

**CONCUSSION MANAGEMENT FOR RETURN TO SCHOOL  
PLAN AND RETURN TO PHYSICAL ACTIVITY PLAN**

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

This form is for parent/guardian to track a student's progress through the stages of the **Return to School Plan (RTSP)** and **Return to Physical Activity Plan (RTPAP)** following a **diagnosed concussion**.

**INSTRUCTIONS FOR PARENT/GUARDIAN:**

- Review the activities at each stage prior to beginning the Plan.
- **Initial** the boxes at the completion of each stage to record student's progress through the stages.
- A student may progress through the RTSP stages at a faster or slower rate than the RTPAP stages.

**Return to School Plan (RTSP) Stages**

Each stage should last a minimum of 24 hours being asymptomatic.

**Student ready to Return to School when:**

- Student tolerates the additional cognitive activity and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.



**RTSP - Stage A**

Student begins with an initial time at school of 2 hours.

The individual adheres to strategies outlined in the RTS Plan that was developed by the Collaborative Team following the RTS meeting.

**Activities that are not permitted at this stage:**

- tests/exams, homework, music class, assemblies, field trips.

- Student has demonstrated they can tolerate up to a half day of cognitive activity as outlined in RTSP Stage A.



**RTSP - Stage B**

Student continues attending school half time with gradual increase in school attendance time, increased school work, and decrease in adaptation of learning strategies and/or approaches.

**Activities permitted if tolerated by student:**

- activities from previous stage;
- school work for 4-5 hours per day, in smaller chunks (i.e. 2-4 days of school/week);
- homework – up to 30 minutes/day;
- decrease adaptation of learning strategies and/or approaches; and,
- classroom testing with adaptations.

**Activities that are not permitted at this stage:**

- standardized tests/exams.

- Student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities as outlined in RTSP Stage B.



**RTSP - Stage C**

Full day school, minimal adaptation of learning strategies and/or approaches. Nearly normal workload.

**Activities permitted if tolerated by student:**

- activities from previous stage;
- nearly normal cognitive activities;
- routine school work as tolerated;
- minimal adaptation of learning strategies and/or approaches;
- start to eliminate adaptation of strategies and/or approaches;
- increase homework to 60 minutes/day; and,
- limit routine testing to one test per day with accommodations ( i.e. more time).

**Activities that are not permitted at this stage:**

- standardized tests/exams.

Student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches as outlined in RTSP Stage C.



**RTSP - Stage D**

At school: full day, without adaptation of learning strategies and/or approaches.

Student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches.



**PARENT/GUARDIAN ACKNOWLEDGEMENT:**

My child has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms and has completed the RTSP plan.

\_\_\_\_\_

Parent/Guardian Name

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

To be filled in by Principal/Vice-principal:

Date completed \_\_\_\_\_

## Return to Physical Activity Plan (RTPAP) Stages

Each stage should last a minimum of 24 hours being asymptomatic.

### **Student ready for the RTPAP at school when:**

- Student tolerates light aerobic activities and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.



### **RTPAP - Stage 1**

Simple locomotor activities/sport-specific exercise to add movement.

#### **Activities permitted if tolerated by student:**

- activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace);
- simple individual drills (i.e. running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury; and,
- restricted recess activities i.e. walking.

#### **Activities that are not permitted at this stage:**

- full participation in physical education;
- participation in intramurals;
- full participation in interschool practices;
- interschool competitions;
- resistance or weight training;
- body contact or head impact activities (i.e. heading a soccer ball); and,
- jarring motions (i.e. high speed stops, hitting a baseball with a bat).

- Student has demonstrated they can tolerate simple individual drills/ sport specific drills as outlined in RTPAP Stage 1.



### **RTPAP - Stage 2**

Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.

#### **Activities permitted if tolerated by student:**

- activities from previous stage;
- more complex training drills (i.e. passing drills in soccer and hockey);
- physical activity with no body contact (i.e. dance, badminton);
- participation in practices for noncontact interschool sports (no contact);
- progressive resistance training may be started;
- recess – physical activity running/games with no body contact; and,
- daily physical activity (elementary).

#### **Activities that are not permitted at this stage:**

- full participation in physical education;
- participation in intramurals;
- body contact or head impact activities (i.e. heading a soccer ball); and,
- participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact).

- Student has completed the activities in RTPAP Stage 2 as applicable.



**Before progressing to RTPAP Stage 3, the student must:**

- obtain signed **MEDICAL CLEARANCE** Form, (FORM A7216 - 3, Concussion Medical Clearance Form) from a medical doctor or nurse practitioner.

**PARENT/GUARDIAN ACKNOWLEDGEMENT:**

- My child has not exhibited or reported a return of symptoms or new symptoms and has completed the RTPAP plan for Stages 1 and 2. A medical clearance form is required to proceed further.**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

To be filled in by Principal/Vice-principal:

Date completed \_\_\_\_\_