

Sample Home Concussion Management Form (Return to School Plan)

The Return to Learning (RTL) and Return to Physical Activity (RTPA) Plans have been developed in partnership with Parachute and are based on the most recent research and recommendations of the expert scientific community on concussion, that is the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.

The RTL and RTPA plans are inter-related however, they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages. Different students will progress at different rates.

Before using the Home Concussion Management Form (Return to School Plan), consult the [General Procedures and the Instructions for the Home Concussion Management Form \(Return to School Plan\)](#).

The Sample Home Concussion Management Form (Return to School Plan) derives from the stage of Initial Rest to Stage 2 of the [Concussion Return to School Plan for Return to Learning](#) and the stages of Initial Rest to Stage 2b of the [Concussion Return to School Plan for Return to Physical Activity](#).

Student Name:

Date:

Return to Learning (RTL)

Each stage must last a minimum of 24 hours.

Initial Rest

- 24 – 48 hours of relative cognitive rest:
 - Sample activities permitted if tolerated by student:
 - Short board/card games
 - Short phone calls
 - Photography (with camera)
 - Crafts
 - Activities that are not permitted at this stage:
 - TV
 - Technology use (for example, computer, laptop, tablet, iPad)/cell phone (for example, texting/games/photography)
 - Video games
 - Reading
 - Attendance at school or school-type work
- The student moves to Stage 1 when:
 - Symptoms start to improve or after resting 2 days maximum (whichever occurs first).

Stage 1

- Light cognitive (thinking/memory/ knowledge) activities
- Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - Easy reading (for example, books, magazines, newspaper)
 - Limited TV

- Limited cellphone conversations
 - Drawing/building blocks/puzzles
 - Some contact with friends
- Activities that are not permitted at this stage:
 - Technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography))
 - Attendance at school or school-type work
- The student moves to Stage 2 when:
 - the student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities listed above) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 1.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 2

- Gradually add cognitive activity (as per activities permitted). When light cognitive activity is tolerated, introduce school work (at home and facilitated by the school).
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - School-type work in 30-minute increments
 - Crosswords, word puzzles, Sudoku, word search

- Limited technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography)) starting with shorter periods and building up as tolerated.
- Activities that are not permitted at this stage:
 - School attendance
- The student moves to Stage 3a when:
 - The student tolerates the additional cognitive activity (for example a student should be able to complete 3-4 of the activities permitted) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 2.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Return to Physical Activity (RTPA)

Each stage must last a minimum of 24 hours.

Initial Rest

- 24 – 48 hours of relative physical rest
 - Sample activities permitted if tolerated by student:
 - Limited movement that does not increase heart rate or break a sweat
 - Moving to various locations in the home
 - Daily hygiene activities
 - Activities that are not permitted at this stage:

- Physical exertion (increases breathing and heart rate and sweating)
 - Stair climbing other than to move locations throughout the home
 - Sports/sporting activity
- The student moves to Stage 1 when:
 - Symptoms start to improve or after resting 2 days maximum (whichever occurs first).

Stage 1

- Light physical activities (as per activities permitted) that do not provoke symptoms.
- Movements that can be done with little effort (do not increase breathing and/or heart rate or break a sweat).
 - Activities permitted if tolerated by student:
 - Daily household tasks (for example, bed-making, dishes, feeding pets, meal preparation)
 - Slow walking for short time
 - Activities that are not permitted at this stage:
 - Physical exertion (increases breathing and heart rate and sweating)
 - Sports/sporting activity
 - Stair climbing, other than to move locations throughout the home
- The student moves to Stage 2a when:
 - The student tolerates light physical activities (completes both activities permitted from Stage 1) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 1.
- However:

- The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
- The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 2a

- Daily activities that do not provoke symptoms.
- Add additional movements that do not increase breathing and/or heart rate or break a sweat.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - Light physical activity (for example, use of stairs)
 - 10-15 minutes slow walking 1-2x per day inside and outside (weather permitting)
 - Activities that are not permitted at this stage:
 - Physical exertion (increases breathing and/or heart rate and sweating)
 - Sports
 - Sporting activities
- The student moves to Stage 2b when:
 - The student tolerates daily physical activities (completes activities permitted in Stage 2a) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 2a
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 2b

- Light aerobic activity
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - 20-30 minutes walking/stationary cycling/recreational (that is, at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably)
 - Activities that are not permitted at this stage:
 - Resistance or weight training
 - Physical activities with others
 - Physical activities using equipment
- The student moves to Stage 3 when:
 - The student tolerates light aerobic activities (completes activities permitted in Stage 2b) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms
 - The student has completed a minimum of 24 hours at Stage 2b.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Parent/Guardian

- ☐ My child/ward has successfully completed the stages of Initial Rest to Stage 2 of the Concussion Management Plan for Return to School and the stages of Initial Rest to Stage 2b of the Concussion Management Plan for Return to Physical Activity and is ready to return to school.

Signature

Date:

Comments:

Sample Home Concussion Management Form

The Return to Learning (RTL) and Return to Physical Activity (RTPA) Plans have been developed in partnership with Parachute and are based on the most recent research and recommendations of the expert scientific community on concussion, that is the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.

The Home Return to School Form is for parents/guardians to track and communicate to the school a student's progress through the stages of the [Return to Learning \(RTL\) plan](#) and the [Return to Physical Activity \(RTPA\) plan](#) following a diagnosed concussion.

This section includes:

- [Background Information on the Concussion Recovery Process](#)
- [General Procedures for a Home Concussion Management Form \(Return to School Plan\)](#)
- [Instructions for a Home Concussion Management Form \(Return to School Plan\)](#)
- [Sample Home Concussion Management Form \(Return to School Plan\)](#)

Background Information on the Concussion Recovery Process

A student with a diagnosed concussion needs to follow a Return to School Plan which includes an individualized and gradual Return to Learning (RTL) plan and Return to Physical Activity (RTPA) plan. In developing the Return to School Plan, the RTL process is designed to meet the particular needs of the student, as there is not a pre-set plan of strategies and/or approaches to assist a student returning to their learning activities. In contrast the RTPA plan follows an internationally recognized graduated approach.

The management of a student concussion is a shared responsibility, requiring regular communication, between the home, school (Collaborative Team) and sport organizations with which the student is involved and registered with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (for example, nurses, physiotherapists, chiropractors and athletic therapists).

There are two parts to a student's RTL and RTPA plan. This first part occurs at home and prepares the student for the second part which occurs at school. The school part of the plan begins with:

- A meeting with the principal/designate to provide the parent(s)/guardian(s) information on:
 - the school part of the RTL and RTPA plan
 - the Collaborative Team participants and parent(s)/guardian(s) role on the team
- A student assessment to determine possible strategies and/or approaches for student learning

The home stages of the Return to School Plan for RTL and RTPA (Initial Rest to Stage 2 for RTS and Initial Rest to Stage 2b of RTPA) focuses on a student's progression through the home stages of the RTL and RTPA plan. It has been designed to provide direction for, and documentation of the stages of the RTL and RTPA plan.

General Procedures For a Home Concussion Management Form (Return to School Plan)

- The stages of the plan occur at home under the supervision of the parent/guardian in consultation with the medical doctor/nurse practitioner and/or other licensed healthcare providers.
- A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- If symptoms return, or new symptoms appear during stages 1 and 2 of the Concussion Return to School Plan for Return to Learning (RTL) and the Concussion Return to School Plan for Return to Physical Activity (RTPA), the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated.
- If at any time symptoms worsen, the student/parent/guardian should contact the medical doctor/nurse practitioner or seek medical help immediately.
- While the RTL and RTPA stages are inter-related they are not interdependent. Students do not have to go through the same stages of RTL and RTPA at the same time. However, before a student can return to school they must have completed RTL Stage 2 and RTPA Stage 2b.
- A student must not return to vigorous or organized physical activities where the risk of re-injury is possible, until they have successfully completed all stages of the Return to School plan. However early introduction of some low intensity physical activity in controlled and predictable environments with no risk of re-injury is appropriate.
- This plan does not replace medical advice.
- Progression through the plan is individual, timelines and activities may vary.

Instructions for the Home Concussion Management Form (Return to School Plan)

- Review the activities (permitted and not permitted) at each stage prior to beginning the plan.
- Check the boxes at the completion of each stage to record student's progress through the stages.
- A student may progress through the Return to Learning (RTL) stages at a faster or slower rate than the Return to Physical Activity (RTPA) stages.
- When the student has successfully completed stages 1 and 2 of the Concussion Return to School Plan for RTL and RTPA, parent(s)/guardian(s) must sign and date this form.
- Communicate to the school principal/designate that the student is ready to begin the school portion of the RTL and RTPA plan.