

Table 1: Return to Learn (RTL) Protocol After Concussion/mild Traumatic Brain Injury

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*Adapted from the Oregon Concussion Awareness and Management Program Protocol

NOTE: More than 80% of concussions successfully resolve within 4-6 weeks. Factors which increase the risk for prolonged recovery include: history of previous concussion, migraines, learning disabilities, ADHD, ADD, depression, anxiety, and psychological trauma.

STAGE	PROGRESSION OF STAGES	DESCRIPTION OF STAGES	SCHOOL BASED INTERVENTION/INDIVIDUALIZED RTL PLAN
1	HOME – Rest (24-48 hours)	-Limit cognitive/physical exertion -Limit computer, texting, video games, etc. -No homework -Stay at home, no school -No driving	-Encourage student to rest brain and body as prescribed by medical professional. -Medical documentation of concussion may be required for school. -No school expectations regarding attendance and academic output.
2	HOME - Light Mental Activity	-Cognitive activity as tolerated; aim for 30-minute periods -Take frequent breaks -Stay at home -Limited peer contact -No driving	-No school attendance continued; commence academic work as tolerated. -Teacher/Counsellor to monitor/keep in touch with the student while at home. -RTL planning meeting to occur with student, parent(s)/guardian(s), and school staff prior to student's progression to Stage 3. -Initiate Homebound Instruction referral if student is unable to return to school. NOTE: Timeframe for returning to school will vary, according to the student's symptoms. The student does not need to be 100% symptom free to commence a part-time return to school.
Student to progress to next stage when able to manage up to 60 minutes cognitive exertion (in 30 minute intervals) without exacerbating symptoms.			
3	SCHOOL – Part-Time • Maximum Learning Accommodations • Shortened Day/Schedule • Built-in Breaks	-Provide quiet place for scheduled cognitive rest -No classroom or standardized testing -No homework -Provide extra time and adapt assignments -Access to learning support as required -Limited school-based, extra-curricular activities, to provide opportunities for social contact	-RTL plan implemented. -School staff provided with written RTL plan. -Ongoing monitoring and adjustment of RTL plan as needed. -Monitor student's emotional adjustment. -Emphasis on in-school learning, as rest is necessary once outside of school. -Eliminate non-essential work so student focuses on key Prescribed Learning Outcomes only. -Consider exemption from assemblies, and classes such as Band/Choir/Woodwork/Mechanics, due to excessive noise and safety concerns. -Consider initial participation in Learning Assistance/Resource Room if unable to tolerate regular classroom environment. NOTE: If a student is not progressing beyond Stage 3 within a 4-6 week period, the student's family should be advised to seek further medical advice.
Student to progress to next stage when able to manage 120 minutes cognitive exertion (in 30-45 minute intervals) without exacerbating symptoms.			
4	SCHOOL – Part-Time • Moderate Learning Accommodations • Time spent at school increased	-No standardized testing -Limited classroom testing with adaptations -Moderate decrease of extra time and adaptation of assignments -Continued access to learning support, as required -Homework up to 30 minutes daily	-Ongoing monitoring and adjustment of RTL plan as needed. -Monitor student's emotional adjustment. -Arrange access to a separate, quiet space for testing to limit distractions.
Student to progress to next stage when able to manage 240 minutes cognitive exertion (in 45-60 minute intervals) without exacerbating symptoms.			
5	SCHOOL – Full-Time • Minimal Learning Accommodations • Full-time attendance at school	-No standardized testing -Classroom testing with adaptations: 1 test per day -Continued decrease of extra time and adaptation of assignments -Students may require ongoing learning support in academically challenging subjects -Gradually increase amount of homework (up to 60 minutes daily) -Continued increase in participation of school-based, extra-curricular activities	-Ongoing monitoring and adjustment of RTL plan as needed. -Construct a plan to finish completing essential missed academic work, and keep stress levels low. -Accommodations are removed when student can function fully without them. -Monitor student's emotional adjustment. -Student may begin attending assemblies, and classes previously restricted due to noise (eg. Band/Choir/Woodwork/Mechanics). -Assess student's ability to tolerate and participate in previously restricted classes such as Woodwork, Mechanics, Metalwork, etc.
Student to progress to next stage when able to attend school full-time and without learning accommodations.			
6	SCHOOL – Full-Time • No Learning Accommodations • Full-time attendance at school	-Attends all classes -Full homework -Full extracurricular involvement -Resumes all previously restricted testing activities	Medical clearance is required for a student's participation in PE. A gradual Return to Play (RTP) progression should be completed as indicated by the student's health care provider and written medical clearance by a medical professional or health care provider must be provided to the school.
REMEMBER: Tolerance and progression is individual – all concussions are different. Students may start at any stage as symptoms dictate and may remain at that step as long as needed or return to previous stage if symptoms worsen. Exacerbation of symptoms may prolong concussion recovery. Time intervals used for progression through stages should be used as a guide only.			