Chief of Psychology Section & Practice Director of Neuropsychology at Children’s Healthcare of Atlanta

• Dr. Burns is board certified in Clinical Neuropsychology, Clinical Psychology and holds board certification as the Pediatric Neuropsychology as a subspecialty.

• He received his Bachelor of Arts from the University of Pennsylvania with a major in the Biological Basis of Behavior in 1989. Specialty training in Neuropsychology was completed at the Medical College of Pennsylvania and St. Christopher’s Children’s Hospital in Philadelphia, PA.
Return to School Strategies

Thomas G. Burns, PsyD, ABPP
Chief of Psychology Section
Practice Director of Neuropsychology
Medical Director of Concussion Research
Conflicts in Interest

1. Disclosures:

Dr. Burns is a member of the ImPACT Research Advisory Board but holds no financial obligations or conflicts in interest as part of this role.
Outline

1. Cognitive Rest
   How Long?
2. Educational Accommodations
   When to start?
3. SST vs. 504b Plan vs. IEP at School
   Which One is best?
4. School Transition
   How Soon & How fast?
5. 5 Steps to School
   Who to contact?

Ref: www.choa.org/medical-services/concussion/concussion-toolkit
Cognitive Rest

Cognitive Rest –

What is the expected period of time for recovery?

- Time for healing
- Reduced Stimulation
- Symptom Recovery
- Screen time usage
“There is no clinically significant difference in neurocognitive or balance outcomes between 1-2 vs. 5 days of rest.”

 Recommending strict rest for adolescents Immediately after concussion offered no Added benefit over the usual care.”

Risk Factors Influencing Recovery

Pre-Existing Impact on Recovery from Concussion

Learning Disability
Attention Deficit / Hyperactivity Disorder
Anxiety
Depression
Previous Concussion History

Acute Concussion Evaluation (ACE)

1. Continuity in Care
2. Monitoring of Concussion Recovery
3. Ease of Use Across Disciplines
4. Capacity to Revise Treatment Plan
5. Assists with Future Planning

Ref:
Acute Concussion Evaluation (ACE)

Ref:
Educational Accommodations

Concussion guidelines for your child’s return to school, bookwork and studies

<table>
<thead>
<tr>
<th>Stage of healing</th>
<th>Home activity</th>
<th>School activity</th>
<th>Physical activity</th>
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| Stage 1—Your child still has many symptoms and problems | • Complete rest in a quiet room  
• Allow as much sleep as possible  
• Limit things that require your child to think, focus, reason or remember  
• Remove any electronics and computers from your child’s room  
• Remove any activity planners and to-do lists from your child’s room  
• Give your child plenty of fluids to drink  
• Feed your child small, frequent meals during the day and at bedtime  
• Give your child plenty of carbohydrates to eat, such as whole grain breads and cereals, pasta and rice | • Your child may not go to school. It is typical to rest for 24 to 48 hours and monitor if symptoms improve | See Stage 1 in next chart |
| Stage 2—Your child still has some symptoms and problems  | • Stay in quiet rooms  
• Allow for enough sleep—at least eight hours  
• Allow your child to use TV, video games, texting, social media and email for a short time—fewer than two hours a day, for example, he might have 20 minutes of brain work followed by a one-hour brain break  
• Help your child to not stress over missed school work  
• Continue with fluids, small, frequent meals and carbohydrates, as in Stage 1  
• As your child has less symptoms, begin adding homework in short sittings to avoid falling behind | • Return to school for half days  
• Attend core classes only or have shortened class time  
• Rest in the nurse’s office between classes and as needed  
• Your child may not take tests or quizzes  
• Use preprinted class notes  
• Complete short homework assignments—work 20 minutes at a time with rest breaks in between  
• Talk with the school nurse or teacher about academic accommodations from your doctor, and create a plan  
• Avoid very loud noises like music and noise in cafeterias, at PE and at recess | See Stage 2 in next chart |
| Stage 3—Your child’s symptoms and problems have gone away | • Slowly return to watching TV, playing video games and texting  
• Allow family interactions again  
• Continue with fluids, small, frequent meals and carbohydrates, as in Stage 1 | • Your child may gradually return to a full day of classes  
• He may need to schedule make-up work, tests and quizzes  
• He may take one test or quiz a day with extra time as needed, to complete  
• Tell the school nurse or teacher if any symptoms or problems return | See Stages 2-4 in next chart |
| Stage 4—Your child seems back to normal | • Your child may have near normal home and social interactions | • Your child may begin to complete past assignments to catch up on school work | See Stages 5 and 6 in next chart |
| Stage 5—Your child may return to full activities | • Your child may return to normal home and school interactions after five days of no symptoms | • Your child may return to normal school function without the need for extra accommodations or restrictions | See stage 7 in next chart |
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| | | | See stage 7 in next chart |
Screen time / Exercise / Sleep

- LCD Screens
- Screen flickering / strobe effect on eye muscles
- Cold Cathode Fluorescent Lamp (CCFL) have pulsing bulbs
- Brightness plays a key role for contrast

- Routine is key for returning to physical activities
- Sleep should be regular and consistent
General Considerations / Parting Thoughts

**Gradual** Return after concussion

i. Structured Sleep
ii. Diet
iii. Exercise / Physical Activities
iv. Screen Usage

What is the *Average* Recovery time from concussion?

How do you prioritize classes when you return to school?
Questions?

Thomas G. Burns, PsyD, ABPP
Chief of Psychology / Director of Neuropsychology
Children’s Healthcare of Atlanta
Thomas.Burns@choa.org