

TBI Newsletter

CBIRT.org

Oregon TBI Team

April 2017

Wrapping Things Up

It's hard to believe, but summer is right around the corner. Winter storms have elongated many school years, and it will be fun in the sun before we know it. This is prime time to reflect on what has gone well and prep for the next year for your students with brain injury. It is also the crucial time to make sure that you have entered all of your TBI data (please see the link below).

Almost Last Call - to Log Your TBI Data

Please remember to log your data using the link below. Be sure to log all of your data for 2016-2017 school year. Remember, anything you do around TBI needs to be logged. Here is the [new data log link](#).

Webinar Featuring Gerard Gioia, Ph.D.

Our next webinar will be on Wednesday, May 10th from 3-4 PM. Dr. Gioia is the Division Chief of Neuropsychology and the director of the Safe Concussion Outcome, Recovery & Education (SCORE) Program at Children's National Health System. Dr. Gioia treats persons and families with brain injuries with dual areas of interest in disorders involving the executive functions and pediatric concussion/mild traumatic brain injury. To register [click here](#).

New and Returning Members

If you would like to be part of the TBI Team, we'd love to have you. You will need permission from your supervisor and all new and returning members will be asked to complete new or returning member training. Please complete the following registration if you like would to be part of the TBI Team.

[New Member Registration](#)

[Returning Member Registration](#)

Save the Dates

April 28th

South Coast ESD presents:
Melissa McCart, D.Ed. on

[Improving Learning
Outcomes for Students](#)

[with TBI](#)

May 9th

Lane ESD presents Debbie
Ettel, PhD

On [Supporting Emotional
Health Following TBI](#)

May 10th

CBIRT presents

Gerard Gioia, PhD on
[Executive Functions and
Pediatric Concussion](#)

Contact the TBI Team:

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Oregon TBI Team

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New Resources

The team at the Center on Brain Injury Research and Training (CBIRT) has continued to put together new resources and to post them on the CBIRT website for public use. Please take a few minutes to review the following new resources.

Assessment:

These pages will provide information about the importance of assessments for students with TBI, what these assessment strategies can measure, the names of commonly used tests in schools, and the importance of implementing ongoing progress monitoring.

<http://cbirt.org/resources/educators/assessment/>

Eligibility:

Like other students with disabilities, students with TBI need to be accurately identified so they can be appropriately served by educators who are knowledgeable about the challenges they experience and who can implement effective instructional and behavioral strategies. Correct identification not only benefits the student in the classroom, but opens the door to other services the student might not have access to under a different eligibility category.

<http://cbirt.org/resources/educators/eligibility/>

Legal News:

This section of the site is home to an ongoing blog written by David Kracke, an attorney with Nichols and Associates in Portland, OR. David has a broad range of experience working with TBI-related laws in Oregon and is a board member for the Oregon Concussion Awareness and Management Program (OCAMP).

<http://cbirt.org/ocamp/legal-news/>

Classroom Routines:

Students with brain injury often struggle with memory impairment, organization and focusing attention. Varying routines can create enough stress for a student with a brain injury that they cannot focus on the material they are to be learning. Try to create routines consistent enough to permit brain injured students to learn.

<http://cbirt.org/resources/educators/tidbits/Oct14/>

Return to Academics Protocol After Concussion/mild TBI

When a concussion occurs, a child looks normal, and teachers might be unaware of a student's cognitive difficulties during recovery. Rest is needed for the brain to recover from a concussion. Taxing the brain with academic activity can impede or prolong recovery. Most students will recover fully in days or weeks, but some will take longer to heal. Each child and each brain injury is different. If full recovery is not evident in three months, an IEP may be helpful to meet the specific learning challenges.

Not all students will need academic accommodations following concussion; consult with each student's healthcare provider. All steps in this academics protocol must be completed before a student-athlete is ready to proceed to a return-to-play protocol.

Step 1. Total rest.	<ul style="list-style-type: none"> • No mental exertion (computer, texting, video games, or homework), stay at home, no driving.
Step 2. Light mental activity.	<ul style="list-style-type: none"> • Up to 30 minutes of mental exertion, but no prolonged concentration, stay at home, no driving. • Progress to next level when able to handle up to 30 minutes of mental exertion without worsening of symptoms.
Step 3. Part-time School.	<ul style="list-style-type: none"> • Maximum accommodations (shortened day/schedule, built-in breaks, provide quiet place for mental rest, no significant classroom or standardized testing, modify rather than postpone academics, provide extra time, extra help, and modified assignments). • Progress to next level when able to handle 30–40 minutes of mental exertion without worsening of symptoms.
Step 4. Part-time School.	<ul style="list-style-type: none"> • Moderate accommodations (no standardized testing, modified classroom testing, moderate decrease of extra time, help, and modification of assignments). • Progress to next level when able to handle 60 minutes of mental exertion without worsening of symptoms.
Step 5. Full-time School.	<ul style="list-style-type: none"> • Minimal accommodations (no standardized testing, but routine testing ok; continued decrease of extra time, help, and modification of assignments; may require more supports in academically challenging subjects). • Progress to next level when able to handle all class periods in succession without worsening of symptoms AND medical clearance for full return to academics.
Step 6. Full-time School.	<ul style="list-style-type: none"> • Full academics with no accommodations (attends all classes, full homework).

Should symptoms continue beyond 3–4 weeks, prolonged in-school support is required. Request a 504 meeting to plan and coordinate. If you have questions, contact Oregon's TBI coordinator at 1-877-872-7246.

REMEMBER

Progression is individual. Every concussion is different. Student may start at any step as symptoms dictate and remain at each step as long as needed. Return to previous step if symptoms worsen. No return-to-play protocol should be implemented until after the student has returned to full academics.

THE TBI TEAM WORKGROUP MEMBERS

Melissa McCart: TBI Team Coordinator

Kari Baybado: Region 1, Eastern Oregon

Sue Hayes: Region 2, Central Oregon

Agnes Lee-Wolfe: Region 3, Southern Oregon

Vickie Jones: Region 4N, Linn, Benton, & Lincoln counties

Amanda Ford: Region 4S, Southern Oregon Coast (Coos & Curry counties)

Robin Simmons: Region 5, Willamette (Yamhill, Polk, Marion counties)

Karen Menne: Region 6, Columbia (Multnomah, Clackamas, Hood River, Wasco counties)

Wendy Friedman: Region 7, Lane

Cathy Jensen: Region 8, Northwestern Oregon (Clatsop, Columbia, Washington, & Tillamook)

<p>Brain 101 http://brain101.orcasinc.com</p>	<p>ORCAS, with funding from the National Institutes of Health, created an evidence-based interactive website for school-wide concussion management. When a concussion happens to a student, it's critical that the entire school community—staff, students and their parents—knows how to respond in ways that ensure the student's best chance of recovery.</p>
<p>BrainLine http://www.brainline.org http://www.brainlinekids.org</p>	<p>BrainLine is an extensive and easy to navigate site for preventing, treating, and living with TBI. Funded by the Defense and Veterans Brain Injury Center, the site offers basic information about TBI and the brain, as well as webcasts, "ask an expert", and specialized sections for TBI survivors, friends, family, and professionals. The BrainLine Kids area is devoted to helping kids with TBI.</p>
<p>Center on Brain Injury Research and Training www.cbirt.org</p>	<p>CBIRT conducts research and training to improve the lives of children and adults with traumatic brain injury (TBI). Information, tools, publications and training are available at the CBIRT website.</p>
<p>Center for Disease Control and Prevention (CDC) http://cdc.gov/traumaticbraininjury/</p>	<p>The Center on Disease Control and Prevention conducts research and offers programs, such as the "Heads Up" initiative, that "work to prevent TBI and help people better recognize, respond, and recover if a TBI occurs."</p>
<p>Colorado TBI Resource Network http://cokidswithbraininjury.com</p>	<p>The Colorado Traumatic Brain Injury Resource Network website was designed through funding from the Colorado TBI Trust Fund to help school professionals help students with TBI. The site serves as a tool for educators, school administrators, school psychologists, related service professionals, and families.</p>
<p>Get Schooled on Concussions http://www.getschooledonconcussions.com</p>	<p>Get Schooled on Concussions focuses on one page concussion fact sheets for teachers, administrators, school nurses, school mental health counselors, and parents.</p>
<p>Lash & Associates Publishing www.lapublishing.net</p>	<p>Lash & Associates is an excellent resource for all aspects of TBI. They offer books, tool kits and other resources to help treat and live with brain injury in children, adults, and veterans.</p>
<p>Project LEARNet www.projectlearn.net</p>	<p>LEARNet is a resource for teachers, clinicians, parents, and students that is provided by the Brain Injury Association of New York State. LEARNet aims to provide "anytime access" to TBI consulting services to all schools and families without the costs of a TBI specialist. The site offers video clips and information on specific problems for students with TBI.</p>