My main advice to anyone who has a concussion is to **trust the process**, because even though it's hard to see the progress you're making day to day, you are **getting better**.

– Meghan Whyte
Grade 12 Student

Learn more about the need for prevention, recognition, and management of **concussion**

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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:

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.

Activities of daily living, as tolerated

After a maximum of 24-48 hours after injury,
BEGIN STEP 2

STEP 2:

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

Return to school as soon as possible, as tolerated

If can tolerate school activities,
BEGIN STEP 3

STEP 3:

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.

Gradually reduce accommodations and increase workload

If can tolerate full days without concussion-related accommodations,
BEGIN STEP 4

STEP 4:

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.

Full academic load (no academic accommodations related to the concussion)

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.

BOTH TOOLS CAN BE USED IN PARALLEL; HOWEVER, RETURN TO SCHOOL SHOULD BE COMPLETED BEFORE RETURN TO SPORT IS COMPLETED

Return to Sport

This tool is a guideline for managing an individual's return to sport following a concussion and does not replace medical advice. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or licensed healthcare professional with relevant training.
Begin Step 1 within 24 hours of injury, with progression through each subsequent step taking a minimum of 24 hours.

STEP 1:

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 first 24-48 hours following concussion.

Activities of daily living, as tolerated

After a maximum of 24-48 hours after injury,
BEGIN STEP 2

STEP 2:

2A: Light effort aerobic exercise

- Up to approximately 55% of maximum heart rate (predicted according to age - i.e. 220-age).
- In a safe and controlled environment, engage in light aerobic exercise.

  Examples:
  - Stationary cycling
  - Walking at slow to medium pace
  - Light resistance training that does not result in more than mild and brief** exacerbation (worsening) of concussion symptoms.

2B: Moderate effort aerobic exercise

- Up to approximately 70% of maximum heart rate (predicted according to age - i.e. 220-age).
- Take a break and modify activities as needed with the aim of gradually increasing tolerance and the intensity of aerobic activities.

Increase heart rate

If can tolerate moderate aerobic exercise,
BEGIN STEP 3

STEP 3:

Individual sport-specific activities *(that do not have a risk of inadvertent head impact)*

- Addition of individual sport-specific activities that are supervised by a teacher/coach/parent.

  Examples:
  - Skating drills (hockey)
  - Running drills (soccer)
  - Change of direction drills
  - Individual gym class activities

It is important to get medical clearance before returning to training that involves any risk of inadvertent head impact.

Increase intensity of aerobic activities and introduce low-risk sport-specific movements and changing of directions

If medically cleared and have fully returned to school,
BEGIN STEP 4

STEP 4:

Non-contact training drills and activities

- Progress to exercises at high intensity, including more challenging drills and activities.

  Examples:
  - Passing drills
  - Multi-player training
  - Supervised non-contact gym class activities
  - Practices without body contact

Resume usual intensity of exercise, coordination, and activity-related cognitive skills

If can tolerate usual intensity of activities,
BEGIN STEP 5

STEP 5:

Return to all non-competitive activities

- Return to all non-competitive activities, all gym class activities, and full-contact practices
- Participate in higher-risk activities including normal training activities, all school gym-class activities, and full-contact sports practices and scrimmages. Avoid competitive gameplay.

Return to activities that have a risk of falling or body contact, restore game-play confidence, and have coaches assess functional skills.

If can tolerate non-competitive, high-risk activities,
BEGIN STEP 6

STEP 6:

Return to sport

Back to normal, unrestricted competitive game play, school gym class, and physical activities.

Note: Returning to full contact, competitive play or high-risk activities before you have recovered increases the risk of delayed recovery and for sustaining another more severe concussion or serious injury.

If more than mild exacerbation (worsening) of symptoms (i.e., more than 2 points on a 0-10 scale***) occurs during Steps 1-3, stop the activity, and attempt to exercise the next day. Individuals experiencing concussion symptoms during Steps 4-6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of medical clearance should be provided before unrestricted Return to Sport as directed by local laws and/or sporting regulations.

Medical determination of readiness to return to at-risk activities should occur prior to returning to any activities that pose risk of contact, collision, or fall.

*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.

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