

## **Ohio Valley University Academics Concussion Management Policy**

The ADA coordinator of Ohio Valley University will work in direct communication with the student, medical personnel, athletic trainer (for student-athletes) and pertinent faculty in the event that an OVU student is recovering from a concussion. A copy of all documentation from credentialed medical personnel will be on file. OVU will be in compliance with all medical recommendations for the student regarding class and athletic attendance and participation, as well as participation in any school sponsored activities. The "Return to Learn" procedures (outlined below) will be followed for student athletes and non-athletes alike. Under no circumstance will a student-athlete return to participation in their sport prior to them returning to full cognitive activity (ex: attending classes, studying, taking exams, etc.) Student-athletes must be able to "Return to Learn" in order to "Return to Play". The ADA coordinator will assist the student in communicating with faculty members and ensuring that needed accommodations are made so that the student can get caught up with academics without compromising their health. Instructors are expected to comply with these procedures and allow the ADA coordinator to assist them in helping the student get caught up academically as they are able to resume their participation.

## Information regarding the Ohio Valley University Concussion Management Policy

Immediate signs of a concussion, occurring within seconds to minutes, include the following:

- impaired attention-vacant stare
- delayed responses, inability to focus
- slurred or incoherent speech
- gross incoordination
- disorientation
- emotional reaction out of proportion
- memory deficits
- any loss of consciousness

Later signs of concussions, occurring within hours to days may include the following:

- persistent headache
- dizziness/vertigo
- poor attention and concentration
- memory dysfunction
- nausea or vomiting
- fatigue easily
- irritability
- intolerance of bright lights
- intolerance of loud noises
- anxiety and or depression
- sleep disturbances

### Return to Learn Criteria

In order to be considered for a full return to the classroom, the student must:

- Follow the Return-to-Learn Guidelines for management of his/her injury; and
- Be fully asymptomatic at rest and with cognitive activity; and
- Be within normal baseline limits on all cognitive assessments; and
- Be cleared to return to the classroom by the Physician and/or his/her designee.

### Return to Learn Guidelines

During the period of recovery and while the student is symptomatic following injury, the student should engage in physical and cognitive rest as much as possible until such time that he/she is asymptomatic. If at any point, the student becomes symptomatic he/she should contact their physician.

| Return-to-Learn Plan                         |  |  |
|--|--|--|
| Stage  | Activity   | Objective  |
| No activity                                  | Complete cognitive rest – no school, no homework, no reading, no texting, no video games, and no computer work | Recovery   |
| Gradual reintroduction of cognitive activity | Relax previous restrictions on activities and add back for short periods of time (5-15 minutes at a time)      | Gradual controlled increase in sub symptom threshold cognitive activities                                      |
| Classwork at home                            | Classwork in longer increments (20- 30 minutes at a time)  | Increase cognitive stamina by repetition of short periods of self-paced cognitive activity                     |
| Classroom re-entry                           | Attend one class after tolerating 1 cumulative hour of classwork at home                                       | Re-entry into school with accommodations to permit controlled sub symptom threshold increase in cognitive load |
| Gradual reintegration into classes           | Increase to a full day of classes  | Accommodations decrease as cognitive stamina improves  |
| Resumption of full cognitive workload        | Catch up on essential coursework missed  | Full return to classes; may commence Return-to-Play protocol   |

## **Student Athletes**

After a concussion, a physician or designee must give clearance to practice or compete. When determining the safe return of an athlete with a head/brain injury it is essential to include all members of the sports medicine team; consisting of the athlete, parents, physician, athletic trainer, coach, and other medical specialist.

### **Return to play protocol**

According to the Zurich guidelines, any athlete experiencing symptoms of a concussion must go to the doctor for diagnosis and a return to play date. Most athletes recover within several days from a concussion, but to ensure a gradual and safe return to play there is a progression of activities. The first step is rest both mentally and physically. Each level should take 24 hours with the athlete asymptomatic before moving to the next level in the progression. If any symptoms occur during the progression, the athlete should drop back to the previous level and try to complete after a 24-hour rest period.

The progression levels are as follows:

Step 1 - no activity with complete physical and cognitive rest

Step 2 - light aerobic exercise

Step 3 - sport specific exercise

Step 4 - non-contact training drills (more intense sport drills with no contact)

Step 5 - full contact practice (following medical clearance)

Student-athletes must be able to “Return to Learn” in order to “Return to Play”.

### **Return to Learn (for athletics)**

The Return-to-Learn protocol is to be implemented in conjunction with the Return-to-Play protocol for student-athletes who are diagnosed with a concussion. The Return-to-Learn protocol provides cognitive rest in order for the brain to heal by not taxing it with various cognitive demands. Similar to the Return-to-Play guidelines, Return-to-Learn will also follow a stepwise progression. This will be overseen by a multi-disciplinary team that may include physicians, athletic trainers, coaches, psychologists/counselors, neuropsychologists, administrators, as well as academia (faculty, deans, and academic advisor) and office of disability services representatives. The level of multi-disciplinary involvement will be made on a case-by-case basis. These Return to Learn Guidelines follow the recommendations of Hall et al. (2014), Halstead, et. al. (2013), Harmon et al. (2013), Master et al. (2012) & McCrory et al. (2013).

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