

# C4-Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan

Copied to OSR once completed

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This form is to be used by parents/guardians to communicate their child's/ward's progress through the plan and is to be used with "Concussion Management Procedures: Return to Learn and Return to Physical Activity".

The Return to Learn/Return to Physical Activity Plan is a combined approach. Step 2a - Return to Learn must be completed prior to the student returning to physical activity. Each step must take a minimum of 24 hours (Note: Step 2b - Return to Learn and Step 2 - Return to Physical Activity occur concurrently).

## Step 1 - Return to Learn/Return to Physical Activity

- *Completed at home.*
- *Cognitive Rest - includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games).*
- *Physical Rest - includes restricting recreational/leisure and competitive physical activities.*

My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and his/her **symptoms have shown improvement**. My child/ward will proceed to Step 2a - Return to Learn.

My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is **symptom free**. My child/ward will proceed directly to Step 2b - Return to Learn and Step 2 - Return to Physical Activity.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

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## Step 2a - Return to Learn

- *Student returns to school.*
- *Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity. Teacher may refer to Return to Learn: Accommodations and Strategies Sheet (pink).*
- *Physical rest- includes restricting recreational/leisure and competitive physical activities.*

- My child/ward has been receiving individualized classroom strategies and/or approaches and is symptom free. My child/ward will proceed to Step 2b - Return to Learn and Step 2 - Return to Physical Activity.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

### Return of Symptoms

- My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:

- Step \_\_\_\_\_ of the Return to Learn/Return to Physical Activity Plan

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_



**Step 2b and Step 2 Happen Simultaneously.**

**Step 2b - Return to Learn**

- *Student returns to regular learning activities at school.*

**Step 2 - Return to Physical Activity**

- *Student can participate in individual light aerobic physical activity only.*
  - *Student continues with regular learning activities.*
- My child/ward is symptom free after participating in light aerobic physical activity. My child/ward will proceed to Step 3 - Return to Physical Activity.
- This form (Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan) will be returned to the teacher to record progress through Steps 3 and 4.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Return of Symptoms**

My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:

- Step \_\_\_\_\_ of the Return to Learn/Return to Physical Activity Plan

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_



**Step 3 and 4 Involve the Teacher/Coach observation and Medical Doctor/Nurse Practitioner**

**Step 3 - Return to Physical Activity**

- *Student may begin individual sport-specific physical activity only.*

**Step 4 - Return to Physical Activity**

- *Student may begin activities where there is no body contact (e.g., dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills.*
- Student has successfully completed Steps 3 and 4 and is symptom free. (Teacher or School Contact to check box)

Form is returned to parent/guardian for them to take to the medical doctor/nurse practitioner for examination and signature

**Medical Examination**

- I, \_\_\_\_\_ (medical doctor/nurse practitioner name) have examined \_\_\_\_\_ (student name) and confirm he/she continues to be symptom free and is able to return to regular physical education class/intramural activities/interscholar activities in non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_



## **Step 5 - Return to Physical Activity**

- *Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.*

### **Return of Symptoms**

- My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:
- Step \_\_\_\_\_ of the Return to Learn/Return to Physical Activity Plan

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

## **Step 6 - Return to Physical Activity**

- *Student may resume full participation in contact sports with no restrictions.*

### **Return of Symptoms**

- My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:
- Step \_\_\_\_\_ of the Return to Learn/Return to Physical Activity Plan

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_