

# The Virginia Concussion Initiative

## *Supporting all Minds*

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**An interdisciplinary approach to protecting and supporting all minds.**

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# Objectives

- What is VCI
- Background on Concussion
- Why is Pediatric Concussion Important
- Supporting All Minds
- VCI Resources
- How can we help each other



*Supporting all minds*



# Virginia Concussion Initiative

## *Supporting all minds*



VIRGINIA ASSOCIATION OF SCHOOL NURSES



Special Olympics





# Interdisciplinary Approach



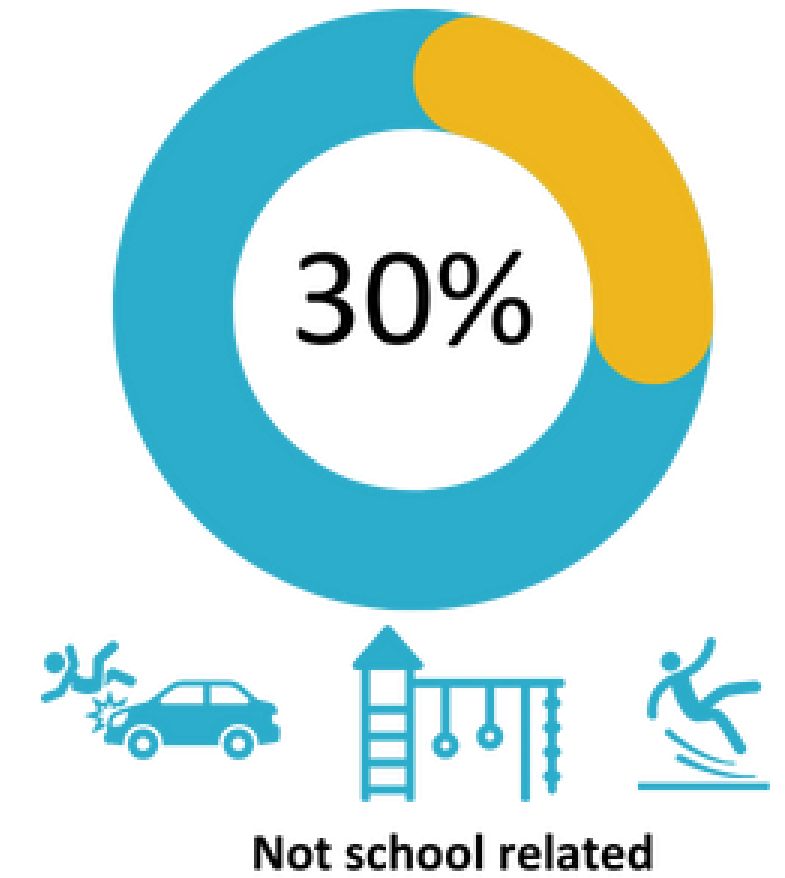
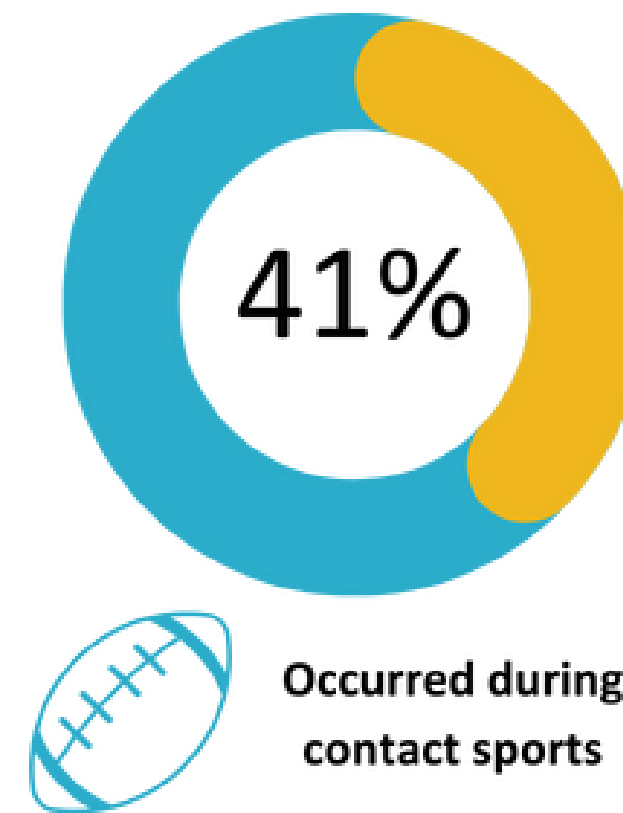
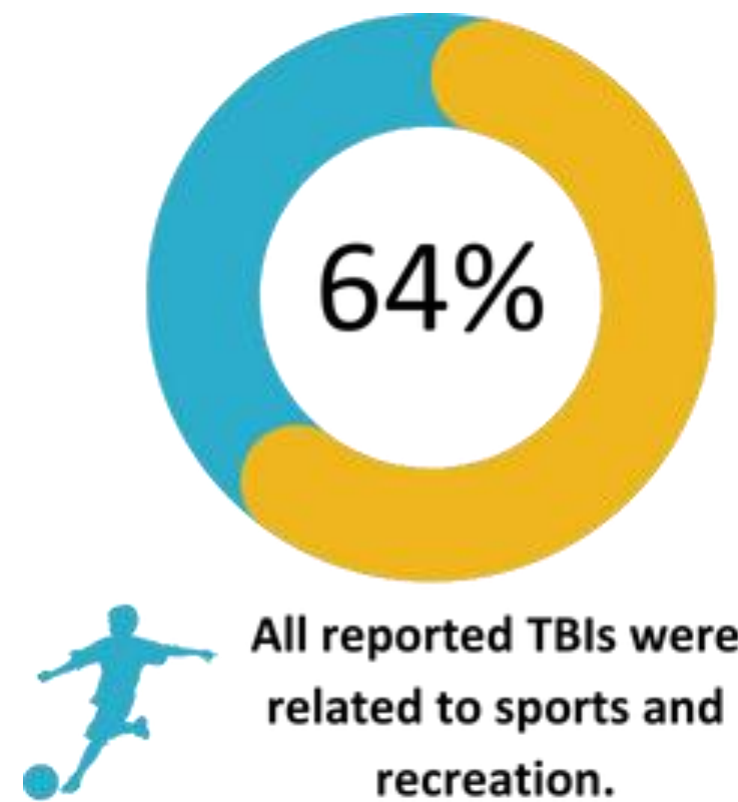
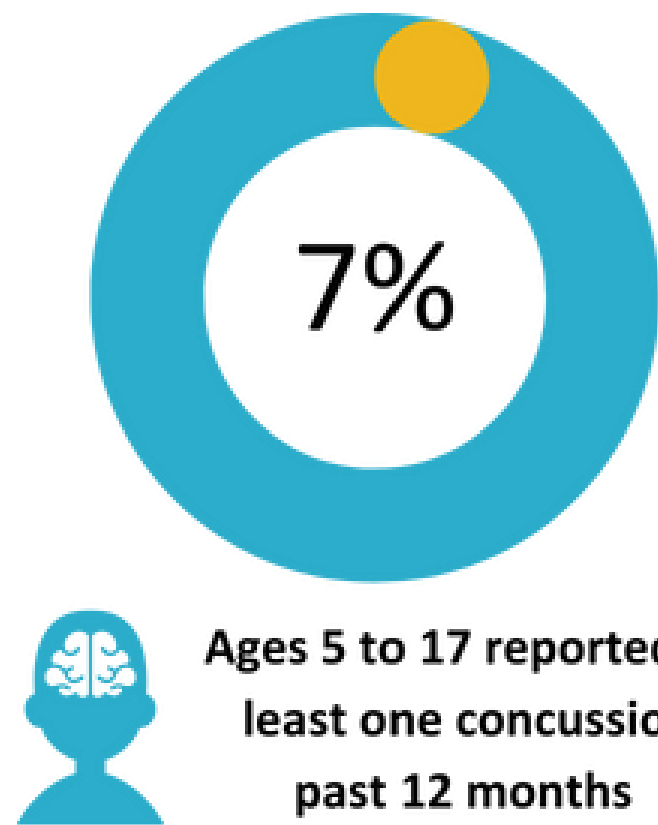
Virginia  
Concussion  
Initiative



# Concussion - the Basics

# Concussion in School Age Children

Peterson AB, Waltzman D, Daugherty J, Chen J, Breiding M. Sport and Recreation Related Concussion in Children: National Concussion Surveillance System. *American Journal of Preventive Medicine*. 2024;67(3):370-379. doi:[10.1016/j.amepre.2024.05.003](https://doi.org/10.1016/j.amepre.2024.05.003)



# Concussion – the basics



**Blow or hit to the head/body which results in significant movement/strain of the brain**



**Cause changes in neurometabolism and neurotransmission**



**Depletes the body's energy**



**SIGNS**  
(what you observe)

**Symptom**  
(what they report)

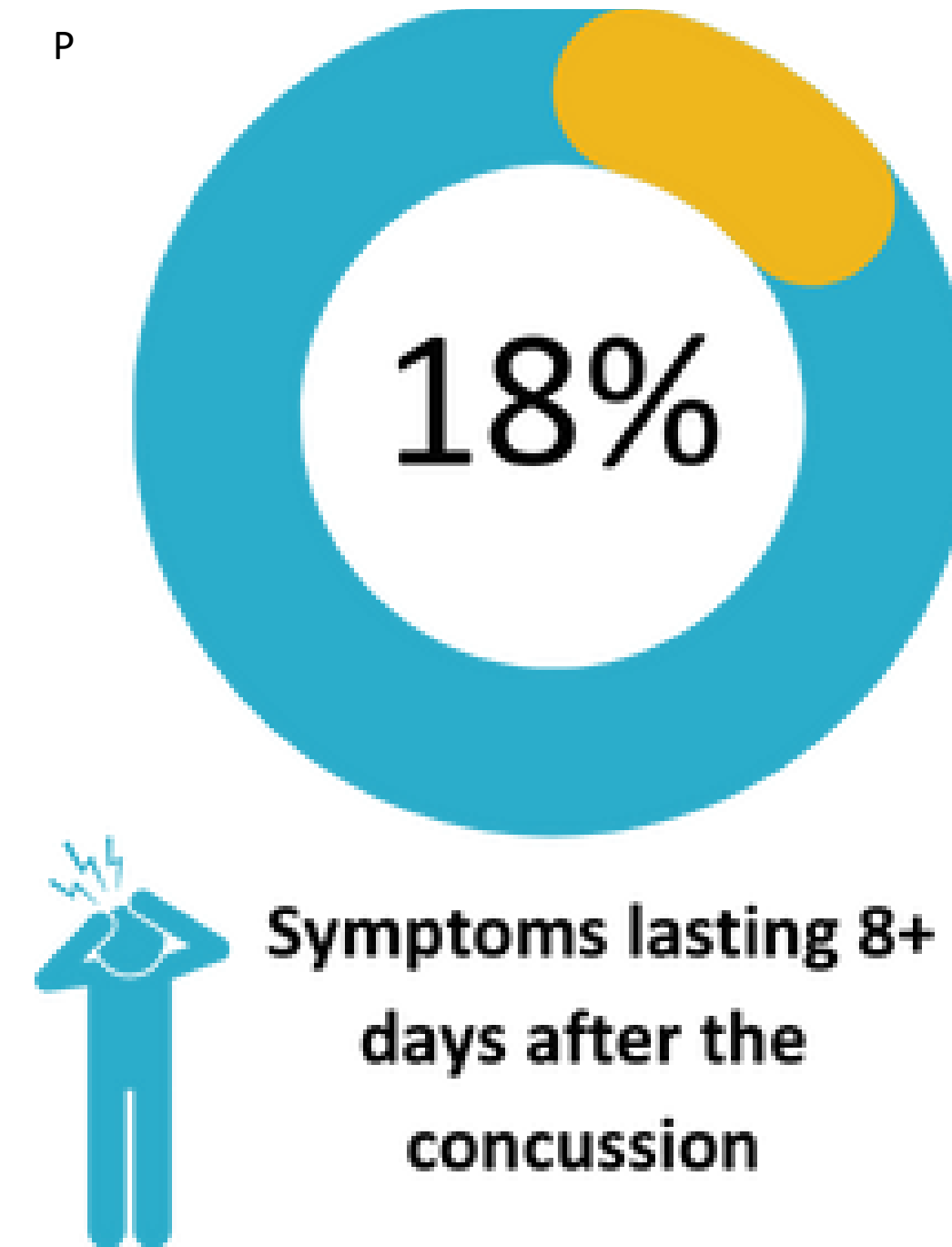




# Concussion – the basics

Signs (What you observe)	Symptoms (What they report)
<b>Cognitive</b>	
Dazed	Mentally foggy
Slow to respond	Difficulty concentrating
Unable to recall events	Difficulty remembering
Repeated questioning	Feeling slowed down
<b>Physical</b>	
Vomiting	Nausea/vomiting
Balance problems	Balance problems
Fatigue/drowsiness	Fatigue/drowsiness
	Visual problems
	Dizziness
	Sensitivity to light/noise
	Numbness/tingling
<b>Emotional</b>	
Increased irritability	Irritable
Sadness	Sad
Nervousness	Nervous
Emotional reactivity	More emotional
<b>Sleep</b>	
Sleeping more/less	Sleeping more/less
Daytime fatigue/drowsiness	Fatigue/drowsiness
	Trouble falling asleep or staying asleep

P



# Typical Recovery Expectations

- The number and severity of concussion symptoms are typically greatest within hours of the injury and gradually improve over days
- **The initial symptom burden is the greatest predictor for return to school**
- Most concussion symptoms improve significantly within one month in youth
- 70-80% of children will demonstrate functional recovery by 1-3 months

## **No Two Concussions are Alike!**

Students with concussions require school supports that vary in duration and intensity

Putukian, (2023); CDC Clinical Guidance for Pediatric mTBI (2024)

# Pediatric Concussion

*Supporting all minds*

# VCI: Supporting *all* Minds

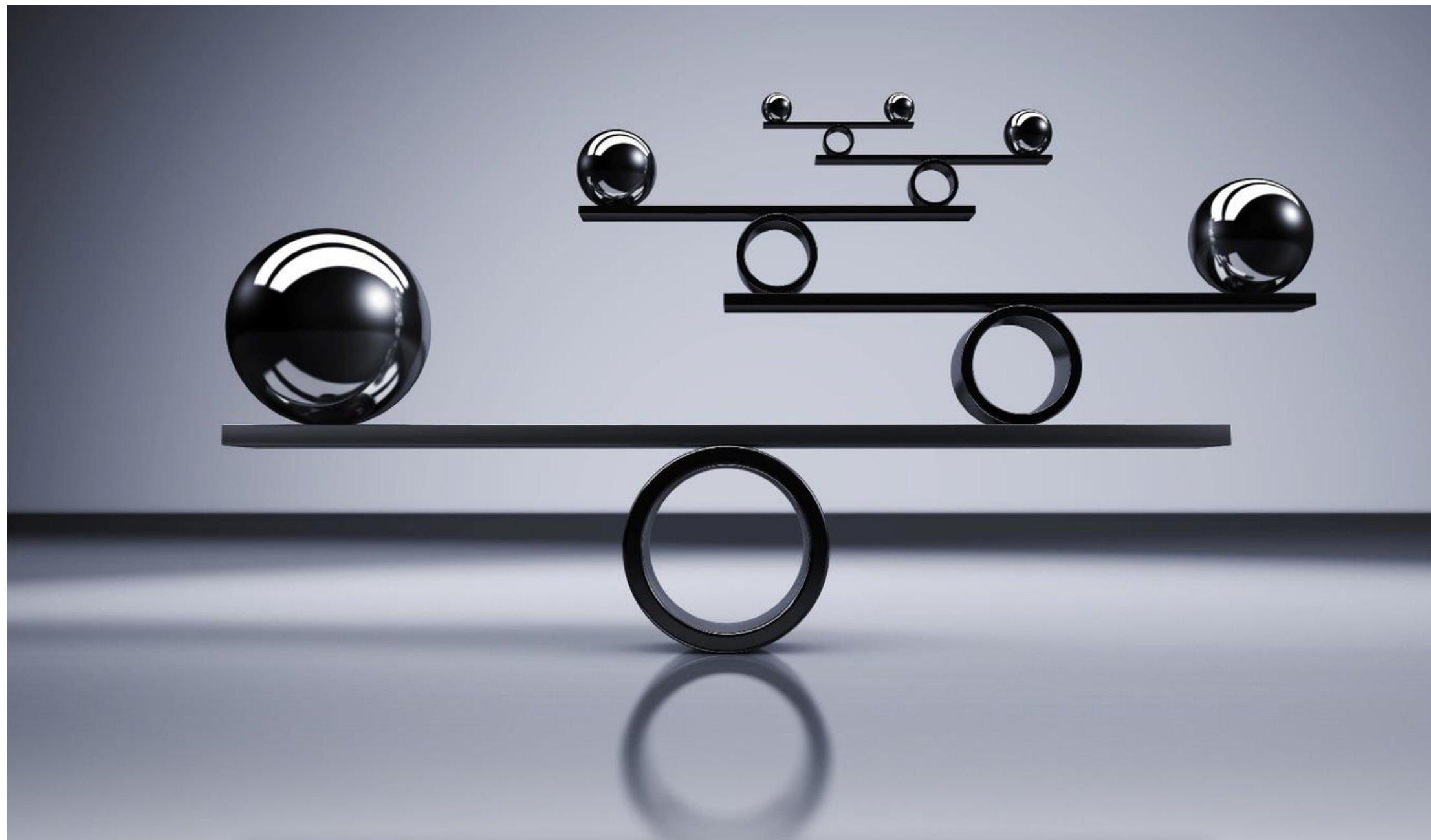


Lifespan



Symptoms (What they report)
<b>Cognitive</b>
Mentally foggy
Difficulty concentrating
Difficulty remembering
Feeling slowed down
<b>Physical</b>
Nausea/vomiting
Balance problems
Fatigue/drowsiness
Visual problems
Dizziness
Sensitivity to light/noise
Numbness/tingling
<b>Emotional</b>
Irritable
Sad
Nervous
More emotional
<b>Sleep</b>
Sleeping more/less
Fatigue/drowsiness
Trouble falling asleep or staying asleep





## Exertional Effects Are Important

Increasing symptoms

May arise from increased cognitive or physical activity

A valuable tool for guiding recovery

Ignoring may lead to prolonged recovery

# In Young Children or Individuals With Greater Communication Challenges:

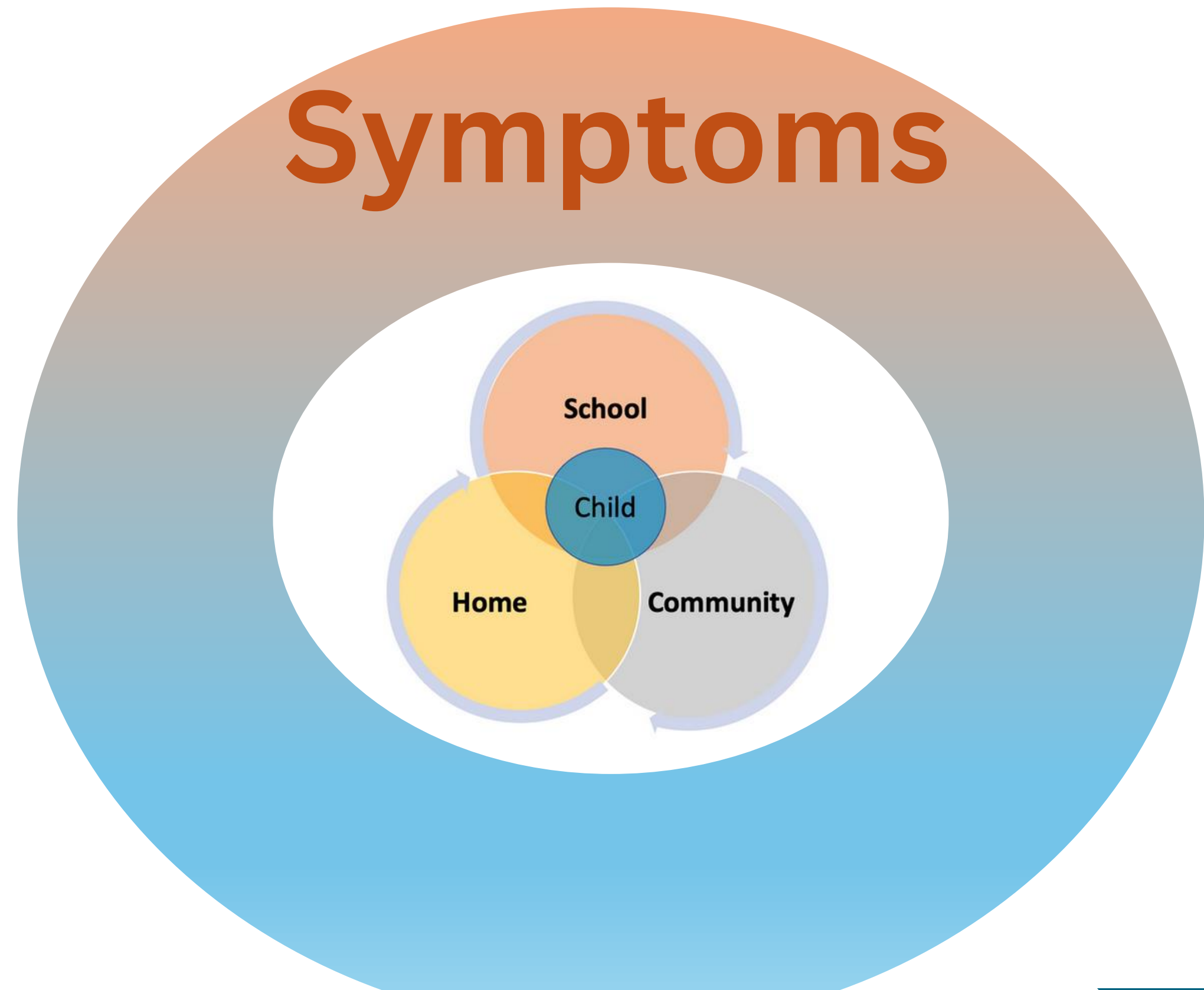
Look for unusual changes in a young child's behavior.

- More “clingy” or fussy
- Avoid their favorite activities or toys- sensitive to noises / lights
- Seem to have less energy or stamina to engage in their normal routines
- Changes in their sleep routine

# Concussion symptoms impact children in many ways and in **all** settings

## Healthcare Providers

- Pediatrician
- Athletic Trainer
- Physical Therapist
- Neuropsychologist
- Optometrist
- Pain Medicine
- Psychologist
- Neurologist
- School Nurse
- Sports Medicine Physician



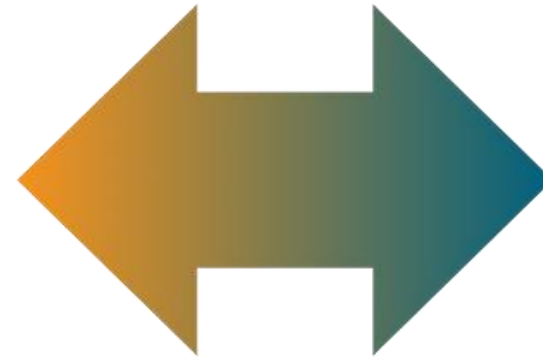
# Concussion Effect in School (Due to Neurochemical Change)

- Fatigue, headaches, dizziness interfering with attendance
- Difficulty concentrating
- Trouble with new learning or remembering information
- Sensitive to lights/noises
- Trouble reading (visual tracking, headaches)
- Processing information slowly
- Assignments take longer
- Increased stressed: Amount of work feels overwhelming & feeling isolated

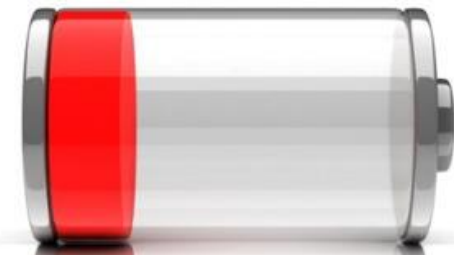


# Direct impact of concussion in the school setting

Concussion Effect  
(Due to Neurochemical  
Change)



Demand / Effect of School



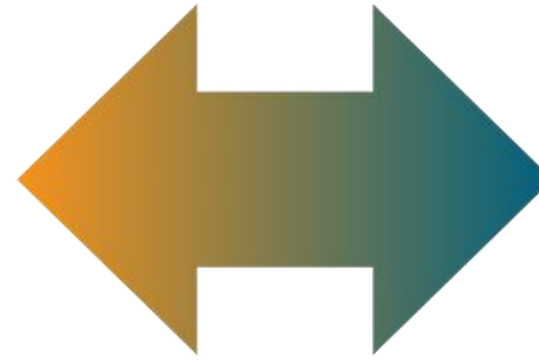
## Demands:

- Amount or pace of work
- Balancing make-up & current work
- May or may not permit rest breaks
- Consistent application of accommodations / supports across the day
- Physical requirements: PE
- Stress management
- Continual increased cognitive exertion (can increase symptoms leads to stress...and more increased symptoms)

# Direct impact of concussion in the school setting

## Concussion Effect (Due to Neurochemical Change)

- Fatigue, headaches, dizziness interfering with attendance
- Difficulty concentrating
- Trouble learning or remembering information
- Symptoms (e.g., headache) worsen with concentration
- Processing information slowly
- Work takes longer
- Amount of work feels overwhelming



## Demand / Effect of School (Amount or Pace of Work)

- Continual increased cognitive exertion (can increase symptoms and leads to stress)
- Balancing make-up & current work
- Availability for *meaningful* rest breaks
- Consistent application of accommodations / supports across the day
- Physical requirements: PE
- Stress management

# Concussion Management

## Healthcare Providers

- Pediatrician
- Athletic Trainer
- Physical Therapist
- Neuropsychologist
- Optometrist
- Pain Medicine
- Psychologist
- Neurologist
- School Nurse
- Sports Medicine Physician



**Symptoms**

# Managing exertional effects will support recovery

## **Educational consequences can be profound from concussion**

- Multidisciplinary team is critical (Concussion Management Team, or CMT)
- Moderate student activity level
- Establishing clear, individualized plans
- Goal (Academic and Clinical): Gradual return to activity



# Long-Term Risks

- Increased risk of mental health issues, psychiatric hospitalization, and self-harm
- Metabolic and structural neurological changes
- Previously concussed children have four times the risk of sustaining a concussion compared with those with no previous concussion history
- Negatively influence cardiovascular function and the autonomic nervous system
- Can show neurocognitive variability in processing speed, fluid reasoning, aspects of executive functioning (working memory), attention, and long-term retrieval

# Neurodiversity and Concussion



**ACCESS TO CARE**



**ASSESSMENT**



**INJURY  
MANAGEMENT**



## ACCESS TO CARE

### Disparities within Concussion Care

- Concussion knowledge
- Symptom recognition
- Cognitive post-injury symptoms
- Baseline testing scores
- Number of reported SRC
- Lower incident rates
- Diagnosis and management in ED

### Barriers to Receiving Concussion Care

- Insufficient workforce (athletic trainers)
- Lack of training in allied health professionals
- Days since injury to first clinical care appointment

**17% of children and adolescents diagnosed with a neurodevelopmental disorder**

*(CDC & HRSA 2009-2017 data)*



**More likely to sustain a concussion**

*(Gunn, Broglio, McCrea, 2019; Iverson, Wojtowicz, Brooks, et al., 2020 )*



**ACCESS TO  
CARE**

## **Additional Basic Communication Barriers in Healthcare**

- Knowing where to start
- Rigidity of healthcare environment
- Relying on others as advocates
- Additional appointment time needed for person-centered care
- Practicing through lens of uncertainty
- Nature of neurodiversity is rejected

*(Cashin, Morphet, Wilson, & Pracilio, 2024)*

# Concussion in para sport: the first position statement of the Concussion in Para Sport (CIPS) Group

Richard Weiler ,<sup>1,2,3</sup> Cheri Blauwet ,<sup>4,5</sup> David Clarke,<sup>6</sup> Kristine Dalton ,<sup>7</sup> Wayne Derman ,<sup>8,9</sup> Kristina Fagher ,<sup>10</sup> Vincent Gouttebarga ,<sup>1,11</sup> James Kissick ,<sup>12,13</sup> Kenneth Lee ,<sup>14</sup> Jan Lexell ,<sup>10</sup> Peter Van de Vliet ,<sup>15</sup> Evert Verhagen ,<sup>1</sup> Nick Webborn ,<sup>16</sup> Osman Hassan Ahmed ,<sup>3,17,18</sup>

## Guidance for those with Intellectual Impairment

Concussion suspected—remove athlete from play	Brief period of physical and cognitive rest	Gradual and progressive increase in activity while staying below their cognitive and physical exacerbation thresholds (activity should not worsen symptoms)	Graduated return to activities. Return to school should come before return to sport.	Return to school strategy: 1. activities at Home that do not produce symptoms, 2. School activities at home, 3. Return to school part time, 4. Return to school full time	Return to sport strategy: 1. symptom limited activity, 2. Light aerobic exercise, 3. Sport specific exercise, 4. Non-contact drills, 5. Return to sport	Management of persistent symptoms (symptoms which persist beyond 10–14 days in adults, or beyond 4 weeks in children)
al nt	No variation from standard management	No variation from standard management; may have difficulty with understanding instructions and compliance	No variation from standard management; may have difficulty with understanding instructions and compliance	Specific/unique strategies may be needed depending on degree of intellectual impairment and symptoms post-concussion	No variation from standard management; may have difficulty with understanding instructions and compliance	CBT can be performed for individuals with II but should be adapted <sup>17,18</sup> ; may have difficulty with understanding instructions and compliance

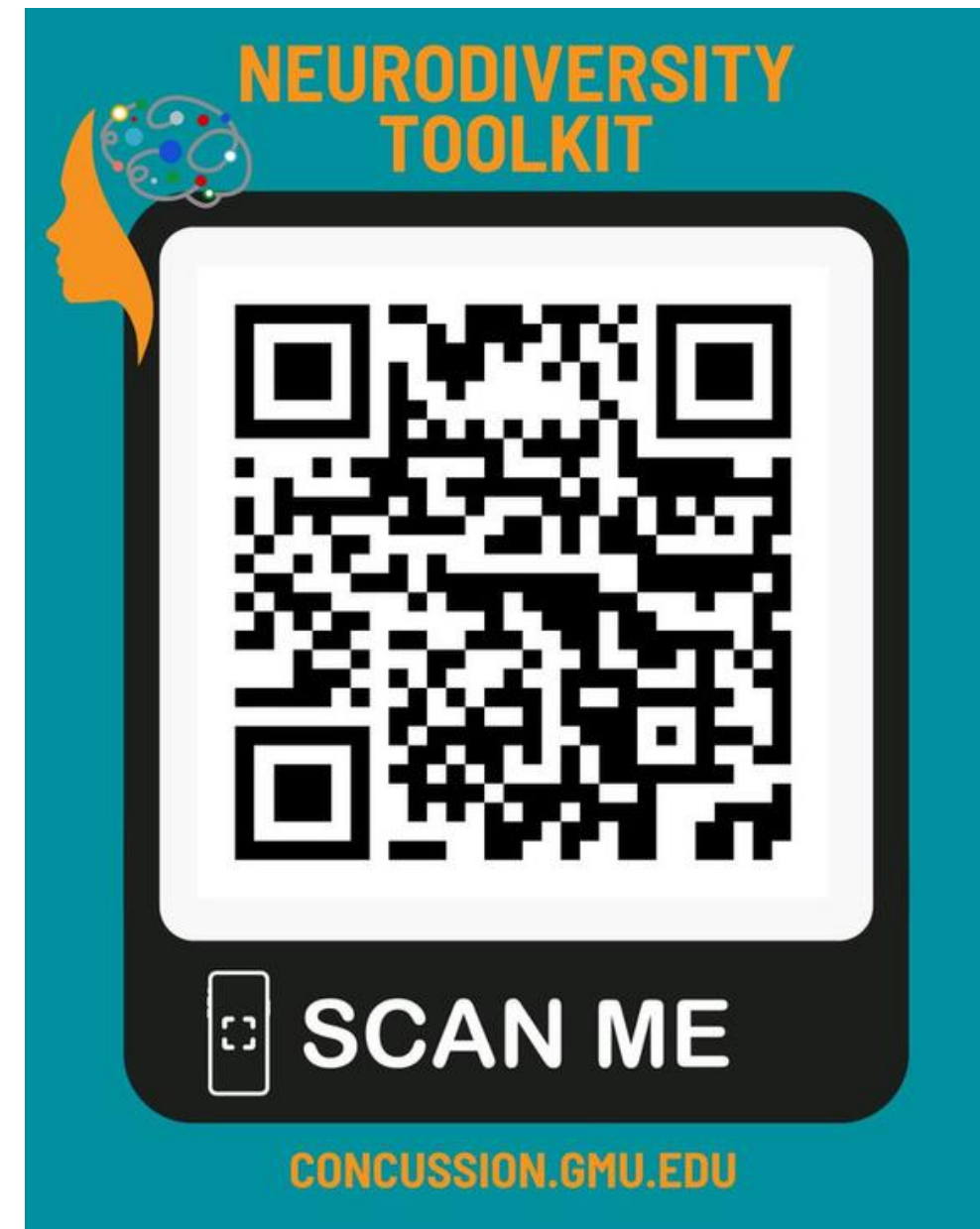


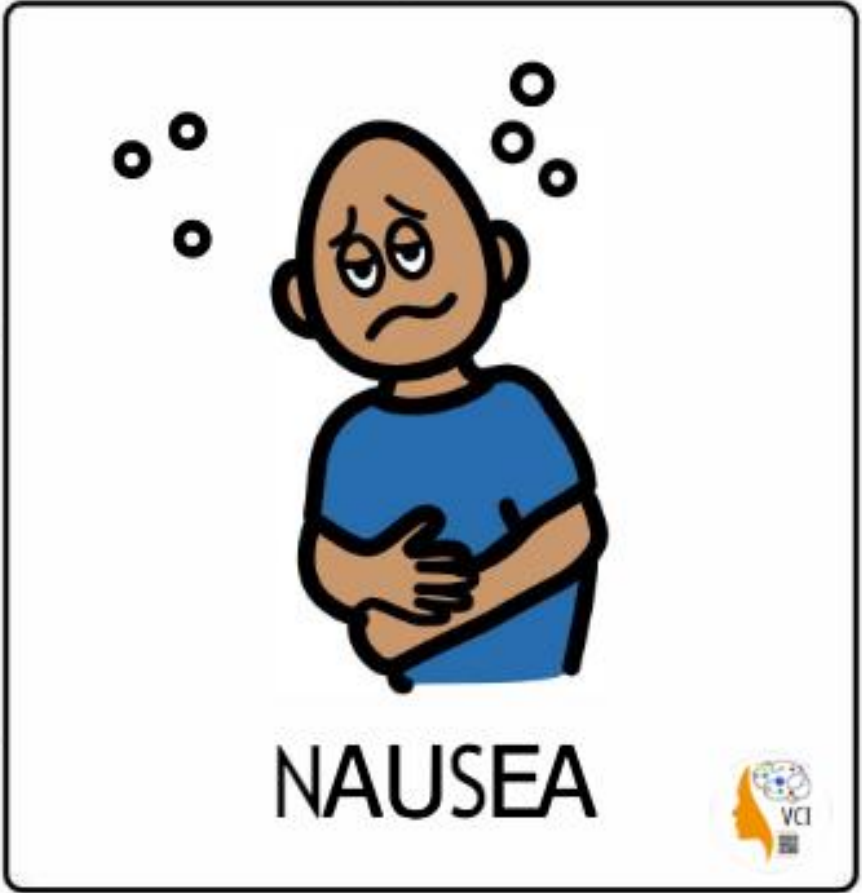
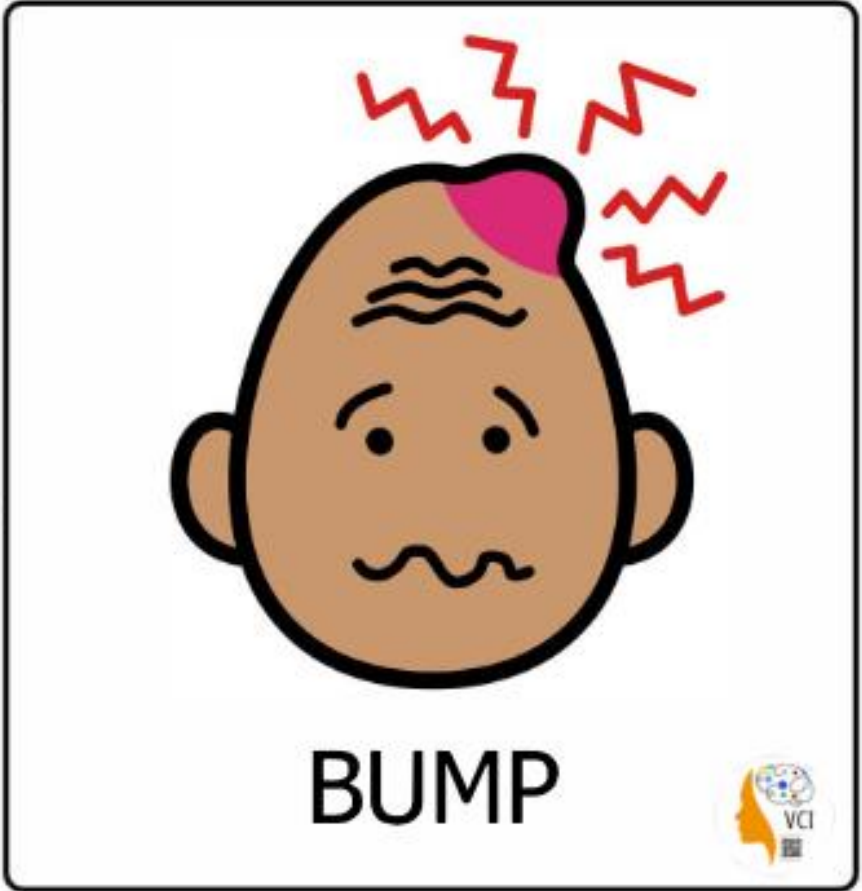
# Stakeholder Attitudes and Perceptions Regarding Concussion in Athletes with Intellectual Disabilities

- Although coaches generally felt prepared to recognize (95%) and remove (95%) athletes with SRC symptoms, management strategies to recognize (34%) or treat (39%) SRC athletes with ID was low.
- Coaches described feeling less confident to manage these return-to-play decisions following injury (76%).
- Non-healthcare professionals were first responders for injuries during non-competition (68%) events and competition (14%).

*(Madden, McGill, & Klima, 2022)*

# Supporting ALL Students









HIT



BUMP



FALL



DIZZY



NAUSEA



HEADACHE



For use by the healthcare provider to gather information from the patient and informant (e.g., caregiver or coach) to provide equitable care.



**Reduce Risk**  
*For prolonged recovery*

**Recognize**  
*Changes*

**Respond**  
*With individualized care*

**Recover**  
*Gradually*

**Return**  
*Safely*

## BASELINE PREFERENCES

### Best communication

- Verbal
- Visual
- Assistive communication device

### Language structure

- Whole sentences
- Short phrases
- Single words

### Eye contact

- With
- Without

### Discuss these preinjury patient factors

- Independence level
- Calming strategies
- Interests
- Hobbies
- Existing exercise routines
- Social / support network

## CHANGES IN PRESENTATION

### Recognize symptom pattern

- Assess for concussion signs and symptoms in the context of the patient's baseline symptoms

### Look for changes in

- Levels of independence
- Stamina
- Appetite
- Sleep routines
- Preferences for hobbies/activities
- Behavior, which may include avoiding their favorite activities/toys
- Emotions (increased irritability or clinginess)

## MANAGEMENT STRATEGIES

### Treatment plan should

- Use the preferred calming strategies for the individual for breaks
- Avoid known triggers of typical stress (e.g., routine changes or eliminating all screens)
- Increase the frequency of medical monitoring
- Decrease sensory stimuli as needed in environment (e.g., school, home, work, or medical appointments)

## RETURNING TO BASELINE

### Define patient recovery

- Support confidence to return to activities in a safe manner
- Address questions and worries about the current injury and future care
- Monitor for return to preferred daily activities
- Consider their baseline may not be "symptom-free"
- Define recovery by return to baseline signs and symptoms



# Establish a Baseline



**PRINT**

Often concussion symptoms can be similar to what neurodiverse (ND) individuals experience at baseline. Also, ND individuals who sustain a concussion may have trouble identifying and communicating changes in the way they feel. Because of this, the Virginia Concussion Initiative (VCI) has created the Baseline Assessment Tool to assist families, school teams, and sports staff in the recognition of concussions in ND individuals.

The following form should be completed by caregivers, healthcare professionals, or school/sports staff who are most familiar with the individual being assessed. Efforts should be made to ensure the assessment interview is modified to be at the appropriate verbal and cognitive level of the individual. For best results, VCI recommends that the baseline assessment should be performed annually, or prior to the start of each contact sports season.

<b>Name:</b>		<b>Likes to be called:</b>	
Sex at birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred pronoun:	
Date of birth:		Age at time of this assessment:	
Emergency contact name:			
Relationship:		Phone number:	
<b>Current activity level (complete all that apply)</b>			
<b>Attends school at:</b>			
Current grade:			
<b>Works at:</b>			
Current job duties:			
<b>Volunteers at:</b>			
Current volunteer duties:			
<b>Plays a team sport:</b>			
<b>Participates in recreational activities:</b>			
<b>Exercises regularly:</b>			
<b>Medical History</b>			
Primary care physician (PCP):		PCP phone number:	
Diagnosed medical history: <i>Example: Diabetes, cardiac arrhythmias, cerebral palsy, vision or hearing loss...</i>			
Neurodevelopmental history: <i>Example: ADHD, Autism Spectrum Disorder, learning disability...</i>			
Mental health history: <i>Also describe signs of distress (meltdowns)</i>			
Sensory sensitivity history: <i>Example: auditory - loud noises</i>			
Current medications and reason for taking:			
<b>Concussion history:</b> <input type="checkbox"/> None <input type="checkbox"/> Yes. Year/s:			
Managed by a healthcare provider?			
Average time to recover:			
<b>Are there any communication and learning needs or preferences?</b> <i>Example: Braille, ASL, communication board</i>			

## Baseline Symptom Assessment

To be used with the VCI ND Toolkit Concussion Assessment Cards when needed.

Ask the individual if they have the symptom below. (Present the corresponding baseline symptom assessment card when indicated.)

- If they respond no, select 0 for frequency and severity both, and proceed to the next symptom
- If they respond yes:
  - Ask how often they have this symptom and how bad is the symptom
  - Point to the visual analogue scales below (also included with the VCI Concussion Assessment Cards) and ask the individual to rate their symptom accordingly
- Enter the responses in the corresponding boxes below



Symptom	Frequency 0 = Never 1 = Sometimes 2 = Often	Rating 0 = Good 10 = Worst I have ever felt
<i>Read the prompt, and when needed, present symptom card.</i>		
	<i>How often do you have this symptom?</i>	<i>If you have this symptom, how bad is it?</i>
Do you get headaches?	0	0
Do you get nausea or an upset tummy?	0	0
Do you ever feel dizzy or lightheaded?	0	0
Do you ever have blurry vision or things look fuzzy/unclear?	0	0
Do bright lights bother you?	0	0
Do noises bother you?	0	0
Do you have muscle pain, tightness, or spasms in your neck/shoulders?	0	0
Do you have trouble with balance and fall easily?	0	0
Do you have trouble with coordination, like hand-eye or walking?	0	0
Do you feel tired or don't have a lot of energy?	0	0
Do you have trouble concentrating or paying attention?	0	0
Is it hard for you to follow instructions?	0	0
Do you have trouble remembering things?	0	0
Do you feel sad?	0	0
Do you feel anxious or nervous?	0	0
Do you feel moody, or your emotions change easily?	0	0
Do you get easily upset or annoyed?	0	0
Do you have trouble with sleep, like falling or staying asleep?	0	0
<b>Total # of baseline symptoms:</b> <i>(18 max)</i>		<b>Baseline symptom severity score:</b> <i>(180 max)</i> <b>0</b>

Printed name of the individual performing the baseline assessment: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_





What is a Concussion?



A concussion can make me have pain inside my head.



When I feel bad, I have to stop and take breaks to get better.

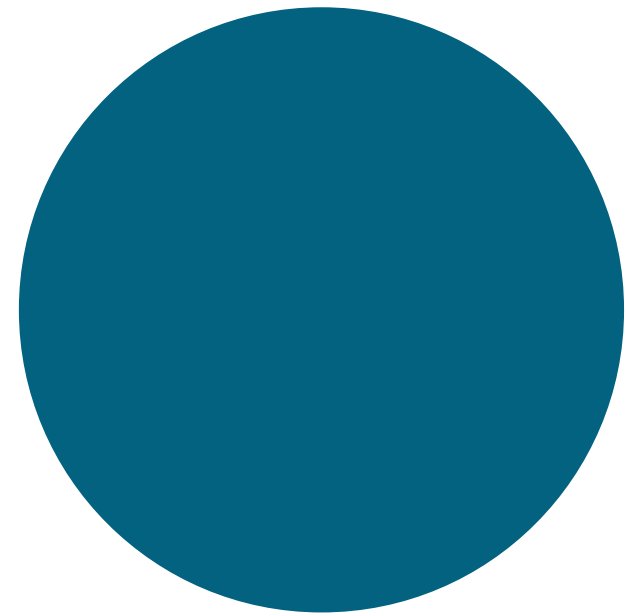


My concussion will get better if I follow the rules.





# Education



## Enhance Knowledge

### Concussion Recognition and Response

Supporting neurodiverse (ND) individuals

**What to look for?**

- 1 Bump or hit to the head or body
- 2 An unusual change in behavior as noticed through signs (you observe) or symptoms (what they may feel)

Encourage everyone to share if they were hit in the head or body AND something feels different.

**Considerations**

Some neurodiverse individuals may have trouble identifying changes they feel and/or telling you about their symptoms.	Concussion symptoms may be similar to symptoms in other developmental or medical disorders.	Current concussion baseline and post-injury tests are unlikely to be as reliable or accurate for those with neurodiverse needs.
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#### What to look for

 <b>Cognitive</b> <i>Can they (as well as usual)...</i> <ul style="list-style-type: none"><li>• Follow directions</li><li>• Keep up with conversations</li><li>• Respond quickly to questions</li><li>• Find the words they need when speaking</li><li>• Problem solve</li><li>• Complete tasks without confusion or forgetfulness</li></ul>	 <b>Emotion</b> <i>Are they (more than usual)...</i> <ul style="list-style-type: none"><li>• Irritable or cranky</li><li>• Anxious or worried</li><li>• Tearful or sad</li><li>• Clingy (acting as they do when they are sick)</li><li>• Reactive or angering quickly</li><li>• Having mood swings</li></ul>	 <b>Physical</b> <i>Do they seem (more than usual)...</i> <ul style="list-style-type: none"><li>• Tired, or to have changes in sleep</li><li>• To act as if in pain</li><li>• More off balance</li><li>• To avoid their favorite activities</li><li>• Bothered more by lights or noises</li><li>• To have less appetite</li></ul>
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### Protecting Everyone

#### Baseline Testing For Neurodiverse (ND) Individuals

Current computerized neurocognitive baseline testing measures may not be useful for some neurodiverse individuals. Neurocognitive tests have specific language demands and require the person to follow multi-step directions. A person is also expected to respond quickly at a set pace and pay close attention throughout the test. If utilized incorrectly, baseline testing may contribute to wrong or misleading information, diagnoses, and management steps. For best results when using neurocognitive testing for individuals with neurodiverse needs, team up with healthcare professionals trained in neurocognitive assessments and experience caring for this population.

**Consider this before the start of the season in sport or recreational activities...**

Check out the ND Toolkit's Baseline Concussion Assessment Tool [CLICK HERE](#)

 <b>Symptom Checklist</b> Use a baseline symptom checklist completed by the individual and/or caregiver. This will help to identify meaningful, individualized changes to the athlete's functioning after a suspected injury.	 <b>Communication Tools</b> Know how the individual best communicates and prepare communication tools ahead of time to assess symptoms. Consider American Sign Language interpreters, braille, and picture boards or other visual aids.	 <b>Education Resources</b> Have appropriate education materials for ND individuals. Empower the individual to recognize their symptoms and report the injury. Help caregivers know what to look for and where to take their loved one if a concussion is suspected.
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#### Think it's a concussion?!

- 1 Remove the individual from sport or physical activity.
- 2 Call the caregiver and notify the healthcare provider of the suspected injury and any new symptoms.
- 3 Follow medical guidance but approach recovery with a balance of rest and light activity as symptoms allow.
- 4 Slowly return to school, work, and easy physical activity.
- 5 Symptoms getting worse during activities? Take little breaks!
- 6 Remember! No sports or contact activity until symptoms are gone and a healthcare provider says it is safe to return.

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### Benefits of Becoming a VCI Member



<https://vci.gmu.edu>

## Leadership

Become a VCI member to contact the VCI team



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# VCI Resources

*Supporting all minds*



# VCI WEBSITE

*Disseminate Knowledge*



## Protecting and Supporting All Young Minds

### Home - School - Community

The Virginia Concussion Initiative (VCI) aims to protect and support all young minds by sharing knowledge, tools, and practical guidance that promotes the tailored implementation of concussion best practices in homes, schools, and communities.



## It takes a team!



The child is at the center of the home, school, and community. A proactive and coordinated team approach is critical to ensuring optimal health and learning outcomes for children with concussions.

## I am a...

District Administrator

School Staff Member

Parent

Community Healthcare Professional

Community Sports and Recreation Staff



# Supporting ALL Students

## Student Support Plan (SSP) Recommendations to support a student's recovery



PRINT

A student in your class or activity has been suspected of or diagnosed with a concussion. To best support this student's recovery, please follow the individualized SSP below, and contact your Concussion Management Team (CMT) with any questions or concerns.

**The CMT appreciates your input. Please assist in monitoring the student for symptom return or exacerbation as he or she returns to normal activities and report to the CMT lead as indicated.**

Student Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
*Athletic Trainer:	<input type="text"/>	Grade:	<input type="text"/>
Date of Injury:	<input type="text"/>	Today's date:	<input type="text"/>
<small>*when indicated</small>			

Below is a list of common signs and symptoms following a concussion. Please check any symptoms reported by this student in the

- |   |   |
|---|---|
| <input type="checkbox"/> Headaches            | <input type="checkbox"/> Sensitivity to noise     |
| <input type="checkbox"/> Pressure in head     | <input type="checkbox"/> Feeling slowed down      |
| <input type="checkbox"/> Neck pain            | <input type="checkbox"/> Feeling "in a fog"       |
| <input type="checkbox"/> Nausea or vomiting   | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Dizziness            | <input type="checkbox"/> Difficulty remembering   |
| <input type="checkbox"/> Blurred vision       | <input type="checkbox"/> Fatigue or low energy    |
| <input type="checkbox"/> Balance problems     | <input type="checkbox"/> Confusion                |
| <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Drowsiness               |



## Classroom Symptom Management Strategies

Short-term classroom supports to facilitate recovery



Headaches



Feeling Mentally Foggy or Thinking Slowly

### CLASSROOM STRATEGIES

- Allow the student to put their head down on their desk or take a quick break outside of the classroom when symptoms begin to worsen.
- Allow student to listen to the teacher, without producing notes or written work.
- Allow the use of audiobooks when needed
- Simplify tasks, give concise instructions and allow the student to submit an abridged version of the assignment.
- Reduce the overall volume of in-class assignments and homework.
- Provide a copy of the teacher's notes or give permission for the student to record lectures.
- Allow the student to put their head down on their desk or take a quick break outside of the classroom when symptoms begin to worsen.

Talk to your Concussion Management Team (CMT) about:

**Reducing** in-class and homework assignments, and focus only on the essential assignments needed to demonstrate mastery.

**Building breaks into the student's schedule.** Allow the student to take breaks outside of the classroom when in-classroom breaks, such as

# Concussion Management Team Guide

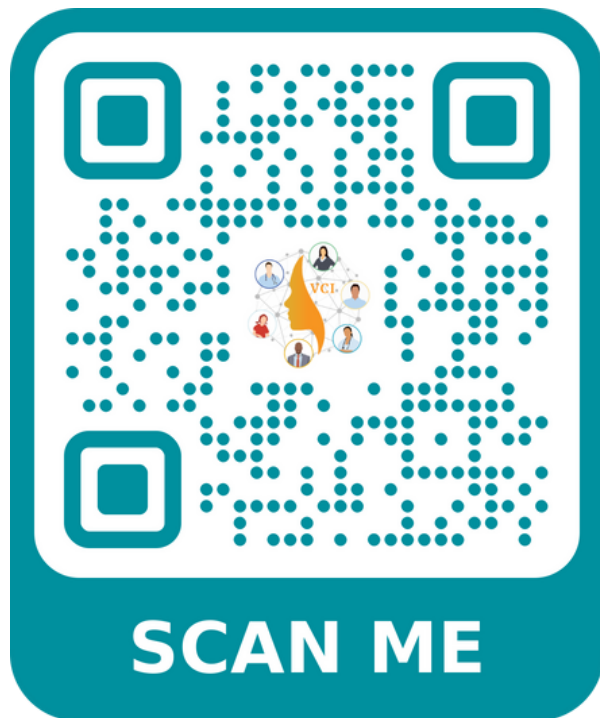
Supporting all young minds





# VCI COMMUNITY

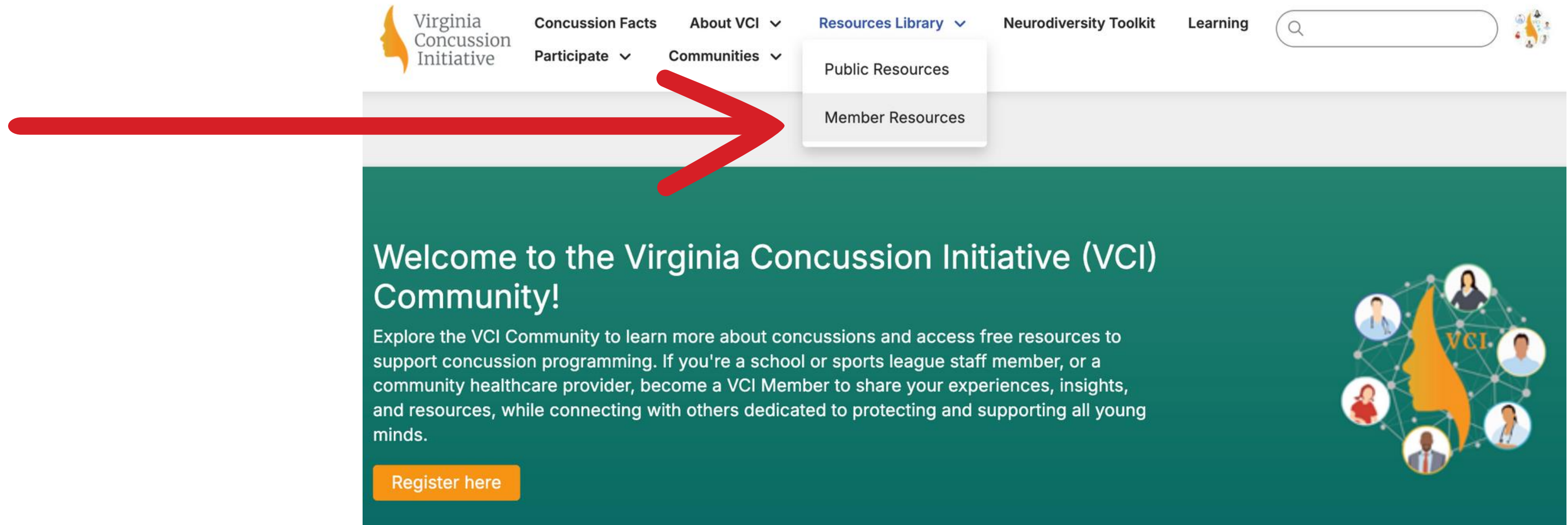
*Support Knowledge Translation  
and Tailored Implementation*



The screenshot shows the homepage of the Virginia Concussion Initiative (VCI) website. At the top left is the VCI logo, which includes a stylized orange map of Virginia. To the right of the logo are navigation links: "Concussion Facts", "About VCI", "Resources Library", "Neurodiversity Toolkit", "Learning", and "Communities". A search bar and a "Log in" button are located in the top right corner. The main header area has a dark green background with the text "Welcome to the Virginia Concussion Initiative (VCI) Community!". Below this is a paragraph of introductory text and a "Register here" button. A secondary navigation bar contains a language selector set to "English" and social media icons for Facebook, X, and YouTube. The main content area is titled "Benefits of Becoming a VCI Member" and features three columns:

- Access Resources:** Includes an icon of a brain with a person holding it. Text: "Harness the collective expertise of a diverse pool of professionals sharing their experiences and resources. Download expert curated VCI resources, or become a VCI member and access member-shared resources." Button: "Go Now!"
- Build Networks:** Includes an icon of people connected by lines. Text: "The world is becoming more connected through technology, and so are professional communities. Get to know other members through discussions around shared interests when you become a VCI Member!" Button: "Join Now!"
- Engage in Learning:** Includes an icon of a lightbulb and a person. Text: "Register for the VCI learning communities and earn free continuing education credits! Engage in collaborative synchronous and asynchronous virtual learning opportunities around pediatric concussion." Button: "Learn More!"

# Become a *Member* and access peer resources



The screenshot shows the top navigation bar of the Virginia Concussion Initiative website. The logo is on the left. The navigation menu includes: Concussion Facts, Participate (dropdown), About VCI (dropdown), Resources Library (dropdown), Neurodiversity Toolkit, and Learning. A search bar is on the right. A red arrow points from the left to the 'Resources Library' dropdown menu, which is open and shows 'Public Resources' and 'Member Resources'. Below the navigation bar is a green banner with the text: 'Welcome to the Virginia Concussion Initiative (VCI) Community!'. Below this text is a paragraph: 'Explore the VCI Community to learn more about concussions and access free resources to support concussion programming. If you're a school or sports league staff member, or a community healthcare provider, become a VCI Member to share your experiences, insights, and resources, while connecting with others dedicated to protecting and supporting all young minds.' At the bottom of the banner is an orange button that says 'Register here'. On the right side of the banner is a graphic of a yellow silhouette of the state of Virginia surrounded by a network of people icons.

Virginia Concussion Initiative

Concussion Facts   About VCI ▾   Resources Library ▾   Neurodiversity Toolkit   Learning

Participate ▾   Communities ▾

Public Resources

Member Resources

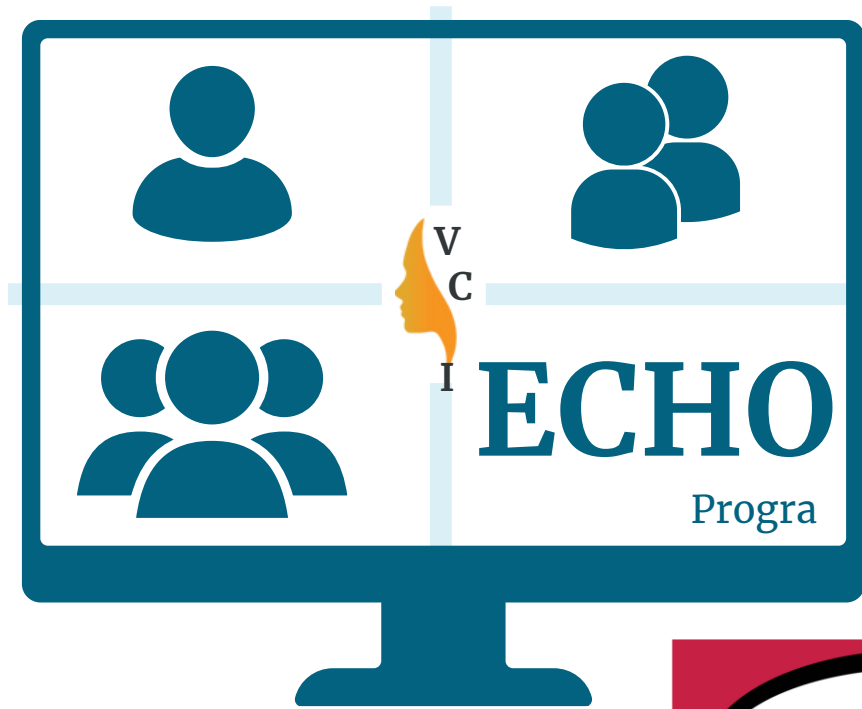
## Welcome to the Virginia Concussion Initiative (VCI) Community!

Explore the VCI Community to learn more about concussions and access free resources to support concussion programming. If you're a school or sports league staff member, or a community healthcare provider, become a VCI Member to share your experiences, insights, and resources, while connecting with others dedicated to protecting and supporting all young minds.

[Register here](#)

# VCI LEARNING COMMUNITIES

*Support Knowledge Translation and Tailored Implementation*





# VCI LEARNING COMMUNITIES

## *VCI ECHO Program*

12:00 - 1:00 PM ET | Second Tuesday of Each Month



Free Continuing Education Credits



# VCI LEARNING COMMUNITIES

## VCI ECHO Program

TUE  
08  
OCT

Understanding and  
Managing Concussion  
in the School-Aged  
Child

Completed

12:00 pm - 01:00 pm ET

TUE  
12  
NOV

The Intersection of  
Concussion and Mental  
Health

Completed

12:00 pm - 01:00 pm ET

TUE  
14  
JAN

Post-Concussion  
Headaches and  
Migraines

Upcoming

12:00 pm - 01:00 pm ET

TUE  
11  
FEB

Sleep Dysfunction  
Following Concussion

Upcoming

12:00 pm - 01:00 pm ET

### Welcome

#### Agenda

- Guest Speaker Presentation
- De-identified case discussion
- Summary and recommendations

#### Logistics

- Everyone's input is valued and welcome
- **No PHI will be shared**
- **Session will be recorded** for quality improvement purposes, and for educational purposes in the VCI Learning Community

*The views and opinions expressed in this presentation are those of the presenters and do not necessarily represent official protocol or position of the Virginia Concussion Initiative*



# VCI LEARNING COMMUNITIES

## *VCI Learning Community*





# VCI LEARNING COMMUNITIES

## *VCI Learning Community*

Lesson: Navigating Persisting Symptoms Following Concussion Tips for setting recovery expectations

SCORM package Settings Reports More

Exit activity

Navigating Persisting Symptoms Following a Concussion Lesson 2 of 6

Typical Recovery From Concussion

Typical Recovery after Concussion

- Most concussion symptoms improve significantly **within one month for youth.**
- Number & severity of concussion symptoms are typically greatest within hours of the injury & gradually improve over days.

Typical Recovery From Concussion

- Navigating Persistent Symptoms Following a Concussion
- Empowering Equitable Concussion Care
- Exercise Prescription in Concussion: Effective Methods for Recovery
- More than Meets the Eye: Visio-Vestibular Deficits Following Concussion
- Movement is Medicine: Recognition and Management of Balance Dysfunction

# VCI RESOURCES

*Supporting Homes, Schools, and Communities*

**Community Healthcare  
Providers and Sports &  
Recreation Program Staff**



**Students, Athletes and  
Parents**

**School Teams**

# Challenges we face...



Unfunded Mandate



No Accountability  
Measures

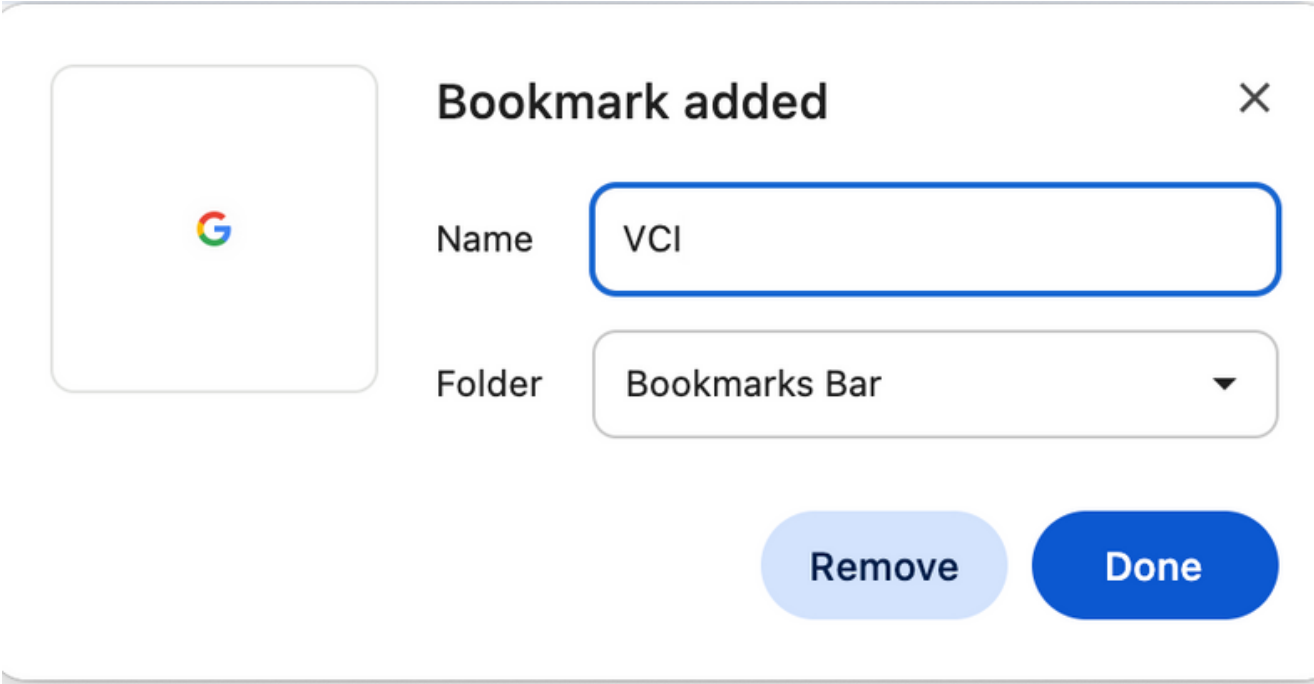
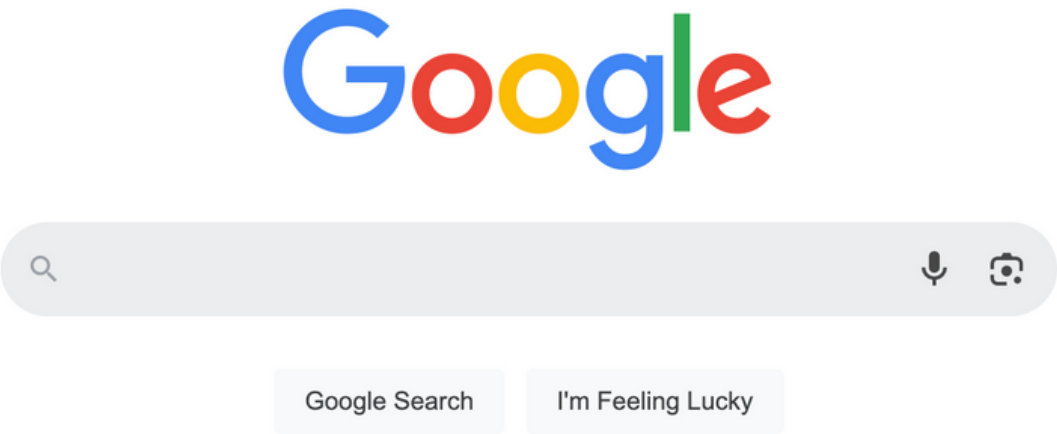


Historical Support  
Primarily for Student-  
Athletes



# How can we help each other...

University Librarie... Login | Qualtrics VCI Administration... Concussion 101 | V... VCI VCOP Home | Virginia Co... Virginia Concussio... Mail - ... My Drive - Google...



*Promote Awareness and Engagement*



# Thank you for your time and attention.

*Email Contact: [VCI@gmu.edu](mailto:VCI@gmu.edu)*

*Website: [concussion.gmu.edu](http://concussion.gmu.edu)*

*VCI Community: [vci.gmu.edu](http://vci.gmu.edu)*