

## Return-to-Learn Guidelines

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Concussion recovery is different for every student, and it is possible for some students to progress quicker than others. During their recovery, students may need additional guidance on academic accommodations to support their transition back to school after concussion.

### Return-to-Learn Protocol

Stage	Description	Objective
1	Daily activities at home that do not increase symptoms	Reading, texting, screen time; start with 5-15 minutes and gradually build up.
2	School-related activities	Homework or other cognitive activities outside of the classroom (e.g., reading, etc.).
3	Return to school part-time	Gradual re-introduction to school work; may begin with a partial day or with increased breaks during the school day.
4	Return to school full time	Gradually progress school activities until a full day can be tolerated without increasing symptoms.

### Multidisciplinary Approach to Transition Back to School

- Parents should notify the injury to either the coach or athletic coordinator in order to prepare for the student to return to school.
- The athletic administrator will be responsible for monitoring the student's status regarding academics, recovery, and maintain communication between athletic coordinator and coach and the student's teachers.
- The athletic administrator and/or teachers should develop a plan for missed quizzes, exams, or coursework, or adjust the school schedule to allow reduced or modified attendance.

**Recommendations for Teachers and School Staff:** Consider the following academic accommodations to assist students with their return to school progression after concussion:

#### 1) Classroom Adjustments

- Allow the student to take breaks as needed during the school day
- Decrease in-class assignments and homework
- Permit increased time for completion of exams and assignments
- Delayed quizzes and exams until the student is adequately prepared and their symptoms do not interfere with testing
- Allow the student to take quizzes and tests in a distraction-free environment
- Modify requirements and/or due dates for projects
- Supply the student with pre-printed notes or allow a peer to assist with notetaking
- Avoid strenuous and/or high risk physical activity

#### 2) School Environment Accommodations

- Permit the student to use headphones/ear plugs to reduce noise sensitivity
- Allow sunglasses/hat to reduce light sensitivity
- Decrease the use of electronic screens or adjust screen settings including brightness, font size, etc.
- Permit the student to leave class early to avoid busy hallways/stairwells.
- Avoid crowded or noisy environments: music room, hallways, vocational classes, lunch room, assemblies, etc.



## Return-to-Sport Guidelines

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Every student must be cleared by a medical professional (MD, DO, Physician's Assistant or Nurse Practitioner) before they are allowed to participate in *any* type of physical activity. Once they are cleared, they may begin the "Return-to-Sport" Protocol, which is a gradual reintroduction to sport-related activities after concussion initiated by the student's coach or athletic coordinator.

### Return-to-Sport Protocol

Stage	Description	Objective
1	Symptom-limited activity	Reintroduce activities of daily living; symptoms should not worsen with physical activity.
2	Light aerobic exercise	Stationary biking, walking, or other controlled physical activities that increase heart rate.
3	Sport-specific exercise	Running, skating, or other aerobic exercise without the risk of head impact(s).
4	Noncontact training drills	Sport-specific, noncontact training drills with increased coordination and thinking; progressive reintroduction of strength training.
5	Full-contact practice	Return to normal training activities; assess psychological readiness.
6	Return to sport	Resume normal game play.

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*Note:* There should be at least 24 hours for each step of the progression; if symptoms worsen during any stage of the protocol, the athlete should go back to the previous stage. If symptoms are persistent (i.e., the athlete has symptoms for more than 1 month in children or adolescents), the athlete should be referred to a healthcare professional who specializes in concussion management.

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