Concussion Recovery
Return to Learn/Return to Play

If a student is suspected of having a concussion, this form must be provided to a parent/guardian to be completed by a physician (MD) or physiotherapist (PT) before the student be allowed to return to school.

Part 1: Request to return to learn & physical activity following a suspected concussion related injury.	
Student Name:	Date:
Name of MD/PT:	MD/PT Clinic Name:
By checking this box & providing a signature, a doctor or physical therapist verifies that he/she has conducted an examination & determined that this student is not currently experiencing symptoms of a concussion. ☐ NO CONCUSSION SUSPECTED – Signature of MD/PT: _____	
By checking this box & providing a signature, a doctor or physical therapist verifies that he/she has conducted an examination & determined that this student is currently experiencing symptoms of a concussion. ☐ CONCUSSION DIAGNOSED – Signature of MD/PT: _____	
Comments:	
My child has been examined and a concussion has been diagnosed, therefore he/she must begin a medically supervised CONCUSSION MANAGEMENT PROTOCOL. I understand that my child must return to a physician to receive clearance (using the reverse side of this form) in order to satisfy all conditions of the Concussion Management Protocol. I will keep the school informed as to the progress, or lack thereof, of my child. I am aware of, and will read/watch, the concussion resources on the TDChristian Splash page. SIGNATURE OF PARENT/GUARDIAN:_____	

TDChristian Concussion Management Protocol *Please read and carefully follow each step. Do not proceed to the next step until symptom free. If concussion symptoms return at any time, cease activity and return to the previous step until symptom free once again.*	
Step 1	Rest (24-48 hours) with limited to no physical or cognitive activity – no TV, computer, texting, video games, reading, or exercise. Reduced light and noise levels are recommended.
Step 2	A gradual re-introduction to regular levels of light and noise and other activities that do not cause discomfort or involve cognitive exertion. Screen time should still be avoided.
Step 3	A monitored re-introduction to mild cognitive stress and limited exposure to visual distractions (20 minutes max at a time, followed by rest).
Step 4	Light cognitive activities can be resumed at home so long as symptoms do not return. Individualized home learning activities should be implemented and limited to 15-20 minutes at a time, gradually working up to 2 hours symptom free.
Step 5	Duration of exposure to regular learning environments may still need to limited based of levels of distraction and stimulation. Individual, light aerobic activity, such as walking or stationary cycling, may be initiated. When student is symptom free they should return to the MD/PT to be assessed and fill in **Part 2: Medical Examination for Clearance to Return to Learn and Physical Activity.**
Step 6	Students should be comfortable and symptom free while being able to return to regular volume of academic activity. Students may be introduced to individual, sport specific, non-contact exercises (i.e. fitness circuits, ball drills, cooperative games) for 20-30 minutes. No resistance training.
Step 7	Return to physical education, intramural and/or club activities with no physical contact (yellow shirted). Resistance training may begin with a progression from light to heavier weights.
Step 8	Full participation in contact sports and all other activities. Parent/guardian must complete and submit **Part 3: Parental/Guardian Clearance to Return to Full Participation in Contact Sports with No Restrictions**

Part 2: Medical Examination for Clearance to Return to Learn and Physical Activity.	
Student Name:	Date:
Name of MD/PT:	MD/PT Clinic Name:
By checking the box below and providing a signature, a MD/PT confirms that he/she has conducted a thorough follow-up examination and has determined that this student is no longer experiencing concussion symptoms. The examining MD/PT agrees that this student is clear to return to all regular academic activities without limitations and to begin physical activities outlined in Steps 6 & 7. ☐ NO SYMPTOMS OF A CONCUSSION – Signature of MD/PT:_____	
Comments:	
I hereby verity that my child has completed a follow-up medical examination for clearance and has received permission for a return to regular academic activity without limitation and to begin a gradual re-introduction to physical activity. I am aware of the risks and dangers associated with a return to activity before achieving a full and healthy recovery. I am also aware of methods for post-concussion monitoring and that in the event of a return to symptoms, my child must discontinue activity and re-visit the recovery process. I have read/watched the concussion resources on the TDChristian Spash page. SIGNATURE OF PARENT/GUARDIAN:_____	
Part 3: PARENTAL/GUARDIAN CLEARANCE TO RETURN TO CONTACT SPORTS WITH NO RESTRICTIONS	
I herby verify that my child has progressed through Steps 6-7 and continues to be free of symptoms of a concussion. My child may resume full participation in contact sports with no restrictions. I am away of the risks and dangers associated with a return to activities before achieving a full and healthy recovery. I am also aware of methods for post-concussion monitoring and that in the event of a return of symptoms, my child must discontinue activity and re-visit the recovery process. SIGNATURE OF PARENT/GUARDIAN:_____	

IMPORTANT: The first side of this form must be submitted to the school immediately following the completion of Part 1 and again after the completion of Part 2. The form can be submitted via fax, email or in person. If submitted in person, a copy of the partially completed form will be made and returned to the student/parent/guardian so that the remaining parts can be completed when appropriate.
Once Part 3 is completed, the form must be submitted to the school before, or when, the student returns to school.

The form has been adapted from the YRDSB *Student Tracking for Concussion Management Protocol* form.

Concussion Myths and Facts

•**You cannot go to sleep after a concussion: Myth.** As long as the symptoms are not getting any worse and new symptoms do not arise during the first minutes and hours immediately following a concussion, it's recommended that if you need to sleep, you should. This is the brain's way of beginning the healing process. If you notice any new symptoms or existing symptoms get worse, it is recommended that you seek emergency medical attention.

•**Any healthcare professional can treat a concussion: Myth**. Concussions are a complex injury and require a specialized and multi-disciplinary approach to treatment. Not every healthcare professional is fully trained in the empirically-driven methods for assessment and treatment of concussion. In fact, some research surveys purport that only 68% of graduated chief residents were comfortable in managing sport-related concussions. It is a very unique injury, one that often requires the specialized training offered by neuropsychologists and neurologists.

•**Athletes don't always know when they've received a concussion: Fact.** Athletes will not always acknowledge that they have sustained a concussion. Consciously, an athlete may under-report their symptoms, minimize the severity of the injury, and/or attempt to play through the pain. Subconsciously, they may even be unaware of how to recognize subtle symptoms, how many previous concussions they've actually had (e.g., "Bell Rung"), or fear being removed from play for an extended period of time.

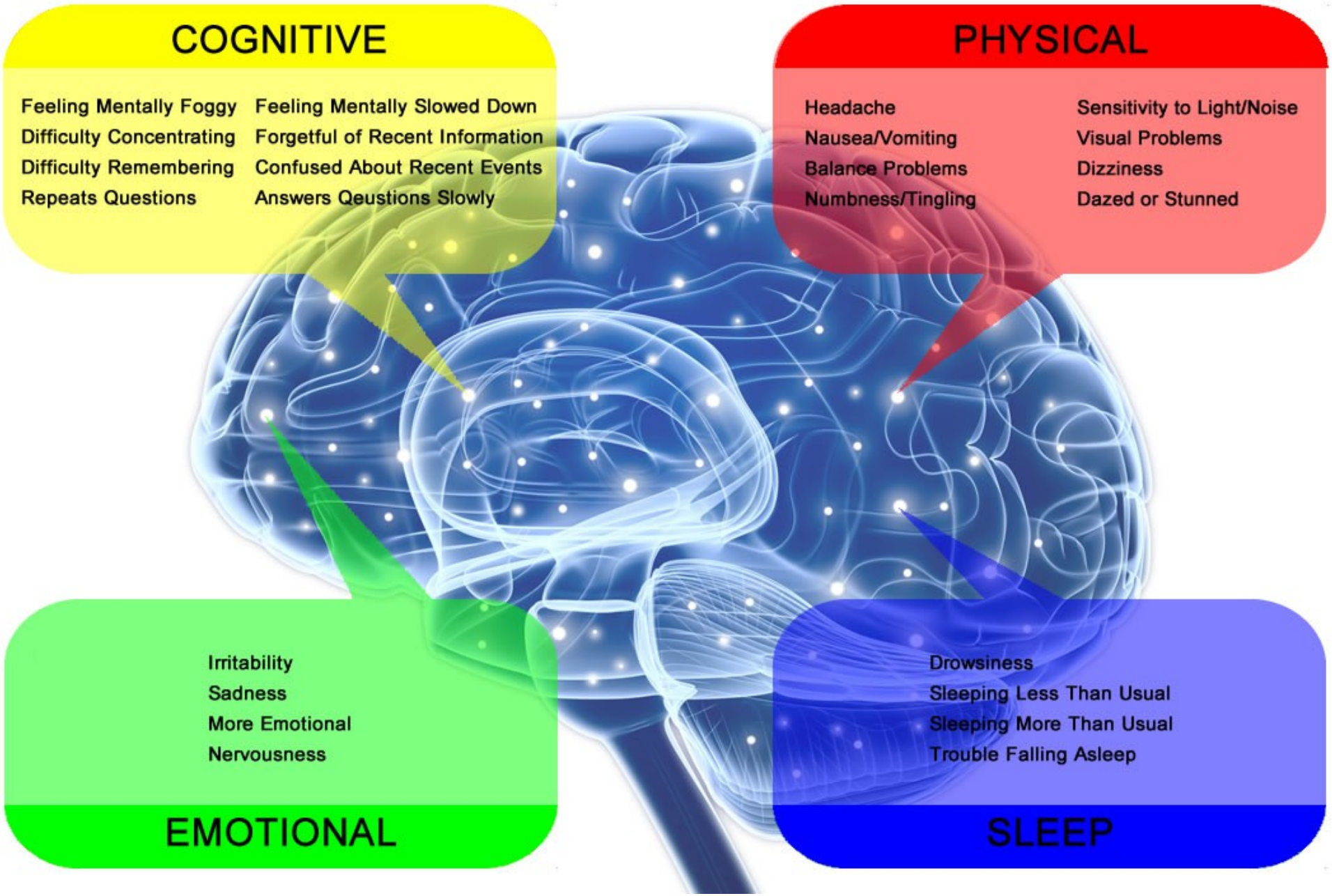
•**Concussions can occur without hitting the head directly: Fact.** In the case of whiplash, for instance a forceful blow to the neck or body can cause the brain to accelerate and decelerate within the skull, resulting in axonal shearing or tearing at the site of injury.

•**It is safe for a child to return to play if the symptoms are still present but less intense: Myth**. Experts from around the world agree that no athlete should be allowed to return to physical activity until totally asymptomatic (showing no symptoms). After a concussion, the brain needs rest and time to heal, and this cannot happen when it is subjected to physical activity (athletic), cognitive exertion (classroom), and the emotional up's and down's that characterize a youth's behavior patterns (life). Returning a child or teenager to physical and cognitive activities before symptoms dissipate risks further injury, decreases in performance, and potentially debilitative long-term effects such as depression, anxiety, and in some cases, chronic traumatic encephalopathy (CTE).

•**A concussion only affects the injured individual: Myth**. A concussion, just like any TBI, has a profound affect on everyone surrounding them, including parents and family, coaches, academic personnel, and healthcare professionals. Therefore, it is vital to treat concussions from a multi-disciplinary approach. At the Sports Concussion Institute, our aim is to safely and accurately assess, treat, and evaluate the progress of recovery, as well as educate and involve those who make up the social support system of the concussed child.

Source: http://www.concussiontreatment.com/forparents.html#sfaq6

POST CONCUSSION SYMPTOMS



http://www.hptservices.com/blog/2014/09/29/concussion-more-than-just-a-headache/