



RETURN TO SCHOOL After Concussion



- This tool is to help guide the return to school after a concussion, but does not replace medical advice from a health care professional.
- Each stage lasts at least 24 hours and recovery timelines will vary for each injury. Only move to the next stage when activities can be completed without aggravating symptoms. Do not try to rush the recovery.
- If symptoms return after moving to a new stage, return to the previous stage.
- When introducing new activities, always begin in 5-15 minute intervals with plenty of breaks. Gradually increase the intervals to up to 30-60 minutes as symptoms allow. Do not increase the interval until symptoms are not provoked by the activity.
- If symptoms do not improve within 48 hours after the initial injury, or if symptoms continue to get worse during the recovery, seek medical help immediately.

STAGE 1 | Rest

Create a quiet and calm environment to rest physically and cognitively. Sleep as much as needed - be checked on but not woken up. Avoid caffeine, computers, cell phones, TV, reading, school work, sports, work, driving, and emotional situations, and keep social visits brief.

Recommended activities:

- Brief phone calls
- Board/card games
- Crafts
- Other activities that don't require physical or mental exertion

MOVE TO NEXT STAGE | When symptoms begin to improve OR after 48 hours of resting

STAGE 4 | Return to school part-time

Only take part in school work in class at this stage - avoid P.E. & music classes, physical activity at lunch/recess, sports, assemblies, field trips, extra-curricular activities, homework, tests, and carrying heavy loads such as a backpack.

Recommended activities:

- Up to 120 minutes of activity per day, in increments
- Half-days at school, 1-2 days/week
- Increased, but still light physical activities at home
- Communicate progress with school

MOVE TO NEXT STAGE | When symptoms allow for 120 mins of school per day for 1-2 days a week

STAGE 2 | Light cognitive activities

Begin trying light mental activities while carefully monitoring symptoms, and start a consistent sleep schedule. Continue avoiding caffeine, work, physical exertion, emotional situations, and school work, and keep social visits brief.

Recommended activities:

- Limited computer, cell phone, & T.V. use if symptoms allow
- Light reading
- Drawing/crafts
- LEGO/board or card games
- Limited peer contact

MOVE TO NEXT STAGE | When symptoms allow for 30 minutes of cognitive activity without breaks

STAGE 5 | Slowly remove accommodations

Reduce accommodations only as symptoms allow. Do not rush this stage. Continue to avoid P.E. & music classes, physical activity at lunch/recess, sports, homework, and tests.

Recommended activities:

- Increased time at school
- Increased classroom participation
- Slowly decrease any learning accommodations
- Up to 30 mins homework per day
- Continue to communicate progress with school

MOVE TO NEXT STAGE | When symptoms allow for 240 mins of school per day for 2-4 days a week

STAGE 3 | Light physical & school activities

Slowly begin introducing light physical activities and school work while monitoring symptoms. Limited caffeine use is now acceptable.

Recommended activities:

- Walking/yoga
- Household cleaning/chores
- Slightly increased peer contact
- School-work/homework
- Contact school to plan a part-time return to school

MOVE TO NEXT STAGE | When symptoms allow for 60 minutes of school work with 1 break

STAGE 6 | Return to school full time

Continue removing accommodations and increasing time at school until full-time is reached. Do not take part in P.E. & music classes, physical activity at lunch/recess, sports, or tests until routine class work is tolerated full-time with no symptoms.

Recommended activities:

- Routine class work, as tolerated
- Up to 60 mins homework per day
- Minimal/no learning accommodations
- Communicate with school when student can return to full involvement

RETURN TO SCHOOL | When symptoms allow for full time school without accommodations