symptoms persist, decide the required academic adjustments or accommodations with a wider multidisciplinary team. This may include the team physician, athletic trainer, faculty athletics representative, coach, teachers, disability office representatives, neuropsychologist or psychologist/counselor.
- If schedule changes or academic accommodations are insufficient, involve other campus resources in line with the Americans with Disabilities Act Amendments Act. These should include learning specialists and/or representatives of campus disability services or the ADAAA office.

Putting Return-to-Learn Into Practice

Successful return-to-learn depends on several factors, including:

- Recognizing that concussion symptoms differ greatly between student-athletes and may vary in the same person after a repeat concussion.
- Naming an academic contact to help the recovering student-athlete address challenges in their academic setting.
- Identifying symptoms that need further medical care or may impair cognitive recovery: fatigue, headache, mental health symptoms or disorders, ocular, cervical or vestibular dysfunction, cognitive impairment, autonomic dysfunction and pain.
- Identifying other campus resources to help ensure the recovering student-athlete's rights are properly considered during this transition.

Campus Support Resources

Resources differ by campus and may include:

- Learning specialists. Many colleges have certified learning specialists with expertise in conditions such as concussion and post-concussion syndrome.
- Disability services office. Most campuses have an office that verifies students' impairments under the Americans with Disabilities Act Amendments Act. Some also have a separate ADAAA office.

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