

RETURN TO ACADEMICS PROGRESSION

Progression is individual. All concussions are different. Students may start at any of these steps, depending on symptoms, and may remain at a step longer if needed. If symptoms worsen, the CMT should reassess. If symptoms quickly improve, a student may also skip a step or two. Be flexible.

Steps	Progression	Description
1	HOME — 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 — Light Mental Activity	<ul style="list-style-type: none"> Stay at home No driving Up to 30 minutes mental exertion 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
---	---	--

Progress to Step 4 when student handles 30–40 minutes of sustained mental exertion 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
---	---	---

Progress to Step 5 when student handles 60 minutes of mental exertion 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
---	--	---

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 and athletics

6	SCHOOL — Full Time Full academics No adjustments	<ul style="list-style-type: none"> Attends all classes Full homework and testing
---	---	--

When symptoms continue beyond 3–4 weeks, prolonged in-school supports are required. Request a 504 meeting to plan and coordinate student supports. (Resource: 504 Plan)

RETURN TO PLAY PROGRESSION

Return to play is a medical decision. The CMT will be familiar with state concussion laws and understand which healthcare providers may clear a student. To begin the Return to Play Plan, the student must be free of all symptoms (see Signs and Symptoms of Concussion), 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. **If post-concussion symptoms occur at any step, stop activity and have the CMT reassess.**

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Symptom limited physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum permitted heart rate No resistance training	Increase HR
3. Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills, e.g., passing drills in football and ice hockey May start progressive resistance training	Exercise, coordination and cognitive load
5. Full-contact Practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by 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.

SAMPLE RETURN TO ACTIVITY DOCUMENTATION

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

At the time of a suspected concussion:	<input type="checkbox"/> The athlete is removed from participation (athletics, PE class, weight training, etc). <input type="checkbox"/> Coach/Athletic Director contacted the parent/guardian. <input type="checkbox"/> Parent/Guardian received concussion information & medical clearance form for return to participation.
---	--

Following Concussion:	<input type="checkbox"/> Coach/Athletic Director contacted the Concussion Management Team. <input type="checkbox"/> A member from the Concussion Management Team followed-up with parent to: check on athlete's status, review next steps to return-to-participation, and answer any questions. <input type="checkbox"/> A member from the Concussion Management Team administered symptom checklist to the student athlete—record below date ____/____/____ score _____
------------------------------	---

IF Student is experiencing symptoms:	<input type="checkbox"/> Concussion Management Team monitored return-to-academics graduated steps and accommodation as needed <ul style="list-style-type: none"> <input type="checkbox"/> Counselor contacted <input type="checkbox"/> Email sent to teachers <input type="checkbox"/> Accommodations sent to teachers <input type="checkbox"/> Continue to monitor symptom checklist—record below date ____/____/____ score _____ date ____/____/____ score _____ date ____/____/____ score _____
NOTE: If symptoms are present for more than 45 days please contact your Regional TBI Liaison.	

WHEN Student is symptom free:	<input type="checkbox"/> Parent/Guardian obtained signature for release from licensed health care provider (physician (MD), physician's assistant (PA), doctor of osteopathic medicine (DO), or nurse practitioner). Date received ____/____/____ <input type="checkbox"/> The athlete may proceed to Stages 3–5 of Return-to-Play Protocol providing he/she remains symptom free. 3–Light aerobic activity 4–Sport-specific exercise 5–Non-contact training drills date ____/____/____ date ____/____/____ date ____/____/____
--------------------------------------	---

WHEN medical clearance form is received AND symptom checklist has returned to baseline	<input type="checkbox"/> Concussion Team approved progression to Stages 6 and 7 of Return-to-Play Protocol providing he/she remains symptom free. 6–Full-contact practice 7–Return to Play date ____/____/____ date ____/____/____
---	--