Documentation of a Diagnosed Concussion

The Return to Learn/Return to Physical Activity Plan is a gradual and individualized plan for a student diagnosed with a concussion or suspected of having a concussion. As school attendance is vital for all students, every effort will be made to ensure that the return to school is a priority following a concussion. Return to Learn/Return to Physical Activity is a combined approach.

Each step must take a minimum of **24 hours** and must involve the parent/guardian. The parent/guardian must acknowledge and provide a signature at each step of the plan (page 3 of Form C). If at any time the student experiences a return of symptoms, the parent must notify the school (Form D). At a return of symptoms, the student restarts the Return to Learn/Return to Physical Activity steps. Medical documentation is required for a return to full contact activities/sports after a suspected/diagnosed concussion (Form E).

Outline of Steps:

Step 1 – Return to Learn/Return to Physical Activity

- Completed at home.
- Cognitive Rest includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games).
- Physical Rest includes restricting recreational/leisure and competitive physical activities.

Step 2a- Return to Learn

- (i) Student returns to school.
- (ii) Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity. Teacher may refer to Return to Learn: Accommodations and Strategies Sheet (Appendix 2)
- (iii) Physical rest- includes restricting recreational/leisure and competitive physical activities.

Step 2b - Return to Learn (completion of Return to Learn)

(i) Student returns to regular learning activities at school.

Step 2c- Return to Physical Activity

- (i) Student can participate in individual light aerobic physical activity only.
- (ii) Student continues with regular learning activities.

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Step 3 – Return to Physical Activity

• Student may begin individual sport-specific physical activity only.

Step 4 – Return to Physical Activity (completion of all aspects of Return Plan)

• Student may begin activities where there is no body contact (e.g., dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills.

Step 5 – Return to Physical Activity

 Student may resume regular physical education/intramural activities/interschool activities in noncontact sports and full training/practices for contact sports. (Medical documentation required; Form E)

Step 6 – Return to Physical Activity

• Student may resume full participation in contact sports with no restrictions.

Parent Consent Form

Step 1 - Return to Learn/Return to Physical Activity

- My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and his/her symptoms have shown improvement. My child/ward will proceed to Step 2a – Return to Learn.
- My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is symptom free. My child/ward will proceed directly to Step 2b Return to Learn and Step 2 Return to Physical Activity.

Parent/Guardian signature: _____

Date: _____

Step 2a – Return to Learn

My child/ward has been receiving individualized classroom strategies and/or approaches and is symptom free. My child/ward will proceed to Step 2b – Return to Learn and Step 2c – Return to Physical Activity.

Parent/Guardian signature: _____

Date: _____

Step 2b - Return to Learn (Step 2 and 2b happen simultaneously)

Student returns to regular learning activities at school.

Step 2c - Return to Physical Activity

- My child/ward is symptom free after participating in light aerobic physical activity. My child/ward will proceed to Step 3 Return to Physical Activity.
- This form (Documentation for a Diagnosed Concussion Return to Learn/Return to Physical Activity Plan) will be returned to the teacher to record progress through Steps 3 and 4.

Parent/Guardian signature: _____

Date:

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Step 3 – Return to Physical Activity

• Student may begin individual sport-specific physical activity only.

Step 4 – Return to Physical Activity

- Student may begin activities where there is no body contact (e.g., dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills.
- Student has successfully completed Steps 3 and 4 and is symptom free. (Teacher or School Contact to check box and return forms to parents for completion of steps 5 and 6.

Step 5 – Return to Physical Activity

• Student may resume regular physical education/intramural activities/interschool activities in noncontact sports and full training/practices for contact sports.

Parent/Guardian signature: _____

Date: _____

Step 6 – Return to Physical Activity

• Student may resume full participation in contact sports with no restrictions.

Parent/Guardian signature: _____

Date: