

The Return to Learn/Return to Physical Activity Plan is a collaborative effort between home and school to support the student's progress through the plan following a diagnosed concussion.

The 6 Step Plan is necessary and identifies the sequence of supporting a Return to Learn priority prior to a Return to Physical Activity focus.

A minimum of 24 hours is necessary for EACH step.

Should you have any questions, please feel free to contact:

School Contact \_\_\_\_\_ Phone: \_\_\_\_\_

**Summary of Steps:**

**Return to Learn/Return to Physical Activity – Step 1**

- Completed at home; Cognitive Rest; and Physical Rest
- If symptom free, student may go directly to Return to Learn Step 2b and Return to Physical Activity Step 2

**Return to Learn – Step 2a**

- Symptoms improving
- Return to school with monitored re-integration to classroom and cognitive effort; and Physical Rest

**Return to Learn – Step 2b**

- Symptom free
- Return to regular school routine, learning activities

**Return to Physical Activity – Step 2**

- Light aerobic physical activity; and regular learning activities

**Return to Physical Activity – Step 3**

- Begin sport specific type of physical activities

**Return to Physical Activity – Step 4**

- Greater range of physical activity options permitted, but no body contact

**Return to Physical Activity – Step 5**

- Full participation in all non-contact type physical activities
- Return to full contact practice in sport specific contact sports

**Return to Physical Activity – Step 6**

- For contact sports - full participation, no restrictions

**BUT**

**IF, AFTER RETURN TO LEARN STEP 2a, CONCUSSION SYMPTOMS RETURN, THE STUDENT WILL RETURN TO THE DESIGNATED STEP, AS DIRECTED BY THE PHYSICIAN - WHICH COULD BE STEP 1.**

This form is to be used by parents/guardians and school contact, to communicate the child's/ward's progress through the plan.

The Return to Learn/Return to Physical Activity Plan is a combined approach, with collaborative effort between home and school.

Return to Learn Step 2a must be completed prior to the student returning to physical activity.

Each step must take a **minimum of 24 hours** (Note: Return to Learn Step 2b and Return to Physical Activity Step 2 occur concurrently).

All steps must be followed. There are 6 documentation forms labeled A through F, that support the monitoring and tracking of progress of the student/athlete through their stages of recovery.

# C-4 A

## Return to Learn/Return to Physical Activity – Step 1 (Must be completed prior to moving to Step 2a)

- *Completed at home.*  
*Cognitive Rest – includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games)*
  - *Physical Rest – includes restricting recreational/leisure and competitive physical activities*
- My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and his/her **symptoms have shown improvement**. My child/ward is ready to proceed to Return to Learn - Step 2a.
- Student Concussion Form to be completed
  - Classroom Concussion Accommodations Form to be completed
- My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is **symptom free**. My child/ward is ready to proceed directly to Return to Learn - Step 2b and Return to Physical Activity - Step 2.

Student Name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

Principal/School Contact Signature: \_\_\_\_\_

**If at any time during the following steps symptoms return, please refer to the "Return of Symptoms" section on page 2 of this form.**

# C-4B

## Return to Learn – Step 2a

- *Student returns to school.*
  - *Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.*
  - *Physical rest– includes restricting recreational/leisure and competitive physical activities, including recess for elementary students.*
- My child/ward has been receiving individualized classroom strategies and/or approaches and is **symptom free**. My child/ward is ready to proceed to Return to Learn - Step 2b and Return to Physical Activity - Step 2.

Student Name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

---

---

# C-4C

**Return to Learn – Step 2b**

- *Student returns to regular learning activities at school*

**Return to Physical Activity – Step 2**

- *Student can participate in individual light aerobic physical activity only*
  - *Student continues with regular learning activities*
- My child/ward is symptom free after participating in light aerobic physical activity. My child/ward is ready to proceed to Return to Physical Activity - Step 3.
- Form C-4 will be returned to the school contact to record progress through Steps 3 and 4.

Student Name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

---

---

# C-4D<sub>1</sub>

## Return to Physical Activity – Step 3

- *Student may begin individual sport-specific physical activity only*

## Return to Physical Activity – Step 4

- *Student may begin activities where there is no body contact (e.g., dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills*
- Student has completed Steps 3 and 4
  - Form C-4 will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature, by the school contact

School Contact Name: \_\_\_\_\_

Date: \_\_\_\_\_

# C-4D<sub>2</sub>

## Medical Examination

- I, \_\_\_\_\_ (medical doctor/nurse practitioner name) have examined \_\_\_\_\_ (student name) and confirm he/she continues to be symptom free and is able to return to regular physical education class/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

**This form C-4, with medical doctor/nurse practitioner signature, is to be returned to the School Contact before the student may proceed to Step 5.**

# C-4E

## Return to Physical Activity – Step 5

- *Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports*

# C-4E<sub>1</sub>

## Return to full body contact competition:

Student has completed full body contact practice for \_\_\_\_\_  
(Name activity)

School Contact Name: \_\_\_\_\_

Date: \_\_\_\_\_

# C-4E<sub>2</sub>

- My child/ward is symptom free after participating in activities, in practice, where there is body contact and has my permission to participate fully, including participation in competition.

Student Name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**This C-4 form is to be returned to parent/guardian for final signature:**

## Return to Physical Activity – Step 6

- *Student may resume full participation in contact sports with no restrictions*

# C-4F

**Return of Signs and Symptoms Student Name:** \_\_\_\_\_

During the symptom free Steps of Return to Learn and Return to Physical Activity, signs observed by staff and/or symptoms communicated by your child, of a suspected concussion, are indicated on the checklist below.

<b>Signs and Symptoms of Suspected Concussion</b>	
<b>*If any observed signs or symptoms worsen, call 911.</b>	
<b>Possible Signs Observed</b> <i>A sign is something that is observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>	<b>Possible Symptoms Reported</b> <i>A symptom is something the student/athlete will feel/report.</i>
<p><b>Physical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> loss of consciousness *</li> <li><input type="checkbox"/> lack of responsiveness (ER Action Plan to be followed)*</li> <li><input type="checkbox"/> vomiting</li> <li><input type="checkbox"/> slurred speech*</li> <li><input type="checkbox"/> slowed reaction time</li> <li><input type="checkbox"/> poor coordination or balance*</li> <li><input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look</li> <li><input type="checkbox"/> decreased playing ability</li> <li><input type="checkbox"/> lying motionless on the ground * or slow to get up</li> <li><input type="checkbox"/> seizure or convulsion *</li> </ul> <p><b>Cognitive</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> grabbing or clutching of head</li> <li><input type="checkbox"/> difficulty concentrating</li> <li><input type="checkbox"/> easily distracted</li> <li><input type="checkbox"/> general confusion</li> <li><input type="checkbox"/> amnesia*</li> <li><input type="checkbox"/> cannot remember things that happened before and after the injury</li> <li><input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating</li> <li><input type="checkbox"/> slowed reaction time (e.g., answering questions or following directions)</li> </ul> <p><b>Emotional/Behavioural</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> strange or inappropriate emotions (e.g., laughing, crying, getting angry easily)</li> </ul>	<p><b>Physical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> headache</li> <li><input type="checkbox"/> pressure in head</li> <li><input type="checkbox"/> neck pain</li> <li><input type="checkbox"/> feeling off/not right</li> <li><input type="checkbox"/> ringing in the ears</li> <li><input type="checkbox"/> seeing double or blurry/loss of vision</li> <li><input type="checkbox"/> seeing stars, flashing lights</li> <li><input type="checkbox"/> pain at physical site of injury</li> <li><input type="checkbox"/> nausea/stomach ache/pain</li> <li><input type="checkbox"/> balance problems or dizziness</li> <li><input type="checkbox"/> fatigue or feeling tired</li> <li><input type="checkbox"/> sensitivity to light or noise</li> </ul> <p><b>Cognitive</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> difficulty concentrating or remembering</li> <li><input type="checkbox"/> slowed down, fatigue or low energy</li> <li><input type="checkbox"/> dazed or in a fog</li> </ul> <p><b>Emotional/Behavioural</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> irritable, sad, more emotional than usual</li> <li><input type="checkbox"/> nervous, anxious, depressed</li> </ul>

**Actions:** Your child/ward must be seen by a medical doctor or nurse practitioner as soon as possible with the results of the Medical Examination returned to school principal.

**Results of Medical Examination:**

- My child/ward has been examined and continues to be symptom free and therefore may resume their Return To Learn/Return To Physical Activity Step.
- My child/ward has been examined and a **concussion has been diagnosed**. The medical doctor/nurse practitioner, who has advised a return to:
  - Step 1 Rest
  - Step 2a Return to Learn

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_