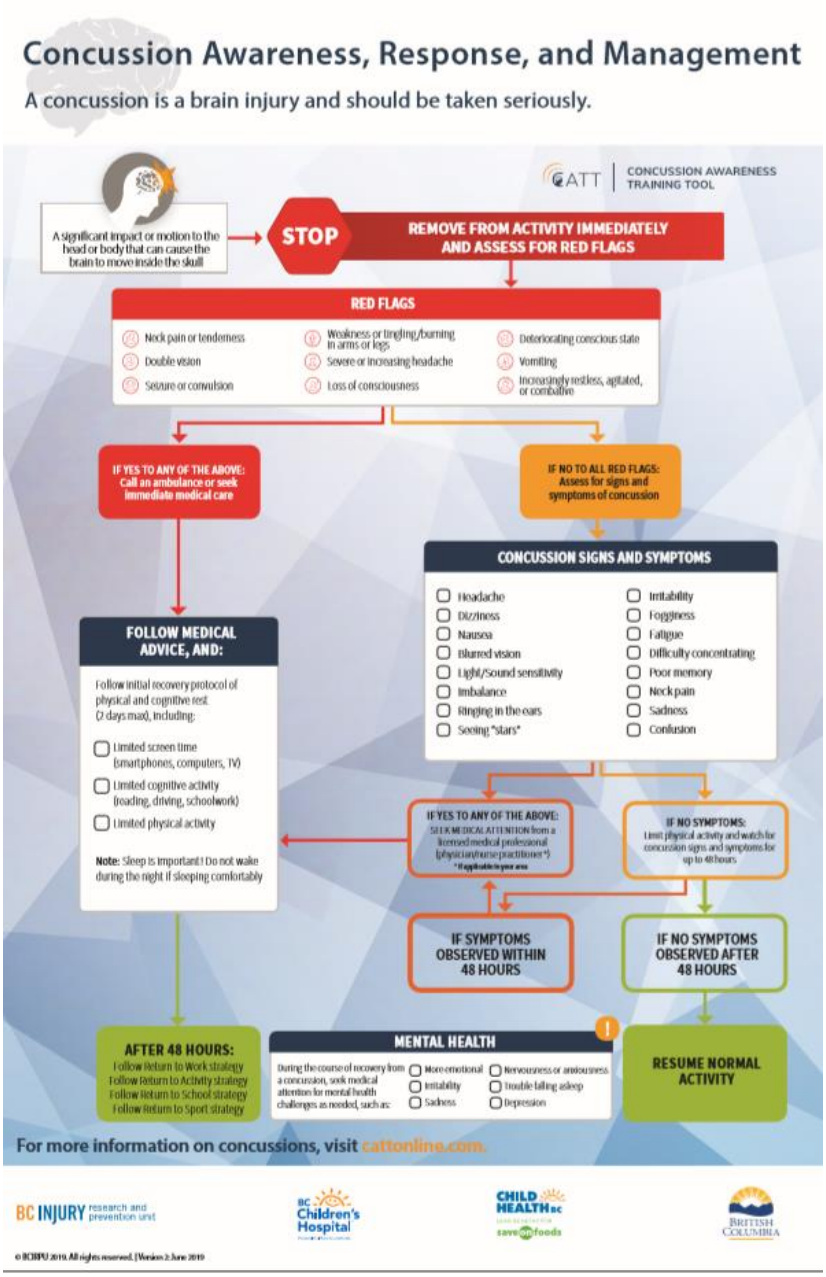
CATT Educational Materials

1. CATT Poster – General *(W: 11" x H: 17")*

This poster gives a brief overview of CATT and the importance of concussion awareness and management.

2. CATT Poster – Concussion Pathway *(W: 11" x H: 17")*

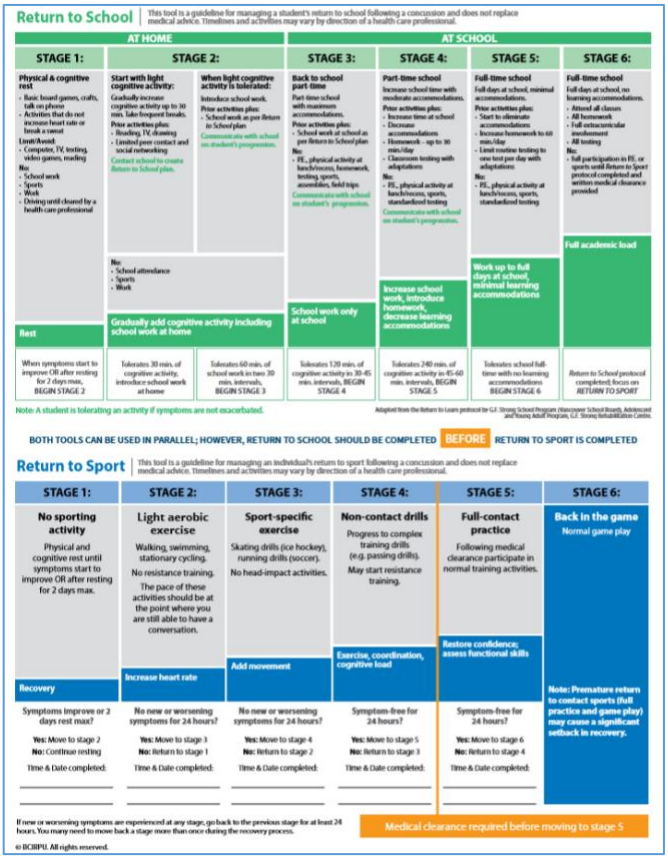
This poster outlines how to recognize and respond to a concussion.



3a. CATT Flip Card: Child & Youth *(Folded: W: 8.5” x H: 5.5”) English*

The CATT Flip Card: Child & Youth contains the Return to School and Return to Sport guidelines.

Front and Back of Card

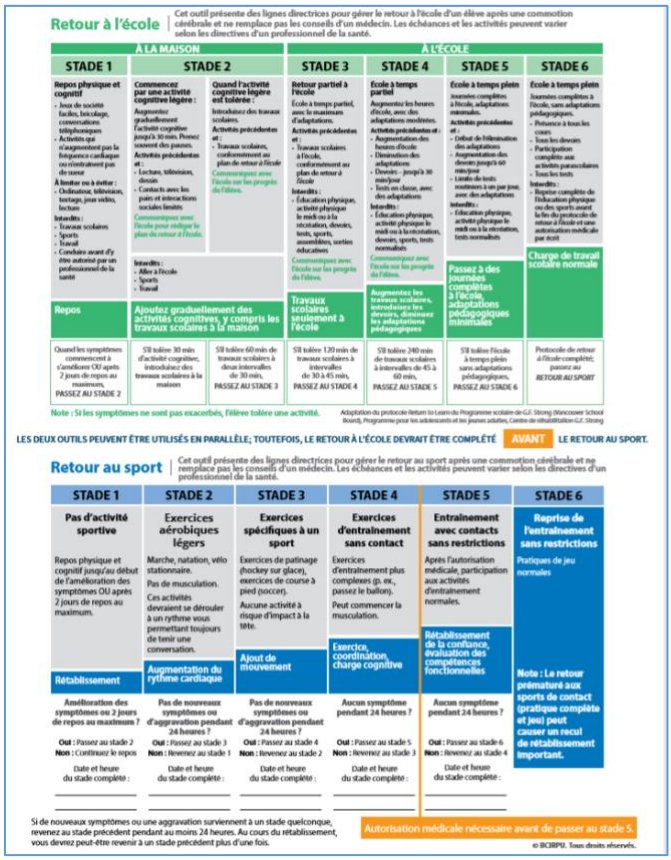


Inside of Card

3b. CATT Flip Card: Child & Youth *(Folded: W: 8.5” x H: 5.5”) French*

The CATT Flip Card: Child and Youth contains the Return to School and Return to Sport guidelines.

Front and Back of Card

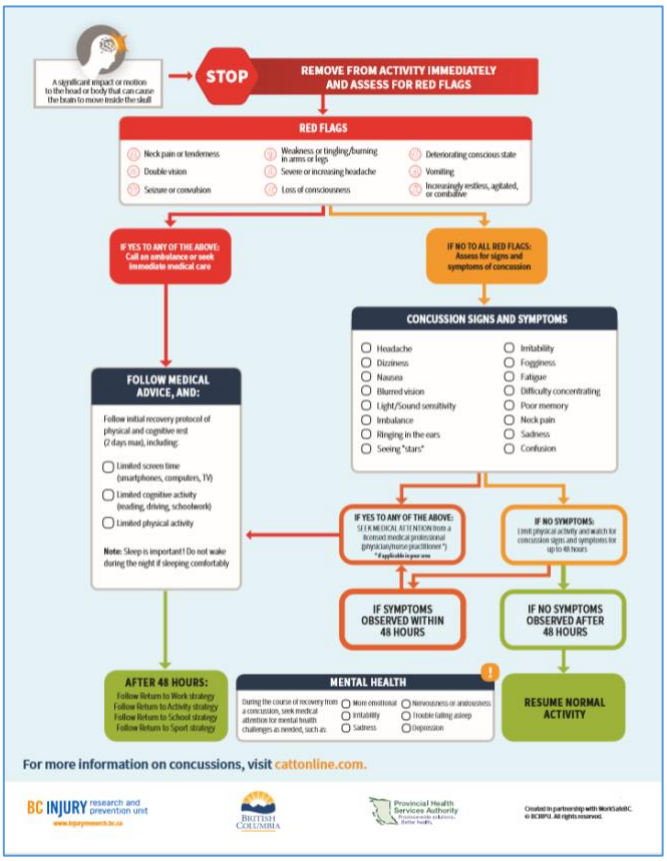


Inside of Card

4a. CATT Flip Card: Adult *(Folded: W: 8.5” x H: 5.5”) English*

The CATT Flip Card: Adult contains the Concussion Pathway and Return to Work guideline.

Front and Back of Card

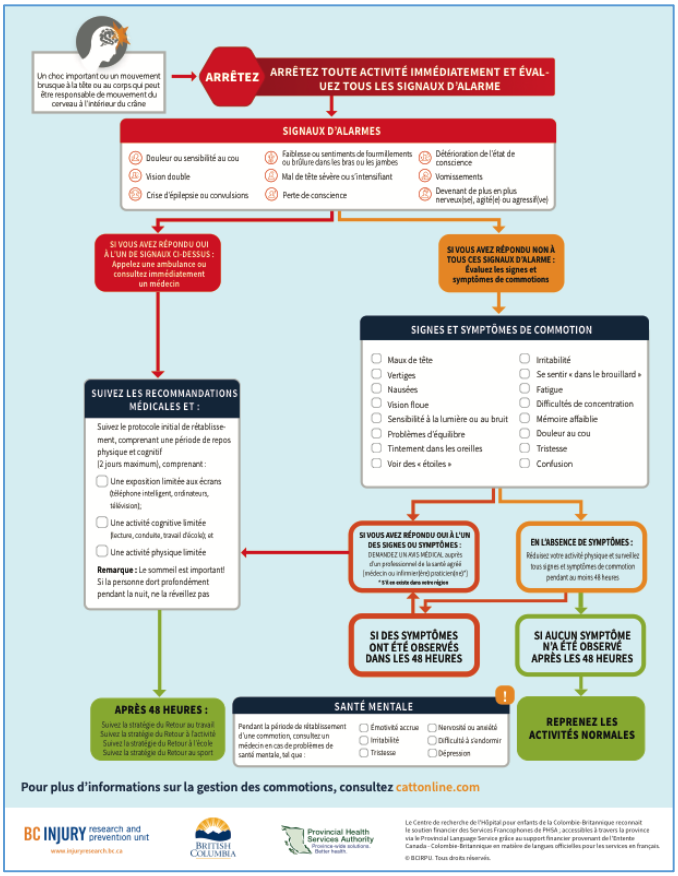


Inside of Card

4b. CATT Flip Card: Adult *(Folded: W: 8.5” x H: 5.5”) French*

The CATT Flip Card: Adult contains the Concussion Pathway and Return to Work guideline.

Front and Back of Card



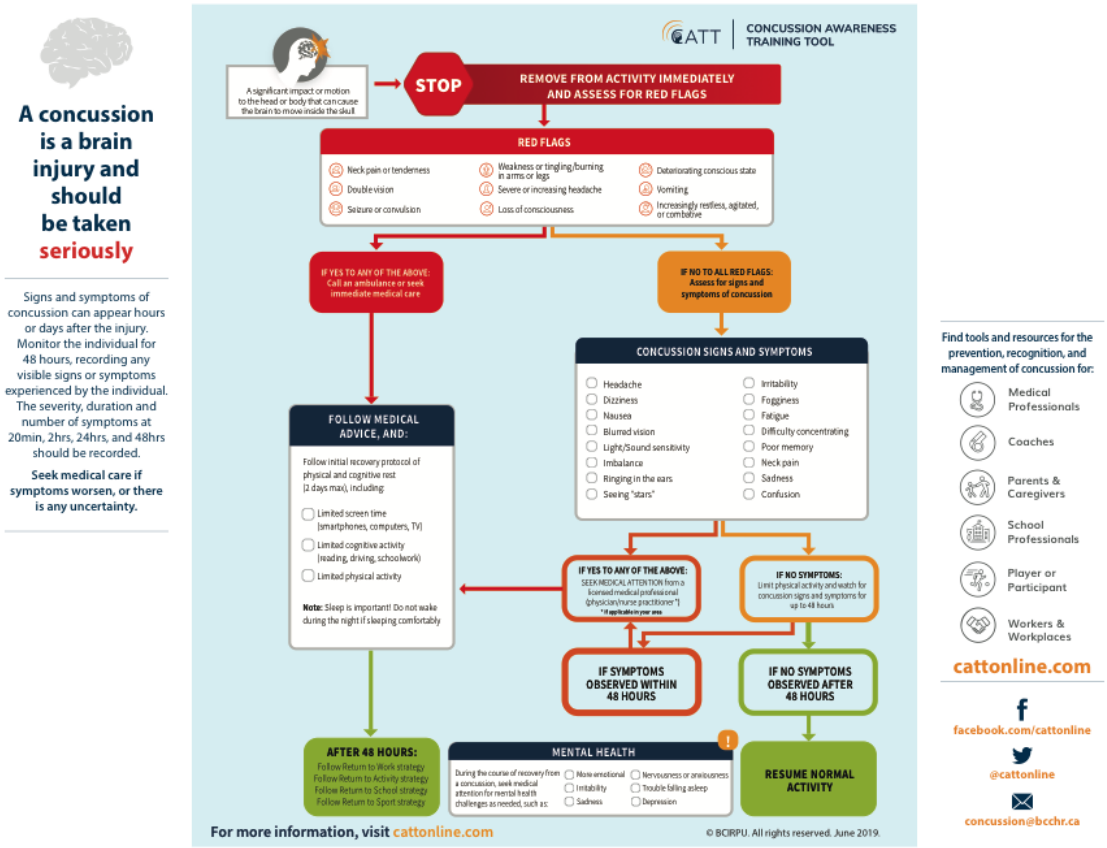
Inside of Card

5. CATT Pocket Card *(Folded: W: 2.25” x H: 3.5”; Unfolded: W: 12” x H: 9”)*

The CATT Pocket Card is business card-sized and folds out to reveal the Concussion Pathway and Return to School and Return to Sport guidelines.

Front of Card

Back of Card



Side 1 of Pocket Card, unfolded

This tool is a guideline for managing a student's return to school following a concussion and does not replace medical advice. Timelines and activities may vary by direction of a health care professional.

Return to School

AT HOME			AT SCHOOL			
STAGE 1:	**STAGE 2:**		**STAGE 3:**	**STAGE 4:**	**STAGE 5:**	**STAGE 6:**
Physical & cognitive rest • Basic board games, crafts, talk on phone • Activities that do not increase heart rate or break a sweat **Limit/Avoid:** • Computer, TV, texting, video games, reading **No:** • School work • Sports • Work • Driving until cleared by a health care professional	**Start with light cognitive activity:** Gradually increase cognitive activity up to 30 min. Take frequent breaks. **Prior activities plus:** • Reading, TV, drawing • Limited peer contact and social networking Contact school to create *Return to School* plan.	**When light cognitive activity is tolerated:** Introduce school work. **Prior activities plus:** • School work as per *Return to School* plan Communicate with school on student's progression.	**Back to school part-time** Part-time school with maximum accommodations. **Prior activities plus:** • School work at school as per *Return to School* plan **No:** • P.E., physical activity at lunch/recess, homework, testing, sports, assemblies, field trips Communicate with school on student's progression.	**Part-time school** Increase school time with moderate accommodations. **Prior activities plus:** • Increase time at school • Decrease accommodations • Homework – up to 30 min./day • Classroom testing with adaptations **No:** • P.E., physical activity at lunch/recess, sports, standardized testing Communicate with school on student's progression.	**Full-time school** Full days at school, minimal accommodations. **Prior activities plus:** • Start to eliminate accommodations • Increase homework to 60 min./day • Limit routine testing to one test per day with adaptations **No:** • P.E., physical activity at lunch/recess, sports, standardized testing	**Full-time school** Full days at school, no learning accommodations. • Attend all classes • All homework • Full extracurricular involvement • All testing **No:** • full participation in P.E. or sports until *Return to Sport* protocol completed and written medical clearance provided
	No: • School attendance • Sports • Work					
Rest	Gradually add cognitive activity including school work at home		School work only at school	Increase school work, introduce homework, decrease learning accommodations	Work up to full days at school, minimal learning accommodations	Full academic load
When symptoms start to improve OR after resting for 2 days max, **BEGIN STAGE 2**	Tolerates 30 min. of cognitive activity, introduce **school work at home**	Tolerates 60 min. of school work in two 30 min. intervals, **BEGIN STAGE 3**	Tolerates 120 min. of cognitive activity in 30-45 min. intervals, **BEGIN STAGE 4**	Tolerates 240 min. of cognitive activity in 45-60 min. intervals, **BEGIN STAGE 5**	Tolerates school full-time with no learning accommodations **BEGIN STAGE 6**	*Return to School* protocol completed; focus on ***RETURN TO SPORT***

Note: A student is tolerating an activity if symptoms are not exacerbated.

Adapted from the Return to Learn protocol by G.F. Strong School Program (Vancouver School Board), Adolescent and Young Adult Program, G.F. Strong Rehabilitation Centre.

Return to School and *Return to Sport* can progress in parallel; however:

RETURN TO SCHOOL SHOULD BE COMPLETED **BEFORE** RETURN TO SPORT IS COMPLETED

STAGE 1:	STAGE 2:	STAGE 3:	STAGE 4:	STAGE 5:	STAGE 6:
No sporting activity Physical and cognitive rest until symptoms start to improve OR after resting for 2 days max.	**Light aerobic exercise** Walking, swimming, stationary cycling. No resistance training. The pace of these activities should be at the point where you are still able to have a conversation.	**Sport-specific exercise** Skating drills (ice hockey), running drills (soccer). No head-impact activities.	**Non-contact drills** Progress to complex training drills (e.g. passing drills). May start resistance training.	**Full-contact practice** Following medical clearance participate in normal training activities.	**Back in the game** Normal game play
Recovery	Increase heart rate	Add movement	Exercise, coordination, cognitive load	Restore confidence; assess functional skills	
Symptoms improve or 2 days rest max? **Yes:** Move to stage 2 **No:** Continue resting Time & Date completed:	**No new or worsening symptoms for 24 hours?** **Yes:** Move to stage 3 **No:** Return to stage 1 Time & Date completed:	**No new or worsening symptoms for 24 hours?** **Yes:** Move to stage 4 **No:** Return to stage 2 Time & Date completed:	**Symptom-free for 24 hours?** **Yes:** Move to stage 5 **No:** Return to stage 3 Time & Date completed:	**Symptom-free for 24 hours?** **Yes:** Move to stage 6 **No:** Return to stage 4 Time & Date completed:	**Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.**

If new or worsening symptoms are experienced at any stage, go back to the previous stage for at least 24 hours. You many need to move back a stage more than once during the recovery process.

Medical clearance required before moving to stage 5

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Side 2 of Pocket Card, unfolded