January 2015

Current research demonstrates high levels of cognitive activity (thinking) following concussion prolongs recovery for up to 100 days in students, compared to 20-30 days for students who are provided accommodations immediately. (Journal of Pediatrics, 1/6/14)

Therefore, it is important for schools to implement appropriate academic accommodations upon notification of a student’s concussion, to alleviate prolonged concussion recovery.

The BrainSTEPS: Concussion Return to Learn (RTL) Concussion Management Teams (CMTs) support students returning to the demands of school while promoting recovery, prior to making a referral to your local BrainSTEPS team. The RTL CMT focuses on academics during the school day. CMTs monitor both student athletes and non-athletes. The CMT regularly communicates with the athletic department for student athletes.

Over 800+ academic focused Return to Learn Concussion Management Teams (CMTs) in PA schools have formed since January 2013. Pennsylvania is the only state to roll out a systematic Return to Learn CMT process for school districts.

The BrainSTEPS Return to Learn Concussion Project is now considered a national model.

- All CMTs/districts agree to utilize the local Intermediate Unit BrainSTEPS Team by making a student referral if a student has not recovered in 4 weeks. This is the electronic agreement that all districts agree to when they register their CMT online at www.brainsteps.net.
- All district CMTs also agree to submit a spreadsheet of total de-identified students tracked 2x per year to the BrainSTEPS Program Coordinator.
- BrainSTEPS created CMT roles consisting of 2 people:
  1. Academic Monitor: monitors academics using a 1 sided page tool/one time per week
  2. Symptom Monitor: monitors symptoms using student self-reporting several days per week.

The 2 person CMT monitors student academics and symptoms. The CMT assists with implementation of academic accommodations, as well as adjustments until recovery.

- Some districts establish several CMTs per school building, while others establish CMTs for each high school grade. You can determine what works for your district. One CMT Monitor can serve on several CMTs (ie., a school nurse can sit as Symptom Monitor on more than one CMT)
By registering your CMTs at www.brainsteps.net:

- CMTs are partnered with their regional IU based BrainSTEPS Team
- CMTs receive training on concussion educational impacts & specific CMT roles
- The CMT training is based on current research and best practices
- CMTs have access to the CMT Wiggio Website that keeps all monitors up to date on current best practices, research, and updated Concussion Academic & Symptom Monitoring Tools
- BrainSTEPS teams partner with the CMT at 4 weeks post-concussion for students who do not recover, or earlier when there is a history of concussion modifiers
- BrainSTEPS offers training and additional consultation to the student's team of teachers when a referral is made at 4 weeks, based entirely on that student's individual needs
- BrainSTEPS facilitates the communication loop between medical professionals, families, and schools, and offers families concussion resources and support
- BrainSTEPS offers CMTs ongoing information through email, networking meetings, future trainings, etc.
- BrainSTEPS has established strong partnerships with concussion clinics across the state, facilitating smoother student referrals and communication between school and medical teams.

WHY should a district make a referral to BrainSTEPS at 4 weeks following a concussion that doesn't resolve?

- BrainSTEPS will train the CMTs to manage concussions for the initial 4 weeks
- BrainSTEPS Teams have experience, training and resources that go above and beyond the 4 week mark, to manage concussions that are complex in nature
- BrainSTEPS works with the school team at 4 weeks to create a unique “Brain Injury Support Framework” for accommodations that will create an even more individualized plan for students following concussion.
- BrainSTEPS accepts concussion referrals earlier for students who have sustained multiple concussions in the past (or have a history of other concussion modifiers) or if symptoms are not progressively resolving in the first few weeks.

WHY should a district set up a CMT to monitor symptoms and academics?

- Districts must begin collecting appropriate student data to demonstrate why accommodations are needed, need adjusted, or may no longer be needed. Data should drive all decision making to protect both the district and student.
- Using our CMT 1 page Academic Monitoring Tool and CMT 1 page Symptom Monitoring Tool, CMTs can easily gather that necessary data.
- Districts should have a streamlined system for students returning to school following concussions, utilizing trained professionals within their district who understand the needs of students during the initial weeks post-concussion.
- The purpose of the CMT Project is to work with PA school districts to build educators’ capacity to handle the 80-90% of concussions that resolve in the first month, based on research and nationally recognized best practices. It is important that schools immediately accommodate student academics, to alleviate a prolonged concussion recovery.
Who should comprise the Return to School Concussion Management Team?
School based professionals who are in the school building during the day and provide services to both non-athletes and athletes such as:
- School nurse
- School psychologist
- School guidance counselor
- School social worker
- School special education director
- Supervisor/Administrator...

Athletic trainers and coaches should not serve as the Academic or Symptom Monitor for the purpose of this Return to School CMT.

CMTs must be available to all students, athletes and non-athletes. But, the Athletic Trainer’s role is crucial for recovering student athletes, so keeping them in the communication loop is vital.

Also, as a reminder, educational accommodation decisions are the responsibility of the educational team. Physician accommodation recommendations are recommendations. They should be considered, but the final decision for all accommodations is made by the educational team, using academic and symptom data to drive the decision making process.

To register a CMT:
- Districts must register each 2 person team at www.brainsteps.net to receive an invitation to register for the CMT Training which is held online at your convenience.

The Difference Between BrainSTEPS Teams & CMTs:

BrainSTEPS teams are not district based, they are based in the Intermediate Units and provide training and consultation to districts, students, families on all severities of acquired brain injuries.

Return to Learn Concussion Management Teams (CMTs) were established by BrainSTEPS, but they are not BrainSTEPS Teams. CMTs manage student concussions for the initial 4 weeks, and then make a referral to the IU BrainSTEPS team at 4 weeks for those students who have not recovered.

For more information regarding BrainSTEPS or the CMT Project:
Brenda Eagan Brown, MEd, CBIS
BrainSTEPS State Coordinator
eaganbrown@biapa.org
724-944-6542

January 2015