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Subject: A “Return to Academics” policy for students that sustain mild-traumatic brain injuries (concussions).

1. National Prevalence: National attention has focused on concussions in the United States over the past three years, with most of this attention following sports related injuries. The policies and practices that surround concussions have been heavily discussed within the collegiate sports community due to the impact these injuries have on students’ ability to participate in both the sport and the academic environment. In 2011, the NCAA reported that the concussion rates for student athletes have remained stable at 1.9 per every 1,000 sports related exposures\(^1\). Another report observed college athletic programs in 2006 and generalized that concussions represented approximately 6% of all collegiate athletic injuries\(^2\). Student athletes are not the only individuals on a college campus susceptible to concussions; non-student athletes are exposed to many of the same risks for brain injury. In fact, only 20% of all concussions occur during sports or athletic activities\(^3\). The Centers for Disease Control and Prevention reported that during a 4-year span, approximately 300,000 individuals in the U.S. between 15 and 24 years of age visited the Emergency Department for a concussion\(^4\). The majority of these injuries occurred during motor vehicle accidents, falling, or colliding with another object\(^5\). Furthermore, some research suggests that 60% of high school athletes will have sustained some form of concussion before graduating, putting them at greater risk of acquiring a second concussion\(^6\).

2. Union Prevalence: At a college or university, concussions occur with both student athletes and non-athletes. Dr. Chris Nasin (M.D.), from the American College Health Association and medical doctor at the University of Rhode Island, stated that concussions are equally as prevalent on college campuses for non-athletes and athletes\(^6\). Evaluating the prevalence of concussions at Union, one finds that more concussions are reported among colligate athletes than with non-athletes. In April 2013, Union’s Athletic Department reported that approximately 10 student-athlete concussions occur each year, which meets the national benchmark for schools the size of Union University\(^7\). The Office for Disability Services and Health Services report approximately 5 concussions per year for non-student athletes at Union University. This number may represent a smaller total because some students do not report concussion symptoms or are not aware they suffered a concussion. Regardless of how these two distinct groups compare, it is clear that approximately 15 students each year are impacted by a concussion at Union.

3. Symptoms and Prognosis: A concussion is defined as a form of a mild-traumatic brain injury (TBI)\(^8\). Concussions

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\(^6\) Chris Nasin, interview by Jon Abernathy, Jackson, TN, July 2, 2013.

\(^7\) Neal McGrath, “Supporting the Student Athlete’s Return to the Classroom After a Sports Related Concussion,” *Journal of Athletic Training*, 45(5)(2010):492

occur when the brain experiences an external trauma resulting in a neurological or neuropsychological impairment, which can be caused by direct contact to the head or from rapid acceleration/deceleration of the brain. Furthermore, a concussion is not always easily detected; 90% of concussions do not result in a full loss of consciousness. Some students that sustain very minor concussions may never be aware that the symptoms they experience are due to a brain injury. However, most concussion victims will notice immediate neurological symptoms. The Centers for Disease Control and Prevention describes four categories of concussion symptoms:

1. **Thinking and Remembering:** Difficulty in thinking, remembering, or concentrating
2. **Physical:** Headaches, blurred vision, nausea or vomiting, dizziness, sensitivity to noise or light, balance problems, or fatigue
3. **Emotion and mood:** Irritability, sadness, heightened emotion, or nervousness or anxiety
4. **Sleep:** Sleeping more than usual, sleeping less than usual, or having trouble falling asleep

These symptoms depend on the severity of the concussion, with the majority of students recovering within a 10-day period. However, approximately 10% of students experience symptoms that persist beyond 2 weeks. With a severe concussion, the student may require 6 months to fully recover from cognitive deficits and some individuals acquire permanent learning challenges.

**4. University Support:** A concussion impacts students physically, cognitively, and emotionally. Since the student is impacted in several life domains, it is important that the University provides layered support and avoids creating silos of critical information. For this reason, concussion specialists recommend that educators provide pathways for students to receive support from faculty, disability services, counseling services, health services, and any other pertinent departments. Furthermore, it is important that the University create channels of communication between departments to ensure that warning signs are not missed in the event of a medical, emotional, or academic crisis. Faculty and staff should pay close attention to a concussion victim’s emotional wellbeing, since faculty tend to interact most often with these students. After a concussion, students may have great difficulty accomplishing academic tasks, connecting socially with peers, engaging in physical activity, and resting at night. These side effects, combined with the neurological damage done to the brain, can produce a high risk for depression, anxiety, and overall mood-disturbances. Research suggests that students have up to a 77% chance of experiencing depressive disorders, depending on the severity of the injury.

**5. Assessment Tools:** While many individuals receive medical imaging immediately after a concussion, these imagining tools are not necessarily used to diagnose a concussion. Often they are used by a medical professional to rule out any other significant injuries, such as a brain hemorrhage. Very rarely will medical imaging, such as Magnetic Resonance Imaging (MRI), show the damage of a mild-traumatic brain injury. Instead, the majority of colleges and universities require that a concussion be validated using a combination of neurocognitive testing and medical interviews with a medical professional (e.g., Certified Athletic Trainer, Nurse Practitioner, Licensed Medical Doctor).

**6. Federal Disability Law:** Section 504 of the Rehabilitation Act and the Americans with Disabilities Act both include language that defines a concussion as a disability. The Association of Higher Education and Disability (AHEAD), which is the guiding organization for disability offices in higher education, has classified mild-traumatic brain injuries as a temporary disability that yields short-term accommodations. For this reason, colleges and universities provide reasonable accommodations during the initial recovery of a concussion.

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7. **Cognitive Rest Research:** Currently the Centers for Disease Control and Prevention (CDC) recommends that concussed individuals rest, both physically and cognitively\(^{16}\). The CDC encourages individuals to avoid activities that require extensive concentration because of the risk of exacerbating the symptoms of the mild brain injury\(^{17}\). This includes sustained computer usage, video games, and text messaging\(^{17}\). The logic supporting this medical intervention is the science of the pathophysiologic cascade that occurs after a concussion. This post-concussion reaction includes disruptions in the neuro-metabolic equilibrium in the brain. A concussion interrupts the brain’s natural homeostasis and requires extra energy to be devoted to neural repair and chemical rebalancing\(^{17}\). During this recovery, the student experiences increased fatigue and his/her threshold of energy is lowered\(^{18}\). Most post-concussion protocols require that the individual is symptom free for 24 hours before returning to regular activities. When the individual is symptom free, a graded resumption of activities is considered best practice\(^{19}\).

8. **Proposal of Policy:** The growing body of research, in combination with awareness of concussion prevalence, compels Union University to seriously consider a holistic policy to address students’ cognitive wellbeing after a mild-traumatic brain injury. Furthermore, with implementation of any concussion protocol, the university must be willing to train the necessary faculty and staff to ensure quality control. The following is a “Return to Academics” policy and procedures.

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“Return to Academics” Policy and Procedure

Union University is committed to supporting students that sustain mild-traumatic brain injuries through reasonable accommodations. The following policy and procedure was informed by the Americans with Disabilities Act (ADA) and recent literature on brain rehabilitation and concussion management. The Office for Disability Services (ODS) undertakes the responsibility of guiding students through these procedures, facilitating communication across departments, collecting required medical documentation, determining eligibility for accommodations, and coordinating approved accommodations. The Medical Director of Health Services, Dr. Chris Lewis, oversees students’ medical assessments and treatment after a concussion.

Definition of Terms

Concussion: A mild-traumatic brain injury will be referred to as a “concussion” for the remainder of this policy. A concussion is defined as a neurological dysfunction resulting when the brain experiences an external trauma, which can be caused by direct contact to the head or from rapid acceleration/deceleration of the brain.

Qualified Medical Professional: Union University deems the following individuals as qualified to diagnose a student with a concussion: Licensed Medical Doctor (M.D.), Licensed Neurologist (M.D.), Osteopathic Physician (D.O.), Licensed Nurse Practitioner, Certified Athletic Trainer, or a Certified Physician’s Assistant. This list of qualified medical professionals is informed by Tennessee state law in regards to a secondary education environment.

Appropriate Diagnostic Instrument: Union University defines an appropriate diagnostic instrument as a full evaluation from a qualified medical professional that includes a medical interview, concussion checklist, and neurocognitive testing. Neurocognitive testing is offered for free through Union University’s Health Services, managed by the Medical Director, Dr. Chris Lewis. The Office for Disability Services will evaluate a student’s eligibility for accommodations using the documentation guidelines set forth for all students on the Disability Services website.

Procedures

1. Union University’s Concussion Policy is initiated when the Office for Disability Services (ODS) is informed of a concussion by a student or parent, in order to request reasonable accommodations. If the student is first evaluated by Union’s Health Services or Athletic Training staff, then the staff member will initiate communication with ODS.

2. Once the ODS is notified of the injury, the director will request medical documentation in accordance with the ODS Documentation Guidelines. After the medical documentation is received, assessed, and verified, the student may be approved for a set of automatic concussion accommodations. These include flexibility on class attendance, exam dates, and assignment deadlines (not to exceed 5 consecutive days). The ODS will also determine if further accommodations are necessary, such as extended time on exams, testing in a
distraction reduced environment, permission to record lectures, and assistance with note-taking.

3. The Director of ODS will then notify the student's Faculty, Director of Residence Life, Director of Counseling Services, Director of Health Services, Dean of Students, and the student’s academic Dean.

4. The Director of ODS will meet with the student as soon as possible to go over expectations and answer any questions. Repeating appointments will be scheduled with the student in order to establish a point of contact throughout the recovery process.

5. Students that are approved for the automatic concussion accommodations will receive follow up assessments through Union’s Health Services, which will include free neurocognitive testing by Certified Athletic Trainers. Health Services staff will determine how frequently the neurocognitive test will take place to track recovery. Health Services staff will communicate with the ODS so that faculty are notified of the student’s anticipated return to the classroom.

6. The Director of ODS will ensure that the student understands that he or she is responsible for continued communication with faculty during the recovery period and for rescheduling any assignments/tests after the recovery period is over. The ODS will assist in supporting the student during this time but is not responsible for rescheduling exams, assignments, or negotiating additional attendance flexibility.

7. If the concussion rest period needs to be extended past 5 days, the student is responsible for initiating this request from the ODS. Union’s Health Services or a qualified medical professional must support the request and new documentation must be submitted before a dialogue with faculty is started. Since attendance is often an essential requirement of a course, any further flexibility must be approved by the student’s faculty member. The student is not guaranteed flexibility on attendance, assignment deadlines, or test dates past the 5 initial days of the accommodations.

8. Any academic incompletes will be decided by the faculty member and the individual academic department. If a medical withdraw is necessary, the ODS will assist the student in the process. All medical withdraws must be approved by the Academic Center and Registrar.