
RETURN TO ACTIVITIES PROGRESSION

A healthcare professional with training in the management of concussion will recommend **cognitive** and **physical** rest. Both are needed for the brain to heal.

Every concussion is different. Some students will be ready to return to school immediately while others may need 2–3 days of rest before returning to school. For some, a longer rest period may be required for symptoms to improve.

As symptoms begin to improve, students will return to school. However, learning adjustments will be necessary until all symptoms clear. Teachers can assist healing by canceling homework and reducing or dismissing assignments during this period. This isn't like the flu, where students can complete school-work while at home. Students need a break, not just a postponement, during this critical time.

The Concussion Management Team and the medical community will work together to develop a Gradual Return to Activity Plan, a stepped progression of increased activity over time as symptoms subside. Because the healing process is not linear or predictable, the Concussion Management Team will closely monitor and communicate progress.

To ensure successful return to activity, the CMT Coordinator will facilitate regular and ongoing communication among the CMT, the student, teachers, and parents.

A SUCCESSFUL GRADUAL RETURN TO ACTIVITY PLAN HAS TWO PARTS:

1. Return to Academics — a gradual return to school and academic requirements implemented by the teaching staff
2. Return to Play — a gradual return to sports implemented by the athletic staff

The Return to Activity Plan is a medical decision with input from all members of the Concussion Management Team.

RETURN TO ACADEMICS PROGRESSION

Progression is individual. All concussions are different. Students may start at any of these steps, depending on symptoms, and remain at the step as long as needed. Return to previous step if symptoms worsen. Be flexible.

Steps	Progression	Description
1	HOME — Cognitive and physical rest	<ul style="list-style-type: none"> Stay at home No driving Limited mental exertion — computer, texting, video games, homework
2	HOME — Light Mental Activity	<ul style="list-style-type: none"> Stay at home No driving Up to 30 minutes mental exertion No prolonged concentration

Progress to Step 3 when student handles up to 30 minutes of sustained mental exertion without worsening of symptoms

3	SCHOOL — Part Time Maximum adjustments Shortened day/schedule Built-in breaks	<ul style="list-style-type: none"> Provide quiet place for scheduled mental rest Lunch in quiet environment No significant classroom or standardized testing Modify rather than postpone academics Provide extra time, help, and modified assignments
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Progress to Step 4 when student handles 30–40 minutes of sustained mental exertion without worsening of symptoms

4	SCHOOL — Part Time Moderate adjustments Shortened day/schedule	<ul style="list-style-type: none"> No standardized testing Modified classroom testing Moderate decrease of extra time, help, and modification of assignments
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Progress to Step 5 when student handles 60 minutes of mental exertion without worsening of symptoms

5	SCHOOL — Full Time Minimal adjustments	<ul style="list-style-type: none"> No standardized testing; routine tests are OK Continued decrease of extra time, help, and modification of assignments May require more support in academically challenging subjects
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Progress to Step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance for full return to academics and athletics

6	SCHOOL — Full Time Full academics No adjustments	<ul style="list-style-type: none"> Attends all classes Full homework and testing
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When symptoms continue beyond 3–4 weeks, prolonged in-school supports are required. Request a 504 meeting to plan and coordinate student supports.

RETURN TO PLAY PROGRESSION

Return to activity is a medical decision. The CMT will be familiar with state concussion laws and understand which healthcare providers may clear a student. To begin the Return to Activity Plan, the student must be free of all symptoms (see the *Heads Up!* fact sheet), have no academic adjustments in place, and be cleared by a healthcare provider. The student may spend 1–2 days at each step before advancing to the next. **If post-concussion symptoms occur at any step, stop activity and have the CMT reassess.**

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Symptom limited physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum permitted heart rate No resistance training	Increase HR
3. Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills, eg, passing drills in football and ice hockey May start progressive resistance training	Exercise, coordination and cognitive load
5. Full-contact Practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	

Recommendations from 2012 Zurich Consensus Statement on Concussion — McRory, P., Meeuwisse, WH, Aubry, M, et al., *Br. J. Sports Med* 2013; 47: 250-258.