

Sample Documentation for School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan

This form is to be used by parents/guardians and the school Collaborative Team to communicate and track a student's progress through the stages of the Return to School and Return to Physical Activity Plan following completion of Home Preparation for Return to School and Return to Physical Activity.

Student Name: _____ Date: _____

Background Information on the Concussion Recovery Process that Occurs at School

- A student with a diagnosed concussion needs to follow an individualized and gradual RTS and RTPA Plan. In developing the plan, the RTS process is designed to meet the particular needs of the student, as there is not a pre-set plan of strategies and/or approaches to assist a student returning to their learning activities. In contrast the RTPA Plan follows an internationally recognized graduated approach.
- The management of a student concussion is a shared responsibility, requiring regular communication, between the home, school (Collaborative Team) and outside sports team (where appropriate) with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare professionals (e.g., nurses, physiotherapists, chiropractors and athletic therapists).

General Procedures for School Concussion Management – Return to School (RTS) and Return to Physical Activity Plan (RTPA)

This document focuses on a student's progression through the school stages of the RTS and RTPA Plan. It has been designed to provide direction for, and documentation of the stages of the RTS and RTPA Plan.

The school part of the plan begins with:

- A parent/guardian and principal/designate meeting (e.g., in-person, phone conference, video conference, email) to provide information on:
 - the school part of the RTS and RTPA Plan
 - the Collaborative Team members and their role (e.g., parent/guardian, student, principal/designate, team lead, teacher(s), medical doctor or nurse practitioner and/or appropriate licensed healthcare professional)
 - A student conference to determine the individualized RTS Plan and to identify:
 - the RTS learning strategies and/or approaches required by the student based on the post-concussion symptoms;
 - the best way to provide opportunities for the permissible activities.
1. The following stages of the plan occur at school and where appropriate the RTPA part of the plan may occur at sport practices (e.g., student is not enrolled in physical education).
 2. For the student who is a member of an outside sporting team, communication is essential between the parent/guardian/student, outside coach and school.
 3. Stages are not days – each stage must take a minimum of 24 hours and the length of time needed to complete each stage will vary based on the severity of the concussion and the student.
 4. Completion of the RTS and RTPA Plan may take 1-4 weeks.

5. A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
6. A student is tolerating an activity if their symptoms are not exacerbated (aggravated, intensified, made worse).
7. While the RTS and RTPA stages are inter-related they are not interdependent. A student's progress through the stages of RTS is independent from their progression through the RTPA stages. However, students must have completed Stage 4a and 4b of RTS and Stage 4 of RTPA and have obtained Medical Clearance prior to beginning Stage 5 of RTPA.
8. Until a student has successfully completed all stages in the RTS plan they must not participate in the following physical activities where the risk of re-injury is possible:
 - full participation in the physical education curricular program;
 - intramural activities;
 - full participation in non-contact interschool activities; or
 - participation in practice for a contact sport.
9. A student that has no symptoms when they return to school, must progress through all of the RTS stages and RTPA stages and remain symptom free for a minimum of 24 hours in each stage prior to moving to the next stage.
10. The Plan does not replace medical advice.
11. During all stages of RTS and in Stages 1-4 of RTPA:
 - if symptoms return or new symptoms appear, the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated.
12. During stages 5 and 6 of RTPA:
 - if symptoms return or new symptoms appear, the student must return to medical doctor/nurse practitioner to have the Medical Clearance re-assessed.
13. During all stages of RTS and RTPA if symptoms worsen over time, follow school (collaborative team procedures) for contacting parents/guardians to inform them that the student needs a follow-up medical assessment.
13. Progression through the Plan is individual, timelines and activities may vary.
14. Upon completion of the RTS and RTPA Plan, this form is returned to the principal/designate for filing as per school board's procedures.

Instructions: At each stage, this form (hard copy/electric) will go back and forth between the school and home:

- Review the activities (permitted and not permitted) at each stage prior to beginning the Plan.
- School (e.g., teacher, collaborative team lead) provides appropriate activities and documents student’s progress by checking (✓), dating, initialling completion of each stage and communicating information (form) to parent/guardian.
- Within each stage, parent/guardian completes, checks (✓), dates and signs the student’s tolerance to those activities (i.e., no returning, new or worsening symptoms) giving permission for the student to progress to the next stage and returns completed form to school.

SCHOOL CONCUSSION MANAGEMENT PLAN	
Return to School (RTS) Stages	Return to Physical Activity (RTPA) Stages
<p><u>RTS - Stage 3a</u></p> <p>Student begins with an initial time at school of 2 hours.</p> <p>The individual RTS Plan is developed by the Collaborative Team following the student conference and appraisal of the student’s individual needs determining possible strategies and/or approaches for student learning (see Table 5 in Appendix C-1).</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ School work for up to 2 hours per day in smaller chunks (completed at school) working up to a 1/2 day of cognitive activity ✓ Learning strategies and/or approaches <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Tests/exams ✗ Homework ✗ Music class ✗ Assemblies ✗ Field trips 	<p><u>RTPA –Stage 3</u></p> <p>Simple locomotor activities/sport-specific exercise to add movement.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage (20-30 minutes walking/stationary cycling/recreational dancing at a moderate pace) ✓ Simple individual drills (e.g., running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury ✓ Restricted recess activities e.g., walking <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Full participation in physical education or DPA ✗ Participation in intramurals ✗ Full participation in interschool practices ✗ Interschool competitions ✗ Resistance or weight training ✗ Body contact or head impact activities (e.g., heading a soccer ball) ✗ Jarring motions (e.g., high speed stops, hitting a baseball with a bat)
<p><u>School</u></p> <p><input type="checkbox"/> Student has demonstrated they can tolerate up to a half day of cognitive activity.</p> <p><input type="checkbox"/> Communication home to parent/guardian.</p> <p>School Initial (e.g., collaborative team lead): _____</p> <p>Date: _____</p>	<p><u>School</u></p> <p><input type="checkbox"/> Student has demonstrated they can tolerate simple individual drills/ sport specific drills as listed in permitted activities.</p> <p><input type="checkbox"/> Communication sent home to parent/guardian.</p> <p>School Initial (e.g., collaborative team lead): _____</p> <p>Date: _____</p>

<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to RTS Stage 3b. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. <input type="checkbox"/> Communication sent back to school. <p>Parent/Guardian: Signature: _____ Date: _____ Comments: _____</p>	<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms and can now progress to RTPA Stage 4. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. <input type="checkbox"/> Communication sent back to school. <p>Parent/Guardian: Signature: _____ Date: _____ Comments: _____</p>
<p>RTS - Stage 3b</p> <p>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.</p> <p>Activities permitted if tolerated by student</p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ School work for 4-5 hours per day, in smaller chunks (e.g., 2-4 days of school/week) ✓ Homework – up to 30 minutes/day ✓ Decrease adaptation of learning strategies and/or approaches ✓ Classroom testing with adaptations <p>Activities that are not permitted at this stage</p> <ul style="list-style-type: none"> ✗ Standardized tests/exams 	<p>RTPA –Stage 4</p> <p>Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.</p> <p>Activities permitted if tolerated by student</p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ More complex training drills (e.g., passing drills in soccer and hockey) ✓ Physical activity with no body contact (e.g., dance, badminton) ✓ Participation in practices for non-contact interschool sports (no contact) ✓ Progressive resistance training may be started ✓ Recess – physical activity running/games with no body contact ✓ DPA (elementary) <p>Activities that are not permitted at this stage</p> <ul style="list-style-type: none"> ✗ Full participation in physical education ✗ Participation in intramurals ✗ Body contact or head impact activities (e.g., heading a soccer ball) ✗ Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)

<p>School</p> <p><input type="checkbox"/> Student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed above.</p> <p><input type="checkbox"/> Communication sent home to parent/guardian.</p> <p>School Initial (e.g., collaborative team lead): _____</p> <p>Date: _____</p>	<p>School</p> <p><input type="checkbox"/> Student has completed the activities in RTPA Stage 4 as applicable.</p> <p><input type="checkbox"/> Communication sent home to parent/guardian.</p> <p><input type="checkbox"/> Sample Documentation for Medical Clearance sent home to parent/guardian.</p> <p>School Initial (e.g., collaborative team lead): _____</p> <p>Date: _____</p>
<p>Home</p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to RTS Stage 4a.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><input type="checkbox"/> Communication sent back to school.</p> <p>Parent/Guardian: Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>	<p>Home</p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><input type="checkbox"/> Communication sent back to school.</p> <p>Parent/Guardian: Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>
<p>RTS– Stage 4a</p> <p>Full day school, minimal adaptation of learning strategies and/or approaches. Nearly normal workload.</p> <p>Activities permitted if tolerated by student</p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ Nearly normal cognitive activities ✓ Routine school work as tolerated ✓ Minimal adaptation of learning strategies and/or approaches <ul style="list-style-type: none"> • Start to eliminate adaptation of strategies and/or approaches • Increase homework to 60 minutes/day • Limit routine testing to one test per day with adaptations (e.g., supports - such as more time) <p>Activities that are not permitted at this stage</p> <ul style="list-style-type: none"> ✗ Standardized tests/exams 	<p>Before progressing to RTPA Stage 5, the student must:</p> <ul style="list-style-type: none"> <input type="checkbox"/> have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches), <input type="checkbox"/> have completed RTPA Stage 4 and be symptom-free, and <input type="checkbox"/> obtain signed Medical Clearance from a medical doctor or nurse practitioner. <p>Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.</p>

<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> Communication sent home to parent/guardian. <p>School Initial (e.g., collaborative team lead): _____ Date: _____</p>	<p>RTPA–Stage 5</p> <p>Following Medical Clearance, full participation in all non-contact physical activities (i.e., non-intentional body contact) and full contact training/practice in contact sports.</p> <p>Activities permitted if tolerated by student</p> <ul style="list-style-type: none"> ✓ Physical Education ✓ Intramural programs ✓ Full contact training/practice in contact interschool sports <p>Activities that are not permitted at this stage</p> <ul style="list-style-type: none"> ✗ Competition (e.g., games, meets, events) that involves body contact
<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to RTS Stage 4b. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. <input type="checkbox"/> Communication sent back to school. <p>Parent/Guardian: Signature: _____ Date: _____ Comments: _____</p>	<p>School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has completed the applicable physical activities in RTPA Stage 5. <input type="checkbox"/> Communication sent home to parent/guardian. <p>School Initial (e.g., collaborative team lead): _____ Date: _____</p>
<p>RTS - Stage 4b</p> <p>At school: full day, without adaptation of learning strategies and/or approaches.</p> <p>Activities permitted if tolerated by student</p> <ul style="list-style-type: none"> ✓ Normal cognitive activities ✓ Routine school work ✓ Full curriculum load (attend all classes, all homework, tests) ✓ Standardized tests/exams ✓ Full extracurricular involvement (non-sport/non-physical activity) e.g., debating club, drama club, chess club 	<p>Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms and can progress to RTPA Stage 6. <input type="checkbox"/> Student has exhibited/reported a return of symptoms or new symptoms and must return to medical doctor/nurse practitioner for Medical Clearance reassessment. <input type="checkbox"/> Communication sent back to school. <p>Parent/Guardian: Signature: _____ Date: _____ Comments: _____</p>

<p>School</p> <p><input type="checkbox"/> Student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches.</p> <p><input type="checkbox"/> Communication sent home to parent/guardian.</p> <p>School Initial (e.g., collaborative team lead): _____</p> <p>Date: _____</p>	<p>RTPA - Stage 6</p> <p><input checked="" type="checkbox"/> Unrestricted return to contact sports.</p> <p><input checked="" type="checkbox"/> Full participation in contact sports games/competitions.</p>
<p>Home</p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and has completed the RTS Plan.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p>Parent/Guardian: Signature: _____ Date: _____ Comments: _____</p>	<p>School</p> <p><input type="checkbox"/> Student has completed full participation in contact sports.</p> <p><input type="checkbox"/> Communication sent home to parent/guardian.</p> <p>School Initial (e.g., collaborative team lead): _____</p> <p>Date: _____</p>
	<p>Home</p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms and has completed the RTPA Plan.</p> <p><input type="checkbox"/> Student has exhibited/reported a return of symptoms or new symptoms and must return to medical doctor/nurse practitioner for Medical Clearance reassessment.</p> <p><input type="checkbox"/> Communication sent back to school.</p> <p>Parent/Guardian: Signature: _____ Date: _____ Comments: _____</p>