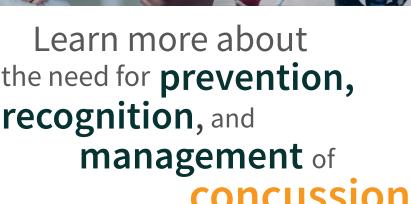
the need for **prevention**, recognition, and management of concussion



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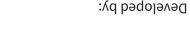


information. The website is updated frequently and includes online courses, videos, and and administrators with a comprehensive and up-to-date collection of concussion provides medical professionals, parents, players, coaches, and school professionals The free Concussion Awareness Training Tool (CTTA)

resources that are both printable and smartphone accessible.

is crucial to the health and safety of our kids. The recognition, appropriate treatment, and management of a concussion

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Return to School

This tool is a guideline for managing a student's return to school following a concussion and does not replace medical advice. Every concussion is unique, and recovery is very different for each individual. Not everyone will require a Return to School Strategy. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or licensed healthcare professional with relevant training. Note: For information about returning to activities that pose risk of head contact, please refer to Return to School or Return to Activity.

STEP 1: **STEP 4:** STEP 2: **STEP 3:** Activities of daily living and **School activities** Part-time or full-time days at **Return to school** relative rest* (as tolerated) school with accomodations full-time Returning to school as soon as possible (if needed) Return to full days at school and academic · Maximum of 24-48 hours (as tolerated) is encouraged. activities without requiring accommodations · Gradually reintroduce schoolwork. Activities at home such as social (related to the concussion). · Reading or other cognitive activities interactions and light walking that do · May require accomodations, such as: at school or at home. Goal: Increase not result in more than mild and brief** · Partial school days with access to Note: Medical clearance is NOT required to tolerance to cognitive work, and connect exacerbation (worsening) of concussion breaks throughout the day socially with peers. return to school symptoms. · Academic accommodations (extra · Take breaks and adapt activities if time to complete work, reduced Examples: For returning to P.E. or sports, please refer to concussion symptom exacerbation workload) to tolerate the classroom or Return to Sport protocol. Preparing meals (worsening) is more than mild and brief.** school environment. Housework Use of devices with screens may be Light walking Communicate with school on student's gradually resumed, as tolerated. progression. Minimize screen time for the first 24-48 Clearance from your doctor is not hours following concussion. required to return to low-risk in-person or Avoid driving during the first 24-48 hours at-home school activities. after a concussion. • A complete absence from the school environment for more than one week is Contact school to create a Return to not generally recommended. School plan. Communicate with school on student's progression Full academic load (no academic accommodations related to the **Gradually reduce accommodations** concussion) and increase workload Return to school as soon as possible, Activites of daily living, as tolerated If can tolerate full days without concussion-After a maximum of 24-48 hours after injury. If can tolerate school activities, related accommodations, Return to School completed **BEGIN STEP 2 BEGIN STEP 3**

Students should begin a gradual increase in their cognitive load with the goal of minimizing time away from the school environment. The return to school should not be restricted if the student is tolerating full days. Progression through the strategy may be slowed when there is more than a mild and brief symptom exacerbation**, however, missing more than one week of school is not generally recommended. Driving should resume after consultation with a doctor, nurse practitioner, or healthcare professional.

BOTH TOOLS CAN BE USED IN PARALLEL; HOWEVER, RETURN TO SCHOOL SHOULD BE COMPLETED BEFORE RETURN TO SPORT IS COMPLETED

Return to Sport

This tool is a guideline for managing an individual's return to sport following a concussion and does not replace medical advice. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or licensed healthcare professional with relevant training.

Begin Step 1 within 24 hours of injury, with progression through each subsequent step taking a minimum of 24 hours.

| Begin step 1 within 24 hours of injury, with progression through each subsequent step taking a minimum of 24 hours. | | | | | | |
|---|--|--|--|---|---|--|
| STEP 1: | STEP 2: | | STEP 3: | STEP 4: | STEP 5: | STEP 6: |
| daily living and relative rest* Maximum of 24-48 hours Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. Examples: Preparing meals Housework Light walking Minimize screen time for first 24-48 hours following concussion. | aerobic exercise Up to approximately 55% of maximum heart rate (predicted according to age - i.e. 220-age). In a safe and controlled environment, engage in light aerobic exercise. Examples: Stationary cycling Walking at slow to medium pace Light resistance training that does not result in more | 2B: Moderate effort aerobic exercise Up to approximately 70% of maximum heart rate (predicted according to age - i.e. 220-age). Take a break and modify activities as needed with the aim of gradually increasing tolerance and the intensity of aerobic activities. | Individual sport-specific activities (that do not have a risk of inadvertent head impact) Addition of individual sport-specific activities that are supervised by a teacher/coach/parent. Examples: Skating drills (hockey) Running drills (soccer) Change of direction drills Individual gym class activities It is important to get medical clearance before returning to training that involves any risk of inadvertent head impact. Increase intensity of aerobic activities and introduce low-risk sport- | Non-contact training drills and activities • Progress to exercises at high intensity, including more challenging drills and activities. Examples: • Passing drills • Multi-player training • Supervised non- contact gym class activities • Practices without body contact | competitive activities, all gym class activities, and full-contact practices Participate in higher-risk activities including normal training activities, all school gym-class activities, and full-contact sports practices and scrimmages. Avoid competitive gameplay. Return to activities that have a risk of falling or body contact, restore game-play confidence, and have coaches assess | Return to sport Back to normal, unrestricted competitive game play, school gym class, and physical activities. |
| | than mild and brief** exacerbation (worsening) of concussion symptoms. | | | Resume usual intensity of exercise, coordination, and activity-related cognitive skills | | Note: Returning to full contact, competitive play or high-risk activities before you have recovered |
| Activities of daily living, as tolerated | | | specific movements and changing of directions | | functional skills. | increases the risk of delayed recovery and for sustaining another more severe concussion or serious injury. |
| After a maximum of 24-48 hours after injury, BEGIN STEP 2 | If can tolerate moderate aerobic exercise, BEGIN STEP 3 | | If medically cleared and have fully returned to school, BEGIN STEP 4 | If can tolerate usual intensity of activities, BEGIN STEP 5 | If can tolerate non- competitive, high-risk activities, BEGIN STEP 6 | |
| If more than mild exacerbation (worsening) of symptoms (i.e., more than 2 points on a 0-10 scale***) occurs during Steps 1-3, stop | | | | | | |

If more than mild exacerbation (worsening) of symptoms (i.e., more than 2 points on a 0-10 scale***) occurs during Steps 1-3, stop the activity, and attempt to exercise the next day. Individuals experiencing concussion symptoms during Steps 4-6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in a trisk activities. Written determination of medical clearance should be provided before unrestricted Return to Sport as directed by local laws and/or sporting regulations.

Medical determination of readiness to return to at-risk activities should occur prior to returning to any activities that pose risk of contact, collision, or fall.

*Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.

Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale.* "Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour.

***0-10 point symptom severity scale: Please see the Visual Analog Scale at tinyurl.com/vas2023 for an example of a 0-10 symptom severity scale.