

Concussions and School Performance

These recommendations come directly from the Wisconsin Interscholastic Athletic Association:

A major concern with concussion in the high school athlete is that it can interfere with school performance. Symptoms (headache, nausea, etc.), poor short-term memory, poor concentration and organization may temporarily turn a good student into a problem student. The best way to address this is to decrease the academic workload, and potentially taking time off from school or going partial days (although the time missed should nearly always be less than 5 days). Injured athletes should have extra time to complete homework and tests, and they should be given written instructions for homework. New information should be presented slowly and repeated. Injured athletes will need time to catch up and may benefit from tutoring. If an athlete develops worsening symptoms at school, he/she should be allowed to visit the school nurse. The school and coaches should maintain regular contact with the injured athlete's parents to update progress.

Athletes with a concussion should return to full speed academics without accommodations before returning to sports (practice and competition).

Relative rest remains an essential component of concussion treatment. Further contact is to be avoided at all costs due to risk of repeat concussion and Second Impact Syndrome. Physical exertion can also worsen symptoms and prolong concussion recovery – this includes aerobic conditioning and resistance training. Physical activity should not be started without authorization by an appropriate health care provider.

It is also important to remember that the athlete's concussion can interfere with work and social events (movies, dances, attending games, etc.). It is important for injured athletes to sleep 8-12 hours overnight. It is also helpful for parents to decrease brain stimulation at home by limiting video games, but a reduction in computer time, text messaging, and TV/movies may also be helpful.

Neuropsychological testing has become more commonplace in concussion evaluation as a means to provide an objective measure of brain function. It is best used as a tool to help ensure safe return to activity and not as the only piece of the decision making process. Testing is currently done using computerized neuropsychological testing (example: ImPACT, Axon Sports) or through a more detailed pen and paper test administered by a neuropsychologist.

If neuropsychological testing is available, ideally a baseline or pre-injury test is obtained prior to the season. This baseline should be done in a quiet environment when the athlete is well rested. It is felt that baseline testing should be repeated every one to two years for the developing adolescent brain. Multi-modal baseline evaluation that assess baseline symptoms, cognitive functioning, and balance is ideal. If there is no baseline available, the injured athlete's scores can be compared to age established norms. The WIAA feels that neuropsychological testing can be a very useful tool with regard to concussion management.