Return to Learn/Return to Physical Activity Plan for Suspected/Diagnosed Concussions

Collaborative Team Approach: The Return to Learn/Return to Physical Activity should be developed by a collaborative team approach led/designated by the school Administrator or designate, with ongoing communication and monitoring by all members.

Team Members:
- Concussed student
- Parent/guardian of student
- School staff working with the student
- Medical doctor or nurse practitioner (if available)

Step	Description	Who is Responsible	Documentation Required	Notes
1	**Cognitive rest at HOME** Restrict or limit cognitive activities which require concentration and attention (e.g. reading, video games). **Physical rest at HOME** Restrict all physical activity including recreation/leisure and competitive physical activities. **Duration:** Minimum 24 hours and until student's symptoms improve or student is symptom free.	Parent/Guardian	Step 1 of the Return to Learn/Return to Physical Activity Plan	Student must be monitored for worsening of cognitive or physical symptoms. Rest period must be a minimum of 24 hours.

Return to Learn - Designated Member of Collaborative Team (DMCT):

Once the student has completed Step 1 and is able to return to school, one school staff (i.e. designated member of the collaborative team appointed by the school Administrator or designate) needs to serve as the point of contact for all of the collaborative team members.

Return of Concussion Symptoms:

If new or returning symptoms occur, or deterioration of work habits or performance occur, the student must be re-examined by a medical doctor or nurse practitioner. If this occurs, the parent/guardian must notify the school Administrator or designate of any new or returning symptoms. The student will be returned to Step 1 of the Return to Learn/Return to Physical Activity Plan.

Return to Learn/Return to Physical Activity for Suspected/Diagnosed Concussions

The Return to Learn/Return to Physical Activity Plan is a combined approach. Step 2a 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 2c - Return to Physical Activity occur simultaneously)**

Return to Learn

Step	Description	Who is Responsible	Documentation Required	Notes
2a	Student requires individualized classroom strategies and/or approaches to learning activities which will need ongoing adjustments as recovery occurs.	School Staff/DMCT	Step 2a of the Return to Learn/Return to Physical Activity Plan	Student may skip Step 2a if parents/guardians notify the school Administrator that the student has completed Step 2a and is symptom-free (e.g. weekend concussion).
2b	Student begins regular learning activities without any individualized classroom strategies and/or approaches.	School Staff/DMCT	N/A	Student should be concurrently completing Step 2b and Step 2c.

Return to Physical Activity

Step	Description	Who is Responsible	Documentation Required	Notes
2c	Activity: Student begins light aerobic physical activities only (e.g. walking while with maintaining a intensity below 70% of maximum permitted heart rate). Objective: Increase heart rate. Duration: Minimum 24 hours.	School Staff/DMCT	Step 2c of the Return to Learn/Return to Physical Activity Plan	Restrictions: No resistance/ weight training, no body contact, no competitions or practices, no participation with other students or equipment. Maximum of 10-15 minutes of activity over a 24 hour period.

Return to Learn/Return to Physical Activity for Suspected/Diagnosed Concussions

Step	Description	Who is Responsible	Documentation Required	Notes
3	**Activity:** Individual sport-specific physical activity only (e.g. soccer running drills, hockey skating drills, basketball shooting drills). **Objective:** Add movement. **Duration:** Minimum 24 hours.	School Staff/DMCT	Step 3 of the Return to Learn/Return to Physical Activity Plan	**Restrictions:** No resistance/ weight training, no competition or practices, no body contact, no head impact, or other jarring motions. Maximum 20-30 minutes of activity over a 24 hour period.

Step	Description	Who is Responsible	Documentation Required	Notes
4	**Activity:** Activities with no body contact (e.g. badminton, dance). Progressive resistance training may begin. Non-contact practice and progression to more complex training drills can begin (e.g. passing drills in football and ice hockey). **Objective:** Increase exercise, coordination and cognitive load. **Duration:** Minimum 24 hours.	School Staff/DMCT	Step 4 of the Return to Learn/Return to Physical Activity Plan	**Restrictions:** No activities involving body contact, head impact, or other jarring motions.

5	**Activity:** Full participation in regular physical education/intramural/interschool activities in non-contact sports. Full training/practices for contact sports. **Objective:** Restore confidence, assess functional skills by DMCT. **Duration:** Minimum 24 hours.	School Staff/DMCT	Step 5 of the Return to Learn/Return to Physical Activity Plan	**Restrictions:** No competition (e.g. games, meets, events) involving body contact.

Step	Description	Who is Responsible	Documentation Required	Notes
6	**Activity:** Full return to pre-injury activities, including full participation in contact sports.	School Staff/DMCT	N/A	All student forms collected must be filed in the student's OSR. **Restrictions:** None

SAMPLE RETURN TO LEARN/RETURN TO PHYSICAL ACTIVITY PLAN

Once a student has sustained a suspected/diagnosed concussion, an individualized *Return to Learn/Return to Physical Activity Plan* (Appendix E) must be developed using a Collaborative Team approach. Ongoing communication and monitoring by all members of the team is critical for student success throughout the plan.

The Collaborative Team members, along with their general duties include:

a) Concussed Student: If able, contribute thoughts about the development and progression of the plan, including any symptoms they are experiencing.
b) Parents/Guardians: Provide required documentation to School Administrator(s) and report any changes in signs/ symptoms while their child/ward is outside of school.
c) Medical Doctor/Nurse Practitioner: If able, contribute cognitive and physical restrictions after involvement in diagnosis.
d) School Staff Working with the Student: Develop and deliver individualized classroom strategies based on the student's cognitive and physical restrictions. Observe and report any changes of signs/symptoms of the student.
e) School Administrator(s): Appoint members of the Collaborative Team, including the Designated Member of the Collaborative Team (DMCT). Provide the parent/guardian of a concussed student with necessary forms. Communicate all policies and procedures with members of the Collaborative Team. Approve any adjustments to the student's schedule and individualized classroom strategy.

Developing an Individualized Return to Learn/Return to Physical Activity Plan

There is no preset formula for the development of the Return to Learn portion of the Plan to assist the concussed student. It is an individualized approach and must be tailored to the student. Please see Appendix E regarding the Return to Physical Activity portion of the Plan.

1. **Identify Types of Signs/Symptoms the Student is Experiencing**

Initially, use the **Letter of Accommodation for Suspected/Diagnosed Concussions** provided by the parent/guardian to identify the signs/symptoms the student is experiencing. Identification of signs/symptoms is an ongoing process which must be reported throughout the Plan. Possible signs/symptoms a school staff working with the student can identify include:

a) Cognitive e.g., speed of reading, difficulties doing multi-step math problems, issues with maintaining attention or being easily distracted.
b) Emotional/Behavioural e.g., easily agitated or irritated, feeling overwhelmed, feeling frustrated or angry.

2. **Identify Specific Factors that May Worsen the Student's Signs/Symptoms**

School staff working with the student, along with the parents/guardians, must identify factors which can worsen the reported signs/symptoms prior to developing the individualized classroom strategy. Sample questions to consider in this step include:

a) Could some classes, subjects, or activities pose a greater difficulty than others? (compared to pre-concussion performance).
b) Are there specific things in the school or classroom environment that could distract the student?
c) Is there a specific time frame after which the student becomes unfocused or fatigued?
d) Is the student's ability to concentrate, work or read at a normal speed related to the time of day?
e) Are behavioural signs/symptoms linked to specific events, settings (e.g., loud noises or bright lights), tasks, or other activities?

3. **Develop Individualized Classroom Strategies/Approaches to Learning Activities** – Step 2a of the *Return to Learn/Return to Physical Activity Plan* (Appendix E)

   (Note: Strategies must vary based on the student's age, level of understanding and emotional status)

   The goal of the individualized classroom strategies is to limit the student's cognitive activity to a level which is tolerable for the student and does not contribute to worsening or re-emerging signs/symptoms. The tolerance for cognitive activity increases through the recovery process.

   Individualized classroom strategies/approaches to learning activities include:

   Sample Strategies for Cognitive Limitations:
   a) Concentrate on general cognitive skills initially (e.g., organization and flexible thinking rather than specific academic tasks).
   b) Focus on the strengths of the student and expand the course load based on the strengths to more challenging work.
   c) Adjust the student's schedule as need to maximize student attention and focus (e.g., shorten the day, deliver challenging content/classes during a time when the student is most alert, allow for rest breaks, reduce overload course load).
   d) Adjust the learning environment to reduce distractions or irritations (e.g., move the student away from bright lights or windows, closer to the teacher, or away from noisy areas)
   e) Incorporate the use of computer-assisted or audio learning systems for students having reading comprehension problems.
   f) Provide extra time for in-class assignments or test completion.
   g) Permit the student to record classes for future reference.
   h) Assist the student create a task list or daily planner/organizer.
   i) Increase repetition in assignments/tasks to reinforce learning.
   j) Break large assignments/tasks into smaller parts and offer recognition cues.
   k) Provide student with alternate methods of master demonstration (e.g., multiple choice or verbal responses to questions instead of long essay responses).
   l) Designate a note-taker for the student during class time.
   m) Use learning materials appropriate for tolerance levels (e.g., avoid electronic device such as tablets or computers).

   Sample Strategies for Behavioural/Emotional/Social Limitations:
   a) Establish a cooperative relationship with the student while engaging the student in any decisions regarding their individualized plan (if age appropriate).
   b) Set reasonable goals and expectations for the student and communicate these with the collaborative team.
   c) Redirect the student to other curriculum elements associated with success if they are becoming frustrated/ agitated with failure in one area.
   d) Provide reinforcement for academic achievements and positive behaviours.
   e) Empathize with and acknowledge student's negative emotions (e.g., frustration, anger, sadness).
   f) Provide and ensure structure and consistency among all school staff working with the student.
   g) Arrange for the student to complete work or take breaks in designated areas appropriate for limitations (e.g., complete assignments in private area or eat lunch in area away from crowded or noisy cafeteria)

4. The strategies listed above must be continually re-evaluated and altered by the collaborative team based on the student's tolerable cognitive activity throughout the entire *Return to Learn/Return to Physical Activity Plan* (Appendix E), until the student is able to return to full pre-concussion learning activities.

5. **Note:** The above activities focus on the cognitive strategies to assist in returning the student to prior learning activities, or the Return to Learn portion of the Plan. The Return to Physical Activity portion of the plan is outlined in detail on the *Return to Learn/Return to Physical Activity Plan* (Appendix E). This includes sample physical activities, objectives, and restrictions.

RETURN TO LEARN/RETURN TO PHYSICAL ACTIVITY PLAN

Designated Members of Collaborative Team: _____

_____

_____

Student Name: _____ **Plan Start Date:** _____

Each step must take a minimum of 24 hours. If any signs and/or symptoms of a concussion return any time during the following stages, the student must return to Step 1. A re-examination of the student by a medical doctor/ nurse practitioner is recommended.

Steps	Description	Date Completed	School Staff Initials	Notes
Step 1	**Appendix A, B & C completed and returned.** Cognitive and physical rest at home.			
Step 2a	Individualized classroom strategies and/or approaches to learning activities. Physical rest continues.			
Step 2b & Step 2c	Regular learning activities. Light and aerobic physical activities only.			
Step 3	Regular learning activities. Individual sport-specific physical activity only.			
Step 4	Regular learning activities. Activities with no body contact and progressive resistance training only.			
Step 5	Regular learning activities. Full participation in regular non-contact sports (physical education, intramural, interschool). Full training/ practices for contact sports.			
Step 6	**Appendix D completed & returned.** Full return to pre-concussion activities, including regular learning activities and full participation in contact sports.			