



Both Return-to-School and Return-to-Sport / Physical Activity Strategies can be done in parallel.

However, the Return-to-School Strategy should be completed before starting Step 4 of the Return-to-Sport / Physical Activity Strategy.

This tool is a guideline for managing a student's return to school following a concussion and does not replace medical advice. Every concussion is unique, and recovery is different for each student. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or licenced health care professional with relevant training.

RETURN TO-SCHOOL		STEP A	STEP B	STEP C	STEP D	STEP E
NAME & GOAL OF EACH STEP	Activities of daily living and relative rest Gradual reintroduction of typical activities as tolerated	School activities as tolerated Increase tolerance to cognitive work and connect socially with peers	Back to school part-time as an observer Reintroduction to the school environment with accommodations	Part-time or full days at school with accommodations (as needed) Gradual increase in academic activities	Return to school full-time Return to full academic activities without restrictions	
ACCEPTABLE ACTIVITIES	Doing activities at home that do not result in more than mild* and brief** worsening of symptoms such as: <ul style="list-style-type: none"> Social interactions Light walking Preparing meals Housework Simple board and/or card games <p>Inform the school administration of the results of the medical examination.</p>	<ul style="list-style-type: none"> Reading, completing homework, or other light cognitive activities at home) Taking breaks and adapting activities if they result in more than mild* and brief** worsening of symptoms Screen time may be gradually resumed, as tolerated Returning to school as soon as possible (as tolerated) is encouraged <p>Contact school to prepare for the student's return to classroom environment.</p>	<p>Note: The student may proceed directly to STEP D, unless advised otherwise</p> <p>Attending school part-time as an observer with maximum usage of concussion-related accommodations.</p> <ul style="list-style-type: none"> Building to a half day of cognitive activities Starting with 30-45min intervals 	<ul style="list-style-type: none"> Gradually reintroducing schoolwork Building tolerance to the classroom and school environment over time Allowing for classroom tests with adaptations Gradually reducing the use of accommodations as tolerated <p>Communicate with the school on student's progression.</p>	<ul style="list-style-type: none"> Attending all classes. Resuming routine schoolwork/homework Resuming all standardized tests Resuming full extracurricular involvement for non-sport activities (e.g., debating club, drama club, chess club) 	
ACTIVITIES TO BE AVOIDED	<ul style="list-style-type: none"> Minimize screen time No schoolwork No alcohol, tobacco, caffeine, and no other stimulant use <p>Avoid driving during the first 24-48 hours after a concussion.</p>	<ul style="list-style-type: none"> A complete absence from the school environment for more than one week is not generally recommended Limit caffeine use 	<ul style="list-style-type: none"> No music class No homework No adapted tests 	<ul style="list-style-type: none"> No standardized tests 	<ul style="list-style-type: none"> No usage of any learning accommodations 	
TIMELINE	After a maximum of 24-48 hours after the injury, Begin STEP B	Able to tolerate school activities for 24 hours? No: Reattempt STEP B Yes: Begin STEP D (or Begin Step C if advised)	Able to tolerate a half day at school as an observer for 24 hours? No: Reattempt STEP C Yes: Begin STEP D	Able to tolerate full days without concussion-related accommodations for 24 hours? No: Reattempt STEP D Yes: Begin STEP E	Able to tolerate full academic workload without accommodations for 24 hours? No: Reattempt STEP E Yes: The Return-to-School Strategy is completed	

Each step must take a minimum of 24 hours but could last longer depending on the severity and type of symptoms present. It's acceptable for symptoms to worsen slightly with activity, so long as the exacerbation is mild* and brief**. If the student's symptoms worsen more than this, they should stop the activity and reattempt the same step the next day. *Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale. **Brief exacerbation of symptoms: Worsening of symptoms for up to 1 hour.