

RETURN TO ACADEMICS PROGRESSION

Progression is individual. All concussions are different. A student may start at any of these steps, depending on symptoms—this is determined by physician recommendation. A student may remain at a step longer if needed. If symptoms worsen, the Concussion Management Team (CMT) should reassess. If symptoms quickly improve, a student may also skip a step or two. Be flexible.

Steps	Progression	Description
1	HOME (if ordered) — Cognitive and physical rest	<ul style="list-style-type: none"> Stay at home No driving Limited mental exertion — computer, texting, video games, homework
2	HOME (if ordered) — Light Mental Activity	<ul style="list-style-type: none"> Stay at home No driving Up to 30 minutes mental exertion (light assignments) No prolonged concentration

Progress to Step 3 when student handles up to 30 minutes of sustained mental exertion without worsening of symptoms

3	SCHOOL — Part Time Maximum adjustments Shortened day/schedule Built-in breaks	<ul style="list-style-type: none"> Provide quiet place for scheduled mental rest Lunch in quiet environment No significant classroom or standardized testing Modify rather than postpone academics Provide extra time, help, and modified assignments
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Progress to Step 4 when student handles 30–45 minutes of sustained mental exertion at a time without worsening of symptoms

4	SCHOOL — Part Time Moderate adjustments Shortened day/schedule	<ul style="list-style-type: none"> No standardized testing Modified classroom testing Moderate decrease of extra time, help, and modification of assignments
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Progress to Step 5 when student handles 60 minutes of mental exertion at a time without worsening of symptoms

5	SCHOOL — Full Time Minimal adjustments	<ul style="list-style-type: none"> No standardized testing; routine tests are OK Continued decrease of extra time, help, and modification of assignments May require more support in academically challenging subjects
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Progress to Step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance for full return to academics

6	SCHOOL — Full Time Full academics No adjustments	<ul style="list-style-type: none"> Attends all classes Full homework and testing
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When symptoms continue beyond 4 weeks, prolonged in-school supports are required. Request a 504 meeting to plan and coordinate student supports. (Resource: 504 Plan)

RETURN TO PHYSICAL ACTIVITY PROGRESSION

Return to play is a medical decision.. To begin the Return to Play Plan, the student must be free of all symptoms, have no academic adjustments in place, and be cleared by a healthcare provider. The student may spend 1–2 days at each step before advancing to the next. Check in with student at least every 20 minutes. **If post-concussion symptoms occur at any step, stop activity and have the CMT reassess.**

[Sample Return to Physical Activity Progression]

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity until cleared.	Symptom limited physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling No resistance training	Increase HR- Intensity- (<70% maximum permitted heart rate)- not breathing hard.
3. Sport-specific exercise	Jog medium pace, sit-up, push-ups ok; Running drills in soccer. No head impact activities	Add movement Intensity= breathing heavy, can talk while exercising
4. Non-contact training drills	Swings ok; Progression to more complex training drills, e.g., passing drills in football and hockey. May start progressive resistance training	Exercise, coordination and cognitive load Intensity: difficult conversation
5. Full-contact Practice	<u>Following medical clearance</u> participate in normal training activities; ensure warm up	Restore confidence and assess functional skills by PE/coaching staff
6. Return to play	Normal game play	

Recommendations from 2012 Zurich Consensus Statement on Concussion —McRory, P., Meeuwisse, WH, Aubry, M, et al., *Br. J. Sports Med* 2013; 47: 250–258.

RETURN TO ACTIVITY DOCUMENTATION

Student: _____	Teacher/Coach: _____
Parent/Guardian: _____	Activity/Sport: _____
Phone Number: _____	Date of Injury: ____/____/____
School SN/Counselor: _____	Cause of Injury: _____

Suspected Concussion	<input type="checkbox"/> Remove the student from participation (athletics, PE class, weight training, playground etc.) <input type="checkbox"/> Nurse or Trainer (if at location) evaluates student <input type="checkbox"/> Contact the parent/guardian. <input type="checkbox"/> Parent/Guardian given concussion information & medical clearance form. <input type="checkbox"/> Head injury report completed
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Following Concussion:	<input type="checkbox"/> Concussion Management Team notified. <input type="checkbox"/> A member from the Concussion Management Team follows up with parent to check on student's status, review next steps of Return to Activity, and answer any questions. <input type="checkbox"/> Ensure Counselor/ SW / School Nurse contacted <input type="checkbox"/> Email sent to teachers with initial accommodations
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IF Student is Has Symptoms	<input type="checkbox"/> Concussion Management Team monitors Return to Academics graduated steps and accommodations as needed <input type="checkbox"/> Continue to monitor symptom checklist record below for team: date ____/____/____ score _____ date ____/____/____ score _____ date ____/____/____ score _____ date ____/____/____ score _____
NOTE: Guardians should be alerted to see medical provider within 72h of injury occurrence	

WHEN Student is symptom free:	<input type="checkbox"/> Parent/Guardian obtains signature for release from licensed health care provider to return to full academics and begin Return to Physical Activity Protocol (physician (MD), physician's assistant (PA), doctor of osteopathic medicine (DO), or nurse practitioner). Date received ____/____/____ <input type="checkbox"/> The student may proceed to Stage 1 of Return to Play Protocol providing he/she remains symptom free. Date ____/____/____ Stage 1 ____ Date ____/____/____ Stage 2 ____ Date ____/____/____ Stage 3 ____ Date ____/____/____ Stage 4 ____ Date ____/____/____ Stage 5 ____
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WHEN Student Completes return To Physical Activity Protocol	<input type="checkbox"/> Concussion Team approved completion of Return-to Play Protocol Date ____/____/____ 6-Return to Play
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