

Appendix C-3b: School Concussion Management Form - Return to Learn and Return to Physical Activity

This form is to be used by parents/guardians and the school concussion team to document the student’s progression through the Return to Learn (RTL) and Return to Physical Activity (RTPA) plans. 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.

At each stage below, the form will go back and forth between home and school.

- Review the activities (permitted and not permitted) at each stage prior to beginning the plan
- The school provides appropriate activities and records student’s progress by checking, dating, initialing the completion of each stage and communicating information to parent/guardian.
- Within each stage, the parent/guardian completes, checks, dates and signs the student’s tolerance to those activities (that is, no returning, new or worsening symptoms) giving permission for the student to progress to the next state and returns completed form to the school.

The School Concussion Management Form (Return to School Plan) derives from stages 3a to 4b of the Return to Learn Plan and the stages 3 to 6 of the Return to Physical Activity Plan. Return to Learn must be completed prior to the student returning to physical activity. Each step must take a minimum of 24 hours (Note: Step 2b - Return to Learn and Step 2 - Return to Physical Activity occur concurrently).

Stage 1 and 2 - Return to Learn/Return to Physical Activity

- *Completed at home and signed off using the Home Concussion Management Form this must be completed before the Collaborative Team works through the stages of this form.*

If at any time during the following steps symptoms return, you must return to the previous stage for at least 24 hours symptom free.

Return to Learn (RTL)

Stage 3a - Return to Learn (RTL)

Student returns to school with an initial time of 2 hours. The individual RTL plan is developed by the Collaborative Team following the student conference and assessment of the student’s individual needs determining possible strategies and/or approaches for student learning.

Activities Permitted at this Stage	Activities Not Permitted at this Stage
Activities from previous stage School work for up to 2 hours per day in smaller chunks (completed at school) working up to a 1/2 day of cognitive activity Adaptation of learning strategies and/or approaches	Tests/exams Homework Music class Assemblies Field trips

School Responsibility

- The student has demonstrated they can tolerate up to a half day of cognitive activity.
- The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

School Initials: _____ Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.
- The student has exhibited or reported a return of symptoms, new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school

Parent/Guardian Signature: _____ Date: _____

Comments: _____

Stage 3b - Return to Learn (RTL)

The student continues attending school half time with gradual increase in school attendance time, increased school work and a decrease in adaptation of learning strategies and/or approaches.

Activities Permitted at this Stage	Activities Not Permitted at this Stage
Activities from previous stage School work for 4-5 hours per day, in smaller chunks (for example, 2-4 days of school/week) Homework - up to 30 minutes per day Decrease adaptation of learning strategies and/or approaches Classroom testing with accommodations	Standardized tests/exams

School Responsibility

- The student has demonstrated they can tolerate up to 4-5 hours of cognitive activities listed.
- The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

School Initials: _____ Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.
- The student has exhibited or reported a return of symptoms, new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school

Parent/Guardian Signature: _____ Date: _____

Comments: _____

Stage 4a - Return to Learn (RTL)

Full day school, minimal adaptation of learning strategies and/or approaches.
 Nearly normal workload.

Activities Permitted at this Stage	Activities Not Permitted at this Stage
Activities from previous stage Nearly normal cognitive activities Routine school work as tolerated Minimal adaptation of learning strategies and/or approaches <ul style="list-style-type: none"> • Start to eliminate adaptation of learning strategies and/or approaches • Increase homework to 60 minutes per day • Limit routine testing to one test per day with accommodations (for example, supports - such as more time) 	Standardized tests/exams

School Responsibility

- The student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches.
- The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

School Initials: _____ Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.

- The student has exhibited or reported a return of symptoms, new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school

Parent/Guardian Signature: _____ Date: _____

Comments: _____

Stage 4b - Return to Learn (RTL)

At school: full day, without adaptation of learning strategies and/or approaches

Activities Permitted at this Stage	Activities Not Permitted at this Stage
Normal cognitive activities Routine school work Full curriculum load (attend all classes, all homework, tests) Standardized tests/exams Full extracurricular involvement (non-sport/non-physical activity, for example, debating club, drama club, chess club)	

School Responsibility

- The student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches.
- The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

School Initials: _____ Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.
- The student has exhibited or reported a return of symptoms, new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school

Parent/Guardian Signature: _____ Date: _____

Comments: _____

Return to Physical Activity (RTPA)

Stage 3 - Return to Physical Activity (RTPA)

Simple locomotor activities/sport-specific exercise to add movement

Activities Permitted at this Stage	Activities Not Permitted at this Stage
<p>Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical /recreational dancing at a moderate pace)</p> <p>Simple individual drills (for example, running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury</p> <p>Restricted recess activities (for example, walking)</p>	<p>Full participation in physical education or Daily Physical Activity</p> <p>Participation in intramurals</p> <p>Full participation in interschool practices</p> <p>Interschool competitions</p> <p>Resistance or weight training</p> <p>Body contact or head impact activities (for example, heading a soccer ball)</p> <p>Jarring motions (for example, high speed stops, hitting a baseball with a bat)</p>

School Responsibility

- The student has demonstrated they can tolerate simple individual drills/sport-specific drills as listed in permitted activities.
- The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

School Initials: _____ Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.
- The student has exhibited or reported a return of symptoms, new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school

Parent/Guardian Signature: _____ Date: _____

Comments: _____

Stage 4 - Return to Physical Activity (RTPA)

Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.

Activities Permitted at this Stage	Activities Not Permitted at this Stage
Activities from previous stage More complex training drills (for example, passing drills in soccer and hockey) Physical activity with no body contact (for example, dance, badminton) Participation in practices for non-contact interschool sports (no contact) Progressive resistance training may be started Recess - physical activity running/games with no body contact Daily Physical Activity	Full participation in physical education Participation in intramurals Body contact or head impact activities (for example, heading a soccer ball) Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)

School Responsibility

- The student has completed the activities in Stage 4 as applicable
- The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.
- A Concussion Medical Clearance Form is sent home to parent/guardian.

School Initials: _____ Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.
- The student has exhibited or reported a return of symptoms, new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school

Parent/Guardian Signature: _____ Date: _____

Comments: _____

Before progressing to Stage 5, the student must:

- Have completed Stage 4a and 4b of RTL (full day at school without adaptation of learning strategies and/or approaches);
- Have completed Stage 4 of RTPA and be symptom-free; and
- Obtain a signed medical clearance from a medical doctor or nurse practitioner.

Please note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.

Stage 5: Return to Physical Activity (RTPA)

Following medical clearance, full participation in all non-contact physical activities (that is, non-intentional body contact) and full contact training/practice in contact sports.

Activities Permitted at this Stage	Activities Not Permitted at this Stage
Physical Education Intramural programs Full contact training/practice in contact interschool sports	Competition (for example, games, meets, events) that involves body contact

School Responsibility

- The student has completed the applicable activities in Stage 5
- The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

School Initials: _____ Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.
- The student has exhibited or reported a worsening of symptoms or new symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school

Parent/Guardian Signature: _____ Date: _____

Comments: _____

Stage 6: Return to Physical Activity (RTPA)

Unrestricted return to contact sports. Full participation in contact sports games/competitions

School Responsibility

- The student has completed full participation in contact sports
- The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

School Initials: _____ Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.
- The student has exhibited or reported a worsening of symptoms or new symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school

Parent/Guardian Signature: _____ Date: _____

Comments: _____

