ABSTRACT
Purpose: To explore athletic trainers' perceptions of academic adjustments for student-athletes following a concussion.

Methods: Sixteen secondary school athletic trainers selected via criterion-based and random purposeful sampling were interviewed via telephone. Inclusion criteria were: certified by the Board of Certification; completed the Beliefs, Attitudes, and Knowledge of Pediatric Athletes with Concussions survey; and had a minimum of 5 years of athletic trainer experience in the secondary school setting. Following transcription, a four-person research team established thematic consensus.

Results: Athletic trainers identified five primary themes from the overall study. This study focused on two due to their overlapping goals: the importance of using formalized policy and a variety of academic adjustments for student-athletes with concussion and their perceptions of which key personnel should be included in a concussion management team.

Conclusions: This study demonstrates the need for, or enforcement of, policy, a defined progression, and a concussion management team within the school to successfully implement academic adjustments throughout recovery after concussion.


The cornerstone of concussion management includes physical and cognitive rest during the acute phase after injury, including removal of the athlete from environments that may stress the brain such as school and sport.\(^1\) Because the primary role of an adolescent is a student, efforts have recently emphasized the safe return to cognitive activities, including school.\(^2\)\(^-\)\(^4\) Therefore, it is important for health care providers in the secondary school to realize that when a student-athlete presents to the school-based health care facility (ie, athletic training facility or school nurse's office) with symptoms of a concussion, these symptoms can affect school performance. Interventions may be necessary to lessen the influence of injury on the academic aspects of the adolescent's life.\(^3\)\(^-\)\(^5\) Few studies have evaluated the effectiveness of cognitive rest,\(^6\)\(^-\)\(^8\)\(^-\)\(^10\) and more specifically the use of academic adjustments by health care providers managing sport-related concussion among children and adolescents.\(^11\)\(^,\)\(^12\) In a survey of athletic trainers by Williams et al.,\(^12\) academic adjustments were used in approximately half of all patients with concussion treated within the secondary school setting. Some of the common academic adjustments prescribed include: extended time on homework, delayed test taking, being allowed to wear sunglasses indoors, and only participating in half-days.\(^3\)\(^-\)\(^5\)

Although the school nurse may provide the best insight into student health throughout the school day, when available, the athletic trainer is most often the sole health care provider on-campus outside of regular school hours.\(^6\) For these reasons, concussion management should include a collaborative approach to care involving a comprehensive team that may include the athletic trainer, school nurse, team physician, parents, school counselors, teachers, and school psychologists.\(^3\)\(^-\)\(^5\)\(^,\)\(^13\)

Williams et al.\(^12\) captured baseline information on athletic trainers’ familiarity with and general involve-
ment in academic adjustments at the secondary school. However, the authors used a web-based survey to collect data, which limited the ability to gain an in-depth understanding of what policies and procedures were in place for academic adjustments, when they were initiated for a student-athlete with concussion, and how patients were individually treated.12 These details are important to be able to characterize the use of academic adjustments and the personnel involved in the academic adjustment process for the implementation of a concussion management team related to academic adjustments and for policy development. Therefore, the purpose of this study was to explore athletic trainers’ perceptions of the concussion management team and their experiences with academic adjustments procedures for student-athletes with concussion in the secondary school setting.

**METHODS**

This qualitative study used a consensual qualitative research (CQR) tradition, which is based in grounded theory and phenomenology.14,15 The CQR approach allowed the research team to gain insight into the participants’ perceptions and understanding of academic adjustments as a part of the concussion management plan for student-athletes in the secondary school setting. During data analysis, the CQR approach incorporates multiple researchers of varying levels of experience to reach consensus.14,15 The research team is described, in detail, in an earlier study.16 The team included four athletic trainers with differing levels of experience with CQR data analysis (two novices, one experienced, and one expert) and one auditor. The study was approved by the A.T. Still University Institutional Review Board and all participants provided both written consent via e-mail and oral consent before the interview to have the conversation recorded.

**Participants**

Criterion-based sampling was used to recruit potential participants from a convenience sample of athletic trainers who had previously completed an investigation identifying beliefs, attitudes, and knowledge of academic adjustments.13 To participate in this research study, athletic trainers had to meet the following criteria: (1) were certified by the Board of Certification, (2) completed the Beliefs, Attitudes, and Knowledge of Pediatric Athletes with Concussions survey,12 (3) had a minimum of 5 years of athletic training experience in the secondary school setting, and (4) had experience with prescribing or implementing academic adjustments. Random purposeful sampling was also used to invite individuals to participate in this study via random selection from a list of 414 potential participants of the previous investigation who met the predetermined criteria.13 Data saturation was confirmed after 16 athletic trainers (8 women, 8 men; age = 39.6 ± 7.9 years; athletic training experience = 15.1 ± 5.6 years) had been interviewed, meaning that the researcher was no longer gaining new information from participants. Participant demographics were described in detail in an earlier study.16

**Procedures**

A 12-item, semi-structured interview protocol was developed by the research team to explore participants’ perceptions and experiences with academic adjustments for student-athletes following sport-related concussion. Additional subquestions were added for clarification and to probe for more in-depth responses, when deemed necessary. Responses representing the themes presented in this study came from 9 of the 12 questions. The development of the interview protocol that was used for this investigation is discussed in a previous study.16 The researchers used stakeholders to develop and refine the protocol to gain perspective into what they believed to be the most important questions needing to be answered related to this topic.

One investigator contacted the randomly selected potential participants via e-mail. Following the receipt of consent from participants, individual telephone interviews were scheduled; each interview was approximately 30 to 45 minutes. The specific methods for recruitment and transcription for this study were previously described in an earlier investigation.16 Briefly, 100 secondary school athletic trainers were solicited who met the inclusion criteria, with 16 completing telephone interviews due to geographic diversity. In regard to transcription, all audio files were transcribed by a professional company (www.dictate2us.com; Dictate2Us, London, United Kingdom) verbatim with all identifiers deleted to protect participant anonymity. The study began in August 2014 and continued until November 2014, when the research team deemed the data were saturated for all interview questions.

**Data Analysis**

The data analysis procedures for this study have been previously described and used four progressive stages:16 initial code domains, extraction of core ideas, development of categories via multiple transcript cross-analyzation, and the establishment of frequencies relating to each category. Fre-
frequency was categorized as being “general” when applying to at least 15 participant cases, “typical” for 8 to 14 cases, “variable” for 3 to 8 cases, and “rare” if fewer than three participants discussed the category. Several strategies (ie, member checks, triangulation, and peer-debriefing) were used throughout the data analysis process to ensure representativeness of the data and reduce potential bias from members of the research team. As previously described,16 member checks allow the researchers to ensure the clarity and interpretation of participant responses. Triangulation was achieved by ensuring at least two members of the research team were involved in each step of the data analysis process, as well as the incorporation of an internal auditor to ensure all viewpoints were being considered.15 Additionally, the research team convened at the end of each phase of the data analysis process to ensure consensus had been achieved.

RESULTS

Data were part of a larger study pertaining to athletic trainers’ familiarity and experiences with academic adjustments, which identified five emergent themes. The current study focuses on only two themes (concussion management team and academic adjustments procedures) due to their frequently overlapping goals and hardships. Pseudonyms have been used to ensure anonymity.

Concussion Management Team

The importance of a multi-disciplinary concussion management team emerged as a theme. This theme was further reduced into three categories: school personnel, medical personnel, and parent/patient. The frequency of participant cases per category is displayed in Table 1 and additional data to support each category is provided in Table 2.

School Personnel. Generally, athletic trainers described open communication between multiple disciplines within the school (ie, school nurse, administrators, teachers, and counselors), along with the accessibility of these individuals to parents and patients, as necessary. Elizabeth remarked, “on a daily basis I speak with the athletic director and school nurse, but on a weekly basis I communicate with teachers and guidance counselors.” Participants also discussed how they communicated with school personnel regarding a student-athlete’s progress during recovery and the importance of ensuring the student-athlete with concussion also communicates with school personnel about the injury. However, in a rare case Jamie commented on how school administrators were only informed of concussion cases when longer-term academic modifications or accommodations are necessary:

Our administrators are not made aware on an individual basis unless we have a problem or a long-term issue. If we had a student that needed an IEP or 504 plan, then obviously, the higher-level administrators would get involved.

Medical Personnel. Along with the inclusion of school personnel, athletic trainers typically described inclusion of medical personnel as an important part of the concussion management team. Participants perceived that medical personnel should have a role in both the physical activity and cognitive recovery components of concussion management.

Parent/Patient. Typically, the parents and the patients themselves were noted as necessary members of the concussion management team. In particular, parents and patients play an important role due to the individualized nature of concussion management, expectations associated with recovery, and importance of post-injury education.

Academic Adjustments Procedures

Another recurring theme that emerged was the procedures required for the successful implementation of academic adjustments within the secondary school setting. The data were reduced into three categories: academic adjustments policy, types of academic adjustments, and return-to-school progression. The frequency of participant cases per category is displayed in Table 1 and additional data to support each category are available in Table 3.
<table>
<thead>
<tr>
<th>School Personnel</th>
<th>Medical Personnel</th>
<th>Parent/Patient</th>
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<tbody>
<tr>
<td><strong>Concussion Management Team Theme</strong></td>
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<td>Basically what we will do is every time there is a head injury, I'll meet with the school nurse and she'll forward that information to the student support staff and from there we'll determine if they need any adjustments or not. (Bill)</td>
<td>If the physician has seen the student we communicate with them to get a note to see where their progress is and to see if there are any academic adjustments provided. If provided, we then are responsible for managing the academic adjustments. (Jessica)</td>
<td>We keep the parents in the loop too because we can suggest you keep your child home and we can suggest half days, but ultimately at the end of the day if the parent does not want to take the student out of school, then [the student] is going to be at school. (Linda)</td>
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<td>I was able to provide feedback to [the student-athlete’s] teachers and let them know how he was doing, what areas he was saying he was having difficulties with and what areas he was doing fine with. (Amanda)</td>
<td>We have regular communication with our health services department. Our physician is also on campus three days per week in which one of [the athletic trainers] attends all of the appointments. Our orthopedist is also on campus one day per week this year and I am in regular communication with our neurologist. (Paul)</td>
<td>We will immediately communicate with the student’s family and describe what is going on with their child. If we are able to speak to them face to face, I will give them a handout with take home instructions, do’s and don’ts, what to do later that day/evening until [the child] can be re-evaluated. We will also give them a copy of our school’s policy so they kind of understand long-term what is expected of their child before they can resume activity. The handout also touches on academics as well and the importance of just slowing down what they are doing academically to recover faster. (Robert)</td>
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<td>We communicate with the teachers and the [school] counselor, but it is also on the students to directly communicate with the teachers to figure out which adjustments can work best for them. (Rebecca)</td>
<td>We focus on constant communication between myself, the school nurses and the physician if they went to one. It helps keep that open communication. (Bill)</td>
<td>I would say there is not a day that goes by that I don’t talk to the parent in some capacity to update them on things the [student-athlete] can or cannot do and for information pertaining to referrals. Parents are key and I talk to them daily. (Joe)</td>
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<td>We tell the counselor and the teachers short-term, we’re going to give them some very broad academic accommodations until we hear back from the doctor and the doctor may come up with more specific accommodations at that time. (Robert)</td>
<td>—</td>
<td>The dean of students will also communicate with the parents regarding expectations upon the academic accommodations being lifted. (David)</td>
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<td>We [athletic trainers] basically start the academic accommodations protocol with the initial communication from me. (Linda)</td>
<td>—</td>
<td>The parents get a copy of what our procedures are and the forms the physician has to fill out. As the physician fills them out, the parents get a copy of what’s going to be provided in school and we hope that those accommodations are also endorsed, encouraged, and supported in the home environment. We certainly follow the doctor’s accommodations in the school and we hope that the parents understand what it means when they get home and that they accommodate at home also. (Elizabeth)</td>
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*Pseudonyms have been used to ensure anonymity.*
### TABLE 3

**Participant Quotes to Support Academic Adjustments Procedures Theme**

<table>
<thead>
<tr>
<th>Academic Adjustments Policy</th>
<th>Types of Academic Adjustments</th>
<th>Return-to-School Progression</th>
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<td>We try to take a similar approach as we do with our [return-to-activity] progression where it is multi-phased; [the policy] is based on symptoms and what the student can do without triggering their symptoms. (Robert)</td>
<td>Often the adjustments are: “needing extra time on projects, reading, test taking, having the test read to the student, using a calculator on tests, preferential seating in the classroom,” etc. (Suzie)</td>
<td>Academic adjustments generally start with complete rest for the individual. Once they become symptom-free, they come back to the high school setting academically. Generally, we start on a half-day basis to see how well they tolerate that. If they can tolerate that, then they progress to full days. During that time, we ask the teachers to modify the class work. We integrate them back in slowly as they can handle it until they are back to full days and they are symptom free. Once they are symptom free and they've regained their academic ability, then they start to come back as far as athletics. I work closely with the school nurse and the school nurse follows up with the teachers and counselors. (Tom)</td>
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<td>[Our policy] standardized as far as generality, but each individual is accommodated on their own case-by-case basis. Obviously, we can’t just cookie cutter everybody into one form of management, but we have a basic premise or a basic program or protocol that we follow. (Tom)</td>
<td>If the child is struggling with cognition or reading, we would have him take his test in the testing center where somebody could read it to him. It’s also providing alternate methods of teaching. In English class, there is a lot of reading that occurs and so an audio book perhaps would maybe be an alternative. (Linda)</td>
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<td>[The student-athlete] will receive academic adjustments as prescribed by the physician and if that should happen we have personnel at the school that form a committee in order to determine what the best needs for the student are. (Hannah)</td>
<td>If the child is struggling with cognition or reading, we would have him take his test in the testing center where somebody could read it to him. It’s also providing alternate methods of teaching. In English class, there is a lot of reading that occurs and so an audio book perhaps would maybe be an alternative. (Linda)</td>
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<td>I’ve found with parents if you say it face-to-face immediately they aren’t retaining information, so we follow up with what’s going to happen in the next few weeks such as benchmarks for your student and what the student needs to do in order to move to the next phase. (Jessica)</td>
<td>She had half days, modified homework assignments, more time on tests. It actually affected our state testing as well. She had to get a postponed test because of the head injury. (Bill)</td>
<td>We recommend the student stay home until they can tolerate reading for 10-15 minutes without symptoms. Then they can come back for half-days. And then once they are asymptomatic is when we recommend they come back for full days. (Linda)</td>
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<td>We communicate to the counselor that something is going on but for these [accommodations] to have weight behind them, particularly if we’re getting to the end of a grading period, we have to have that doctor’s note. (Rebecca)</td>
<td>We had half days, modified homework assignments, more time on tests. It actually affected our state testing as well. She had to get a postponed test because of the head injury. (Bill)</td>
<td>We meet with them [the concussed student] at the end of the day and ask what challenges they had in school, certain classes might bother them, and communicate that to everyone involved for the next day. (Linda)</td>
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<tr>
<td>We put a return-to-learn policy in place to avoid having to do a formal 504 plan. (Elizabeth)</td>
<td>We had half days, modified homework assignments, more time on tests. It actually affected our state testing as well. She had to get a postponed test because of the head injury. (Bill)</td>
<td>We kind of impose our own academic accommodations. For instance, the first day back [from a concussion] they don’t have to take multiple tests on the same day. We try to space them out for the benefit of the child. (David)</td>
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*aPseudonyms have been used to ensure anonymity.*
**Academic Adjustments Policy.** Athletic trainers generally described informal school policies regarding academic adjustments driven by a student's symptom presentation and guided by physician direction. They also discussed the inconsistencies in current concussion management plans due to the lack of formalized policies. Elizabeth explained, "We put a return-to-learn policy in place really to avoid having to do a formal 504 plan." Athletic trainers also described the policies and procedures of how academic adjustments are incorporated when prescribed by physicians. However, in a rare case, Dave described how the private school infrastructure allowed flexibility:

> We’re a private institution so we don’t have to abide by any kind of standards. So we just do what the doctor says and we adjust their schedule as needed. Our dean of students will allow them to just be in academic classes, things of that nature, or give them a break from their electives. So, our dean of students kind of handles that, we don’t really follow any formal plan.

**Types of Academic Adjustments.** Athletic trainers typically described the presence of numerous options for academic adjustments and the type of adjustment ultimately incorporated into a patient’s concussion management plan corresponding with symptom presentation. Participants also discussed the utilization of resources available, such as parent and academic center involvement. In a rare case, Amanda noted that academic adjustments were infrequently used for student-athletes with concussion: “We have students [who] come in with 504 plans and things like that and we can use that for testing situations, but specifically for concussions, we do not use [academic adjustments].”

**Return-to-School Progression.** In addition to the use of specific academic adjustments, participants described variations in a progressive implementation of academic adjustments, which is based on meeting with the student-athletes and symptom resolution. Jessica stated, “We meet with the student every day until they gradually return to class full-time. We also specify the approximate amount of time they are allowed to study each night to avoid triggering their symptoms.” Furthermore, participants revealed that student-athletes with concussion are encouraged to only return to school on a part-time basis until they are asymptomatic and able to attend all classes without difficulty.

**DISCUSSION**

The findings of this qualitative study reveal athletic trainers with experience of academic adjustments perceive successful implementation of academic adjustments is based on the use of a formal policy, individualized return-to-learn progressions, and a multidisciplinary team. Up to 55% of students in the secondary school setting participate in interscholastic athletics and are vulnerable to concussion, making formal policy development important. Therefore, it is prudent for schools to evaluate the efficiency and efficacy of available medical staff to emphasize return to play and return to learn during recovery.

**Concussion Management Team**

Concussions affect skills needed to be successful in the classroom, such as attention and concentration, working memory, memory consolidation and retrieval, and processing speed and fatigue. However, these cognitive tasks are often assessed by the medical providers and information from them is not always provided to school personnel to aid in the implementation of academic adjustments, resulting in a fragmented system. This further demonstrates the need for a multidisciplinary concussion management team and aligns with current best practice recommendations. Several consensus documents suggest the use of a collaborative management approach for sport-related injuries in the secondary school. By using a team approach, patient outcomes can be enhanced by allowing the strengths of all members to be complementary, inhibiting unnecessary duplication of efforts, and providing clearly defined roles. For example, because teachers and school counselors have constant interaction with the student throughout the school day, these key personnel can provide health care providers with information about the appearance of symptoms and insight into academic performance for a student during recovery.

To develop appropriate academic plans for student-athletes with concussion, the concussion management team should identify a point person to coordinate various team members and assist with implementation of the plan. Generally, the need for a point person was identified by participants for the facilitation of academic adjustments; however, there was disagreement on who should serve in this role. Although there is no clear recommendation available, current literature suggests that the athletic trainer or school nurse may be ideally positioned to serve as the point person or case manager for the concussion management team.
management team. School principals identified an athletic trainer as their point person 51% of the time, however, recent data indicate that although 86% of secondary schools have access to an athletic trainer, only 37% of schools have one full time. Therefore, because the athletic trainer might be unavailable to serve as the point person at all schools, the school nurse may be better suited to fulfill that role.

In addition to school and school-affiliated health care personnel, the concussion management team should also include medical professionals, including the team or family physician, or any appropriate concussion specialists experienced in concussion assessment. Although these individuals are traditionally involved in return-to-activity aspects of recovery, they also play an important role in the cognitive recovery of the student-athlete. However, several barriers may affect their involvement, including the availability and proximity of specialists and the presence of established relationships with other providers. Reportedly, only 33% of athletic trainers employed in the secondary school setting have access to a neurologist and 27% to a neuropsychologist. Limited access to established relationships with medical providers specializing in concussion may negatively affect the development of a well-rounded concussion management team.

When concussion specialists are unavailable, community-based physicians are often relied on to provide care for student-athletes with concussion. However, patients are frequently referred to health care professionals who lack experience with concussion, negatively affecting the patient’s outcome or leading to unnecessary referrals. One study reported that 64% of physicians know the premise of cognitive rest, but only 2% of those physicians were able to describe what cognitive rest entails. More alarming, only 28% of patients were provided return-to-school instructions at their initial physician visit following a concussion. Most athletic trainers in the current study identified that to implement academic adjustments for a student-athlete with concussion, physician prescription was required. Therefore, medical professionals (regardless of discipline) involved in the concussion management team, including community-based physicians, need to be well educated on the importance of cognitive rest and academic adjustments.

Finally, parents and patients themselves play critical roles in the concussion management team. Once provided with information to understand expectations during recovery, they are able to provide patient perspective during decision-making processes. Parents also provide a unique perspective regarding changes noticed within the home environment. The parent is ultimately the decision-maker when returning the child to school, but input from health care professionals and school personnel needs to be considered to resolve concussion-related issues optimally.

**Academic Adjustments Procedures**

Despite the well-documented need for treating student-athletes with concussion with a collaborative approach, information is lacking regarding procedures for implementing academic adjustments. To help identify this gap, we sought to explore current academic adjustments policies and the types of academic adjustments used by a sample of athletic trainers in the secondary school.

Since traumatic brain injury was added as an educational disability to the Individuals with Disabilities Education Act in 1990 (http://idea.ed.gov), the need for policy is particularly important so student-athletes with concussion may qualify for special adjustments. Although our participants described a variety of policy types, several inconsistencies regarding the development and implementation of these policies exist. Interestingly, those employed in private schools were less likely to implement formal academic adjustments during long-term care. Due to the flexible infrastructure of a private institution, athletic trainers may have the ability to modify academics for a student-athlete with concussion as they see fit without a formalized policy altering the student’s curriculum, which may be required at a public institution.

Athletic trainers may also perceive inconsistencies with academic adjustments policies depending on the prescribing provider. Most participants indicated that the patient’s primary care provider often initiates academic adjustments, which results in variations in specific academic adjustments prescribed. Physicians have well-documented levels of training that vary for concussions, and more specifically academic adjustments. Therefore, cognitive rest recommendations may not be used equally across all concussion cases. This is of particular importance because some school policies cannot implement academic adjustments without physician prescription. Thus, variations in health care providers’ prescription of academic adjustments may cause problems with effective concussion management and communication with student-athletes and limit the ability of the concussion management team to function according to their policy.

Although there were inconsistencies in the types and prescription of academic adjustments for student-
athletes with concussion, our participants described an individualized and primarily symptom-driven return-to-school progression as important, which is consistent with current literature recommendations.\textsuperscript{5,10,20} Developing an individualized return-to-school progression allows the student-athlete to prioritize academic work and permits the academic adjustments to evolve as symptoms improve.\textsuperscript{5} Unfortunately, there is insufficient literature confirming best practices to return student-athletes with concussion to the classroom.\textsuperscript{3}

Despite the need to lessen cognitive activity for the benefit of recovery, researchers have established that strict rest and complete removal from the classroom until full, asymptomatic recovery is achieved could prolong symptom resolution and increase levels of anxiety if the student-athlete feels he or she is falling behind academically.\textsuperscript{5,6,10} Instead, a return-to-school progression should find a balance between cognitive rest and cognitive activity. Cognitive activities should gradually increase without increasing the severity of symptoms experienced by the student-athlete.\textsuperscript{19,23} However, the duration of a return-to-school progression may vary across concussion cases and should be solely dependent on the student-athlete’s ability to complete cognitive tasks without exacerbating symptoms.\textsuperscript{11,13}

**Study Limitations**

We used a convenience sample of athletic trainers who took part in a previous investigation that assessed knowledge, attitudes, and beliefs of academic adjustments as part of the concussion management process. Therefore, these participants were from a nonrandomized sample of the population, which may limit generalizability. Due to the anonymous nature of the previous study, we were not able to compare the previously self-reported quantitative data with the qualitative responses of this investigation. Further research is necessary to determine the perceptions of academic adjustments among the other members of the concussion management team, as well as their experiences during implementation of academic adjustments. More research is also needed to understand which factors influence successful concussion policies and procedures in the secondary school setting.

**IMPLICATIONS FOR CLINICAL PRACTICE**

A multidisciplinary concussion management team consisting of school personnel, medical personnel, parents, and the patient should be developed to appropriately manage academic adjustments following concusion.\textsuperscript{29} As a team, these individuals can positively affect patient care for both implementation and management of academic adjustments. Therefore, it is important to foster collaborative relationships with potential team members prior to an injury occurring. Despite noted inconsistencies regarding the initiation of specific policies, a return-to-school progression needs to be individualized.\textsuperscript{5,20,29} The concussion management team can help to identify which types of adjustments the patient will benefit from to achieve optimal patient outcomes.

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