

Return to School

This tool is a guideline for managing a student's return to school following a concussion and does not replace medical advice. Every concussion is unique, and recovery is very different for each individual. Not everyone will require a Return to School Strategy. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or licensed healthcare professional with relevant training. Note: For information about returning to activities that pose risk of head contact, please refer to Return to School or Return to Activity.

STEP 1:	STEP 2:	STEP 3:	STEP 4:
Activities of daily living and relative rest* - Maximum of 24-48 hours - Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. Examples: - Preparing meals - Housework - Light walking - Minimize screen time for the first 24-48 hours following concussion. - Avoid driving during the first 24-48 hours after a concussion. Contact school to create a Return to School plan.	School activities (as tolerated) - Returning to school as soon as possible (as tolerated) is encouraged. - Reading or other cognitive activities at school or at home. Goal: Increase tolerance to cognitive work, and connect socially with peers. - Take breaks and adapt activities if concussion symptom exacerbation (worsening) is more than mild and brief.** - Use of devices with screens may be gradually resumed, as tolerated. - Clearance from your doctor is not required to return to low-risk in-person or at-home school activities. - A complete absence from the school environment for more than one week is not generally recommended. Communicate with school on student's progression	Part-time or full-time days at school with accommodations (if needed) - Gradually reintroduce schoolwork. - May require accommodations, such as: - Partial school days with access to breaks throughout the day - Academic accommodations (extra time to complete work, reduced workload) to tolerate the classroom or school environment. Communicate with school on student's progression.	Return to school full-time Return to full days at school and academic activities without requiring accommodations (related to the concussion). Note: Medical clearance is NOT required to return to school For returning to P.E. or sports, please refer to Return to Sport protocol.
Activities of daily living, as tolerated	Return to school as soon as possible, as tolerated	Gradually reduce accommodations and increase workload	Full academic load (no academic accommodations related to the concussion)
After a maximum of 24-48 hours after injury, BEGIN STEP 2	If can tolerate school activities, BEGIN STEP 3	If can tolerate full days without concussion-related accommodations, BEGIN STEP 4	Return to School completed

Students should begin a gradual increase in their cognitive load with the goal of minimizing time away from the school environment. The return to school should not be restricted if the student is tolerating full days. Progression through the strategy may be slowed when there is more than a mild and brief symptom exacerbation**; however, missing more than one week of school is not generally recommended. Driving should resume after consultation with a doctor, nurse practitioner, or healthcare professional.

*Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.

Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale.* "Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour.

***0-10 point symptom severity scale: Please see the [Visual Analog Scale](#) for an example of a 0-10 symptom severity scale.

www.cattonline.com

Adapted from: Zemek, R., Reed, N., Dawson, J., et al. "Living Guideline for Pediatric Concussion Care." www.pedsconcussion.com
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