

Concussion – Return to Learn/Return to Physical Activity Plan

Student Name: _____
(Please Print)

Date of Birth: _____ O.E.N. #: _____
Month Day Year

The Return to Learn (RTL) /Return To Physical Activity Plan (RTPA) is a combined approach.

Each stage must take a minimum of 24 hours

Stage 1 - Relative Rest – Return to Learn/Return to Physical Activity Plan: INITIAL RECOVERY (FIRST 24–48 HOURS) At Home.

Goal: Take more rest, if needed, in the first 24-48 hours. Encourage gentle activity. Avoid sports.
Examples of activities at this stage:

- Moving around the home and light walking
- Short games/activities (e.g., puzzles, board games, drawing, crafts)
- Social interaction (e.g., with family, friends)
- Minimize screen time (e.g., phone, TV, computer/tablet)

The student can progress to Stage 2 if:

- they have been diagnosed with a concussion by a medical doctor or nurse practitioner; and
- It has been a maximum of 24-48 hours after the initial injury.

My child/ward has completed Stage 1 of the Return to Learn/Return to Physical Activity Plan (relative cognitive and physical rest at home for at least 24-48 hours), and their **symptoms are mild or improving, or symptom free**. My child/ward will proceed directly to Stage 2 – Return to Learn/Return to Physical Activity Plan.

Parent/Guardian Name: _____
(Please Print)

Signature: _____ Date: _____

Medical Doctor/Nurse Practitioner Name: _____
(Please Print)

Signature: _____ Date: _____

**Forms completed by other licensed healthcare professionals should not otherwise be accepted.*

Comments:

Concussion – Return to Learn/Return to Physical Activity Plan Stage 2

If at any time during the following Stages symptoms return,
please refer to the “Return of Symptoms” section on page 5 of this form.

Student Name: _____
(Please Print)

Stage 2 – Return to School (with supports) - Return to Learn/Return to Physical Activity Plan

Goal: Increase tolerance to cognitive activities and school environments (as appropriate)

Examples of activities at this stage:

Return to Learn (RTL)

- Gradual reintroduction of light cognitive activities (e.g., reading, short periods of schoolwork/ activities with frequent breaks) as tolerated.
- Accommodations (e.g., access to breaks, additional time to complete work, dim lighting) may be required for cognitive activities and/or to help the student to tolerate the school environment.
- Continue to prioritize social interactions (e.g., with peers and family); this is preferably done at school
- Start with shorter periods of screen time (e.g., phone, TV, computer/tablet) and build up as tolerated.

Return to Physical Activity (RTPA)

- Avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body until they are fully recovered and have been medically cleared.
- *Continue light daily physical (aerobic) activity (e.g. walking, stationary bike at a moderate pace) for 10 -15 minutes. No resistance training, no sport participation.*

The student can progress to stage 3 if they can tolerate the activities in Stage 2.

- *mild/transient symptoms; less than 1 hour are acceptable*

My child/ward is attending school with accommodations. Symptoms are manageable.
My child/ward will proceed to Stage 3.

Parent/Guardian Name: _____
(Please Print)

Signature: _____ Date: _____

Comments:

Concussion – Return to Learn/Return to Physical Activity Plan

Stage 3

Student Name: _____
(Please Print)

Stage 3 – Full Return to Learn (RTL) and Return to Sport-Specific Physical Activity Without Contact - Return to Learn (RTL)/Return to Physical Activity Plan (RTPA)

Goal: Continue to increase tolerance for cognitive activities and exposure to the school environment. Gradual increase of time spent on activities and of the types of activities in which students can participate. Gradual reduction of concussion-related accommodations.

Examples of activities at this stage:

RTL

- Continued progression of cognitive activities (e.g., schoolwork) and exposure to the school environment (interacting with family and friends, exposure to noise/lighting) as tolerated.
- Continued increased use of screened devices (as tolerated).

RTPA

- Avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body until they are fully recovered and have been medically cleared. (e.g. *running, shooting, throwing drills*).
 - *Restriction: No contact (e.g. no checking, no tackling, or no scrimmages).*

The student can progress to stage 4 if they can tolerate full days of cognitive activities and the school environment without accommodations for concussion.

This form will be returned to the parent/guardian to obtain **Medical Clearance before proceeding.**

Principal Name: _____
(Please Print)

Signature: _____ Date: _____

To Be Completed by a Medical Doctor/Nurse Practitioner (Required after Stage 3)

I, _____ (Medical Doctor/Nurse Practitioner), have examined
(Please Print)

_____ (Student) and confirm they are medically cleared to participate in:
(Please Print)

- Stage 4: Non-contact training drills.
- Stage 5: Full contact practice (once Stage 4 is tolerated).

Medical Doctor/Nurse Practitioner Signature: _____ Date: _____

** Forms completed by other licensed healthcare professionals should not otherwise be accepted.*

Comments:

*Note: If symptoms appear after Medical Clearance (Stage 4, 5, or 6), the student must return to **Stage 3** and be reassessed. Please refer to the "Return of Symptoms" section on page 5 of this form.*

**Concussion – Return to Learn/Return to Physical Activity Plan
Stage 4, 5, 6**

Student Name: _____
(Please Print)

Stage 4 – Participation in Non-Contact Physical Activity Return to Learn/Return to Physical Activity Plan

Goal: Adjust to usual intensity activity/exercise and add in more challenging skill progressions and multi-student activities/drills

RTL

Return to school full-time without accommodations related to a concussion.

RTPA

A student should not return to physical activities with a risk of contact until they are medically cleared by a medical doctor or nurse practitioner and they have completely returned to school without concussion-related accommodations (i.e., completed Stage 4 of Return to Learn).

*Note: If symptoms appear after Medical Clearance (Stage 4, 5, or 6), the student must return to **Stage 3** and be reassessed. Please refer to the “Return of Symptoms” section on page 5 of this form.*

My child/ward has successfully completed Stage 4.

Parent/Guardian Name: _____

Signature: _____

Date: _____

**Concussion – Return to Learn/Return to Physical Activity Plan
Stage 4, 5, 6**

Stage 5 – Participation in Practice for Contact Physical Activity Return to Physical Activity Plan (RTPA)

Goal: Restore game-play confidence and physical and mental conditioning.

Examples of activities at this stage:

RTPA

- Return to full participation in physical education class, non-competitive intramural activities, and interschool practices (including contact drills, scrimmages).
- Avoid competitions.

*Note: If symptoms appear after Medical Clearance (Stage 4, 5, or 6), the student must return to **Stage 3** and be reassessed. Please refer to the “Return of Symptoms” section on page 5 of this form.*

My child/ward has successfully completed Stage 5.

Parent/Guardian Name: _____
(Please Print)

Signature: _____

Date: _____

**Concussion – Return to Learn/Return to Physical Activity Plan
Stage 4, 5, 6**

Stage 6 – Return to Sport & Game Play & Return to Physical Activity Plan (RTPA)

- *The student may resume full participation in contact sports with no restrictions.*

My child/ward has successfully completed Stage 6.

*Note: If symptoms appear after Medical Clearance (Stage 4, 5, or 6), the student must return to **Stage 3** and be reassessed.
Please refer to the "Return of Symptoms" section on page 5 of this form.*

Parent/Guardian: _____
(Please Print)

Signature: _____ Date: _____

Concussion – Return to Learn/Return to Physical Activity Plan Return of Symptoms

Student Name: _____
(Please Print)

Return of Symptoms - Return to Learn/Return to Physical Activity Plan

Stage _____ of the Return to School / Return to Physical Activity Plan.

*(Note: If symptoms appear after Medical Clearance (Stage 4, 5, or 6),
the student must return to **Stage 3** and be reassessed).*

Parent/Guardian Name: _____
(Please Print)

Signature: _____ Date: _____

Comments:

Information Collection Authorization: Notice of Collection — In accordance with Section 29(2) of the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA). This information is collected under the legal authority of Section 265(1)(d) of the *Education Act* (R.S.O. 1990 c.E.2) as amended and may be used as necessary for administrative purposes related to: the Board's operation, school programs and educational services, student records (OSR), and requirements of the Ministries of the Government of Ontario.

The Board's 'Notice of Collection, Use and Disclosure' and 'Privacy Policy' may be viewed on the Board's website at www.pvnccdsb.on.ca. Questions about the privacy of student information should be directed to your school Principal or the Board's FOI and Privacy Officer at 705-748-4861 or via email at communications@pvnccdsb.on.ca.

USER: PRINCIPAL, TEACHERS, SPECIAL EDUCATION RESOURCE TEACHER, COACHES

ORIGINAL: OSR, COPIES: 1. PARENT/GUARDIAN/STUDENT, IF OVER THE AGE OF 18