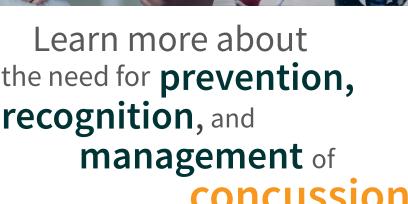
recognition, and management of concussion



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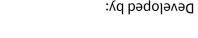


resources that are both printable and smartphone accessible. information. The website is updated frequently and includes online courses, videos, and and administrators with a comprehensive and up-to-date collection of concussion provides medical professionals, parents, players, coaches, and school professionals The free Concussion Awareness Training Tool (CTTA)

The recognition, appropriate treatment, and management of a concussion

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is crucial to the health and safety of our kids.











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HEALTH BC

CHIFD

This tool is a guideline for managing a student's return to school following a concussion and does not replace medical advice. Timelines and activities **Return to School** may vary by direction of a health care professional.

	AT HOME		AT SCHOOL			
STAGE 1:	STAGE 2:		STAGE 3:	STAGE 4:	STAGE 5:	STAGE 6:
Physical & cognitive rest Basic board games, crafts, talk on phone Activities that do not increase your heart rate or cause you to break a sweat Limit/Avoid: Computer, TV, texting, video games, reading No: School work Sports Work Driving until cleared by a health care professional	Start with light cognitive activity: Gradually increase cognitive activity up to 30 min. Take frequent breaks. Prior activities plus: Reading, TV, drawing Limited peer contact and social networking Contact school to create Return to School plan.	When light cognitive activity is tolerated: Introduce school work. Prior activities plus: • School work as per Return to School plan Communicate with school on student's progression.	Back to school part-time Part-time school with maximum accommodations. Prior activities plus: • School work at school as per Return to School plan No: • P.E., physical activity at lunch/recess, homework, testing, sports, assemblies, field trips Communicate with school on student's progression.	Part-time school Increase school time with moderate accommodations. Prior activities plus: Increase time at school Decrease accommodations Homework – up to 30 min./day Classroom testing with adaptations No: P.E., physical activity at lunch/recess, sports, standardized testing Communicate with school on student's progression.	Full-time school Full days at school, minimal accommodations. Prior activities plus: • Start to eliminate accommodations • Increase homework to 60 min./day • Limit routine testing to one test per day with adaptations No: • P.E., physical activity at lunch/recess, sports, standardized testing	Full-time school Full days at school, no learning accommodations. Attend all classes All homework Full extracurricular involvement All testing No: full participation in P.E. or sports until Return to Sport protocol completed and written medical clearance provided Full academic load
	No: - School attendance - Sports - Work		School work only	Increase school work, introduce homework,	Work up to full days at school, minimal learning accommodations	
Rest	Gradually add cognitive activity including school work at home		at school	decrease learning accommodations		
When symptoms start to improve OR after resting for 2 days max, BEGIN STAGE 2	Tolerates 30 min. of cognitive activity, introduce school work at home	Tolerates 60 min. of school work in two 30 min. intervals, BEGIN STAGE 3	Tolerates 120 min. of cognitive activity in 30- 45 min. intervals, BEGIN STAGE 4	Tolerates 240 min. of cognitive activity in 45- 60 min. intervals, BEGIN STAGE 5	Tolerates school full- time with no learning accommodations BEGIN STAGE 6	Return to School protocol completed; focus on RETURN TO SPORT

Note: A student is tolerating an activity if symptoms are not exacerbated.

Adapted from the Return to Learn protocol by G.F. Strong School Program (Vancouver School Board), Adolescent and Young Adult Program, G.F. Strong Rehabilitation Centre.

BOTH TOOLS CAN BE USED IN PARALLEL; HOWEVER, RETURN TO SCHOOL SHOULD BE COMPLETED

RETURN TO SPORT IS COMPLETED

may cause a significant setback in recovery.

This tool is a guideline for managing an individual's return to sport following a concussion and does not replace **Return to Sport** medical advice. Timelines and activities may vary by direction of a health care professional.

STAGE 1: STAGE 2: STAGE 4: STAGE 5: **STAGE 6:** STAGE 3: No sporting Light aerobic **Sport-specific Non-contact drills Full-contact Back in the game** activity exercise exercise practice Normal game play Progress to complex training drills Physical and Walking, swimming, Skating drills (ice hockey), Following medical (e.g. passing drills). cognitive rest until running drills (soccer). clearance participate in stationary cycling. symptoms start to normal training activities. May start resistance No head-impact activities. No resistance training. improve OR after resting training. The pace of these for 2 days max. activities should be at the point where you are still able to have a conversation. Restore confidence; assess functional skills Exercise, coordination, cognitive load Add movement Increase heart rate Recovery **Note: Premature return** to contact sports (full practice and game play) Symptoms improve or 2 No new or worsening No new or worsening Symptom-free for Symptom-free for

24 hours?

Yes: Move to stage 5

No: Return to stage 3

Time & Date completed:

symptoms for 24 hours?

Yes: Move to stage 4

No: Return to stage 2

Time & Date completed:

If new or worsening symptoms are experienced at any stage, go back to the previous stage for at least 24 hours. You many need to move back a stage more than once during the recovery process.

symptoms for 24 hours?

Yes: Move to stage 3

No: Return to stage 1

Time & Date completed:

24 hours?

Yes: Move to stage 6

No: Return to stage 4

Time & Date completed:

days rest max?

Yes: Move to stage 2

No: Continue resting

Time & Date completed: