|  |
| --- |
| 2/20/2018Dear Parent:Your child has been seen at Children’s Mercy for evaluation and management of migraine. One of our goals in the treatment of migraine is to keep kids as involved as possible in normal activities such as school. Attending school consistently if even for part days helps children develop the skills necessary to manage headaches in the environment that is normal for their age, keeps kids more connected with peers, helps induce the body’s natural pain inhibition system (by staying on a consistent schedule and having something to focus on other than pain), and reduces the likelihood of more disability in the future. This is why we strongly encourage regular attendance despite pain rather than even temporary full removal from school. It can be quite difficult, however, for children to attend school consistently when having headaches (and quite difficult for parents to try to enforce this). As such, it can be helpful to set up a specific plan with the school. Since migraine can have a significant impact on a child’s ability to think, concentrate, and learn and can impede participation in normal physical and social activities, having a migraine diagnosis qualifies as a “disability” for which school accommodations can be requested under what is called a 504 Plan (a “504 Plan” refers to Section 504 of the Rehabilitation Act of 1973). The intent of a 504 Plan is to help ensure kids with health conditions receive some modifications at school that will help them still function at school similarly to peers without health conditions. ***Please take the school letter below to the principal or counselor at your child’s school***. The letter contains information about your child’s diagnosis and provides suggested school 504 Plan accommodations. Let your medical providers know if you have any questions. Additionally, if you have questions or concerns about your child’s educational rights and services, you can contact MPACT at (800) 743-7634 (if you’re in Missouri) or Families Together at (877) 499-5369 (if you’re in Kansas).Sincerely,Your Children’s Mercy providers2/20/2018Attn: school counselor, 504 coordinator, or equivalent personnelDear school personnel:This letter is in regard to a student who was recently seen at Children’s Mercy Hospital for evaluation and management of migraine headache. Migraine qualifies as a disability under Section 504 of the Rehabilitation Act in that it can significantly impair a student’s performance of major life activities including school, physical activities, and cognitive functioning (e.g., thinking, concentrating, and learning). We are hoping that we will be able to reduce the frequency and severity of the student’s headaches with current treatments. However, it can take some time for treatments to start working and in the interim, our goal is to improve the ability to function in usual activities such as school. As such, we are providing the following information and recommendations to help the student at school. **Information on migraine**: Migraine is a neurological disorder caused by an (usually inherited) instability in certain nerve cells within the brain (i.e., a “hypersensitive” brain). The instability of these nerve cells makes them more likely to initiate a cascade of chemical changes in other parts of the brain and surrounding blood vessels that ultimately leads to the perception of pain. Often these chemical changes in the brain occur in response to other physiological changes in the body (e.g., changes in stress hormone levels) and/or changes in the child’s surrounding environment (e.g., noise, bright lights, weather changes, changes in sleep or eating patterns, etc.), but sometimes no particular trigger(s) can be identified. As headaches occur, the pain system itself can become sensitized such that headaches become more frequent or even continuous (something called “chronic migraine”) and things that would not be painful or stressful to most people are experienced as painful and distressing (e.g., light touch, noise, certain light conditions, daily hassles). Typical symptoms include headaches of moderate to severe intensity occurring as frequently as daily or continuously, with accompanying symptoms of nausea and/or vomiting, sensitivity to lights and sounds, reduced tolerance of normal physical activity, and potentially dizziness and fatigue; all of these symptoms can significantly impact the student’s ability to concentrate and recall information in the school environment and can be quite disabling. Treatment for migraine focuses on prevention of headaches through use of preventative medicines and adjuvant therapies (e.g., coping skills and relaxation training, massage, changes in sleep patterns and diet). There is no cure for the disorder and no immediate fix, but usually headaches will improve in frequency and/or intensity with proper treatment. The goals of treatment are not only to reduce symptoms, however, but to improve a child’s ability to function with the headaches.**School Recommendations**: In order to help improve functioning with headaches, we try to work with families and schools on reasonable accommodations to facilitate the student’s ability to attend school on a consistent basis despite a chronic pain condition. We prefer this to full homebound schooling as it helps children develop the skills necessary to manage headaches in the environment that is normal for their age, keeps kids more connected with peers, helps induce the body’s natural pain inhibition system (by staying on a consistent schedule and having something to focus on), and reduces the likelihood of disability into adulthood.Below we have checked the recommended school accommodations for this student. In addition to these recommendations, it is *important for school personnel not to question/doubt a child’s pain through verbal or nonverbal behavior and to respond positively/supportively to the student when he/she is there;* the additional stress from doubting the report of pain or questioning days missed can itself exacerbate pain and detract from a student’s motivation to attend school in the future.Setting Modifications:* Allow ***preferential seating*** in the classroom to the extent possible (to allow for a location that may be less proximal to potential environmental factors that can exacerbate headaches– e.g., areas of bright sunlight or loud areas)
* Permit the student to ***lie his/her head on the desk for brief periods of time if needed***; this can help him/her remain more relaxed in the classroom and therefore able to pay more attention without the need to leave the class
* ***Permit use of sunglasses, ballcap, and/or earplugs*** in class to reduce sensitivity to lights, glare, and classroom noise
* Allow the student to ***get up and stretch as needed***
* At lunch hour, allow the student to ***choose a few friends to have lunch with in a quiet area of the school if desired*** (to avoid the noise of the lunch hour).

Schedule Modifications:* If the student has been regularly attending school for several weeks due to headaches, we strongly recommend a ***paced reentry schedule***. We recommend establishing a target goal for daily school attendance (e.g., starting with as little as walking into the school for a few minutes or just going to the nurse’s office or quiet room in the school for an hour), which then gets increased once the goal is consistently met for several consecutive days (e.g., to sitting in class for one period, to sitting in class for one period and then doing work in a quiet area of the school for another hour, and so on). The student should attend for the agreed upon goal – no less and no more (to avoid a cycle of “overdoing” and then prolonged disability) – unless he/she has a fever or has a healthcare appointment. The goal can continue to get modified weekly in consultation with the school counselor/psychologist as the student increases his/her time commitment. We recognize this plan can be difficult to implement, given that it requires modification in the child’s school schedule and the cooperation of all those working with the child at school (e.g., at what time of the day would be best to start coming in, how to arrange for completion of work for the periods during which the child is not at school, and so forth). However, this will help ensure that pain is not being the guide for decisions about whether or not the student attends school, and this is very important to reverse the pain-disability cycle. It also is important that school personnel praise the child for any effort in the direction of attending school consistently, no matter how small. A formal reinforcement system can be considered as an option as well (e.g., rewarding the attainment of the daily attendance goal with points that can then be turned in for special privileges).
* If students attend fairly regularly but are consistently late due to morning headaches, ***consider permitting a later school start time***; this can help still maintain consistent school attendance instead of the student missing the entire day when awakening with a headache
* ***Have a plan in place for missed classes*** (e.g., adjust expectations for homework completion, allow extra time for assignments that were assigned while he/she was absent, limit assignment of new work to just that necessary for essential learning, arrange for after school help to get caught up, defer tests until the student has had the opportunity to get caught up on material, etc.)
* ***Permit flexibility in the standard attendance policy*** by allowing partial day attendances to account as attendance, extending the typical allotted absences given a chronic medical condition that may result in missed school, and not requiring written doctor excuses for all absences. Allowing some flexibility in the standard attendance policy and being supportive of any effort by the student to attend at least a portion of each school day will help reduce unnecessary stress and motivate further efforts at increasing school attendance despite chronic pain.
* ***Permit students to participate in school social activities and extracurricular activities even if they are only consistently attending part days of school*** in order to help reduce the risk of ongoing social isolation and depressed mood
* We recommend ***scheduled rest breaks*** in a quiet location (not exclusively for when he/she has headaches, but to be used to help prevent accumulating stress from the day). Typically we recommend a 15-20 minute rest break for each 3 hours of school attended, in addition to whatever is normally received as part of the school day. If there are periods of prolonged computer use during the day, we also recommend breaking this up with short rest periods.
* Permit the student to ***leave 5 minutes prior to the end of class*** to avoid the noisy/ congested hallways
* ***If more intense headache episodes occur at school*** when the student is there, the student should be allowed to ***go to a quiet and dark room to rest and relax*** and get rehydrated for about 30 minutes before returning class. This should be sufficient to help manage most pain intensifications during the day without the need to have parents pick the child up from school. However, if other concerning symptoms occur (e.g., fever), parents should be notified by school personnel. Some guided relaxation techniques that students can listen to during these breaks if desired are available on-line at:
	+ <http://www.painretreat.net/>(click on “Guided Imagery” or “Breathing Techniques” and have the student listen to the audio files)
	+ <http://www.aboutkidshealth.ca/Pain/>(click on “Treatment” at the left-hand side of the screen, then click on “Psychological Treatments” and “Relaxation,” then play the file whise it says “Muscle Relaxation Exercise”)
	+ [www.kidshealth.org](http://www.kidshealth.org)(search for “Relax and Unwind Center” and then click on that link when it comes up from the search)
	+ <http://www.relaxkids.com/school/news/Relax_your_school/483> (this is a website based in the UK that offers a freely downloadable “Relax Pack” to schools anywhere – just click where it says “DOWNLOAD YOUR FREE PACK NOW”). The download contains some .mp3 relaxation files and an eBook with various suggestions for school-based relaxation exercises)

Workload Modifications:* Have a school counselor or psychologist determine from the student’s teachers what past assignments/tests are fundamental to learning key concepts. Past assignments that are less fundamental and were missed due to a chronic medical condition should not be used toward grading. Have the same person ***help***the student***prioritize and break***his/her***prior workload into manageable daily tasks***. It will be really important to the student’s progress with his/her medical condition to reduce prior workload to the extent possible, since otherwise this will continue to snowball and cause significant anxiety and stress
* ***Limit assignment of new work*** to tasks that are necessary for essential learning
* ***Modify physical education requirements*** if headaches are interfering with ability to participate in demanding physical activity (e.g., substitute low impact exercises for higher impact exercises, allow for plenty of rest breaks and hydration during PE class, and focus more on content mastery than on performance-based mastery).

Assignment and test Modifications:* Permit ***extended time for assignments and tests*** (we recommend about 50% extra time beyond what other students are given)
* During a lengthy test period (e.g., 30 minutes or greater of sitting), permit the student to stretch for 5-10 minutes without this counting toward the testing time

Instruction/Method Modifications:* ***Assignment notebooks*** (filled out and/or checked by teacher/parents daily to ensure that everyone knows what is expected of the student and what has been completed)

Material Modifications:* ***2nd set of textbooks for home***(or textbooks on CD) if possible – the student should avoid carrying a heavy backpack to and from school

Other Modifications:* ***Allow use of comfort measures*** in class (ice pack, analgesic rub, heat patches)
* ***Allow for snacks and water throughout the day*** to avoid hypoglycemic or dehydration triggers of headache episodes
* Schedule a regular ***check-in with the school counselor*** (or other personnel) to evaluate progress in the context of accommodations and to determine if further modifications need to be made.

Thanks in advance for your help in the care of this student.  |
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|