



Concussion Resources for Parents & Caregivers





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The Concussion Awareness Training Tool (CATT) is a series of online educational modules and resources with the goal of standardizing concussion recognition, diagnosis, treatment, and management. Good concussion management may decrease the risk of brain damage and potentially reduce long-term health issues.

Developed by Dr. Shelina Babul, Associate Director/Sports Injury Specialist with the BC Injury Research and Prevention Unit, BC Children’s Hospital, CATT is based upon the established principles of the Consensus Statement on Concussion in Sport and other evidence-based resources. The 2017 Berlin Concussion in Sport Group Consensus Statement builds on the principles outlined in previous concussion statements and aims to develop better understanding of sport-related concussion.

Research and evidence on concussions is evolving and the knowledge base is continually changing. As a result, CATT is updated on a regular basis to provide current information, tools, and resources to support concussion recognition, diagnosis, treatment, and management.

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What You Need to Know About Concussion

This information sheet provides a brief overview on the appropriate care for an individual with a concussion. It outlines the three key steps in dealing with concussion to assist recovery from this injury: recognize, respond, and manage. Visit cattonline.com for further information, resources, or to take one of the e-learning courses tailored for medical professionals, workers & workplaces, coaches, school professionals, and parents & caregivers.

Recognize

A concussion is the most common form of brain injury caused by an impact or forceful motion to the head or body that causes the brain to move inside the skull. Common causes of concussion include **falls, motor vehicle crashes, and sport and recreational-related activities**.

There is no way to know for certain whether a particular event will lead to a concussion—a relatively minor impact may result in a concussion while a higher-magnitude impact may not. It is important to note that if there is a history of concussion, even a minor impact or forceful motion can cause a concussion.

The **signs** (observed in individual) **and symptoms** (experienced by individual) consistent with concussion may include, but are not limited to:

- Headaches
- Neck pain
- Dizziness or loss of balance
- Nausea
- Blurred vision or seeing “stars”
- Sensitivity to light or sound
- Ringing in the ears
- Confusion or fogginess

Some symptoms may be **delayed for hours or days** after an injury and can include:

- Frustration or irritability
- Concentration or memory issues
- Sadness
- Anxiety or nervousness
- Fatigue
- Trouble sleeping

Concussion signs to watch for in an **infant or toddler** may include:

- Crankiness and irritability (beyond their usual)
- Cannot be comforted or excessive crying
- Sudden changes in nursing, eating, sleeping or playing patterns
- Loss of balance, unsteady walking (more so than normal)
- Lack of interest in favourite toys or activities
- Listlessness or tiring easily
- Loss of ability to carry on with newly acquired skills (across any social and emotional, language, physical development domains)

Respond










Immediately:

Following a potential concussion-causing event, the individual should be removed from activity and assessed for a **medical emergency**.

If any of the **Red Flags** are present, call 911 or seek immediate medical care.

Next steps if not a medical emergency:

- Do not leave the individual alone
- Notify an emergency contact person
- Continue to monitor for Red Flags and signs and symptoms of concussion
- Do not let the individual return to their activity
- Do not give the individual any immediate medication
- Do not let the individual leave by themselves
- Do not let the individual drive or ride a bike

RED FLAGS	
	Neck pain or tenderness
	Double vision
	Weakness or tingling/burning in arms or legs
	Severe or increasing headache
	Seizure or convulsion
	Loss of consciousness
	Deteriorating conscious state
	Vomiting
	Increasingly restless, agitated, or combative

Within 48 hours:

The individual should be monitored before assuming that a concussion has not occurred, including monitoring throughout the night following the initial injury. Do not wake the individual unless you have concerns about their breathing, changes in skin colour, or how they are sleeping. Call 911 or seek immediate medical care if the individual is slow to wake or shows any of the **Red Flags**.

- If any signs or symptoms are present, seek medical attention from a licensed medical professional such as a physician or nurse practitioner.
- If no signs or symptoms appear, the individual can return to normal activity while being monitored for several days. If no signs or symptoms appear, chances are that a concussion was not sustained. If unsure, see a medical professional for guidance.

Manage

A concussion can have a significant impact on physical, cognitive, and emotional functioning. The recovery process involves managing activities in order to not trigger or worsen symptoms—the key is finding the “sweet spot” between doing too much and too little.

The recovery process is best approached in collaboration with key individuals, such as medical professionals, family members, friends, employers, teachers and school staff, and coaches.

Within 48 hours:

The first and most important step in recovery from a concussion is to rest for a maximum of 2 days. The individual will need both physical and cognitive rest in order to allow the brain to heal.

After 48 hours:

- Physical exertion should be limited to activities that do not result in an increased heart rate or breaking a sweat. Restrict: physically strenuous work, exercise, sports, running, biking, rough play, etc.
- Cognitive activity should be limited, minimizing activities that require concentration and learning. Restrict: work or schoolwork, reading, electronics (computers, smartphones, video games, TV), musical instruments, loud music, etc.

Once symptoms start to improve, the individual should begin to increase activities in a step-wise process to return to regular levels of activity, including work, school, and sports.

Symptoms should decrease over time, but some symptoms may return, worsen, or new symptoms may appear as new activity levels are introduced. If this happens, return to a lower level of activity that does not affect or bring on new symptoms. If you are worried that the individual is not improving, follow-up with a licensed medical professional, such as a physician or nurse practitioner.

On average, it typically takes 2 to 4 weeks to recover from concussion. However, 15 to 30 percent will continue to experience persistent symptoms beyond this period. Persistent symptoms have the potential to cause long-term difficulties. If there is no improvement or symptoms are worsening 4-12 weeks after a concussion, physician referral to an interdisciplinary clinic is recommended.

The recovery period may be influenced by:

- Previous concussions
- History of headaches or migraines
- Learning disabilities
- Mental health issues
- ADHD
- Use of drugs or alcohol
- Returning to activities too soon
- Lack of family or social supports
- Participating in high-risk sport

Proper management of a concussion can reduce the risk of complications. It is important that the individual has successfully returned to work or school before fully returning to sport and physical recreation activities. Returning to full activity too soon may result in more severe symptoms or long-term problems. As well, returning to high risk activities (contact sports, dangerous job duties) before full recovery and medical clearance can put the individual at risk of sustaining another concussion with more severe symptoms and a longer recovery period.

REMEMBER:

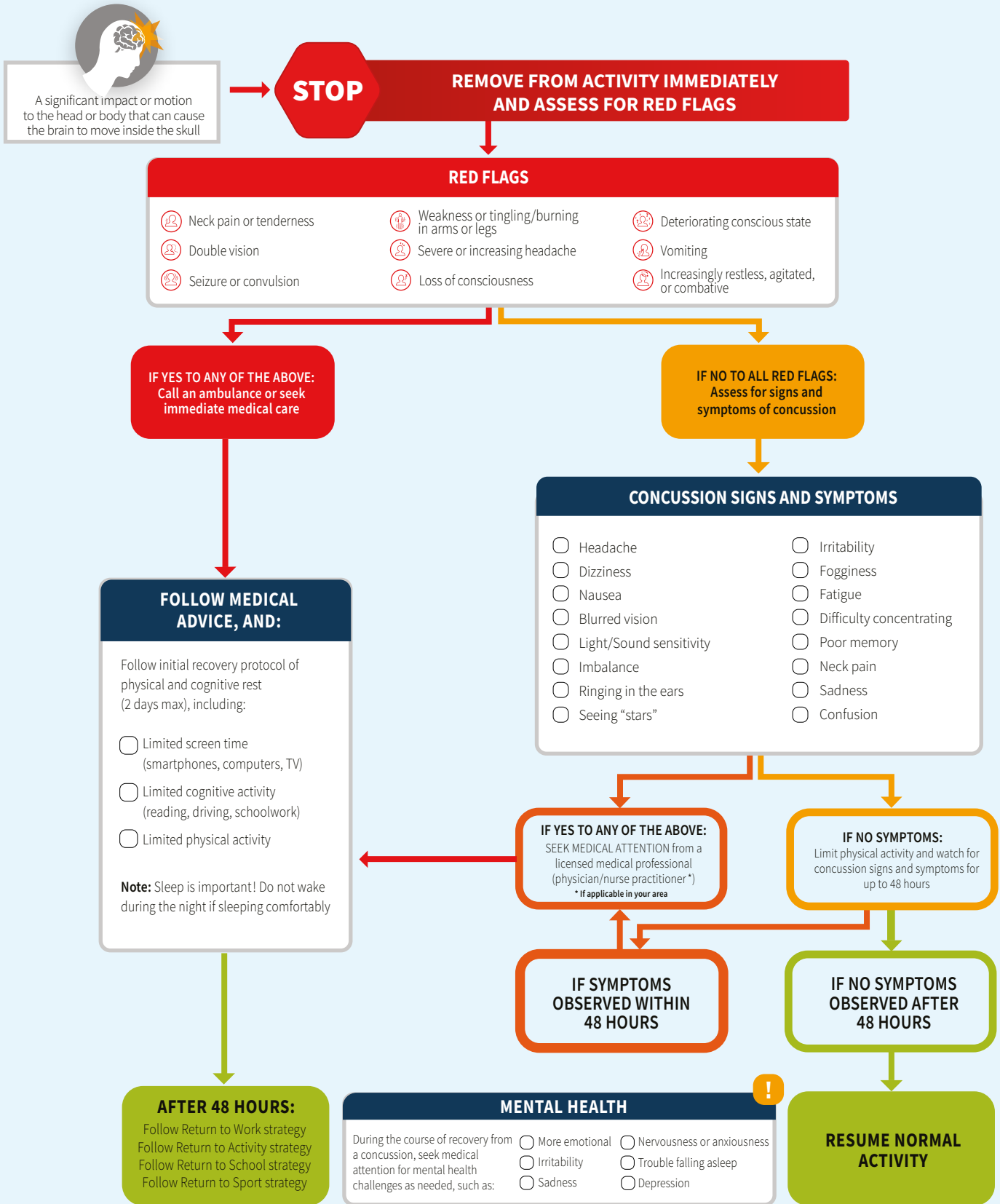
Recovery is a fluctuating process. The individual can be doing well one day but not the next.

REMEMBER:

CATT resources to support the recovery process include:

- Return to Work
- Return to Activity
- Return to School
- Return to Sport

CATT Concussion Pathway



QUESTIONS TO ASK YOUR DOCTOR (For Parents)

If you suspect your child may have a concussion, you should see your doctor right away. This is a list of questions you can take with you.



CARING FOR MY CHILD

What kind of medication can I give my child?
Does someone need to be with my child at all times?

WHAT MY CHILD CAN DO

Can my child eat? Will they have an upset stomach?
What kind of activities can my child do at this stage of their recovery?

Can my child read/use the computer/play video games?
When can my child go back to school or work?
When can my child return to physical activity?
Can my child drive?

SYMPTOMS

What symptoms should I be watching for?
How soon will symptoms begin to improve?
How long will these problems last?

THE RISKS

What is the risk of a future concussion?
What is the risk of long-term complications?

FOLLOW-UP WITH THE DOCTOR

When should we come back to see you?
Under what circumstances should I call you?
Should a specialist be consulted?
Are there any resources you recommend?

ADDITIONAL QUESTIONS:



Medical Assessment Letter

Medical Office, please complete:	
M.D. / N.P. Name	
Medical License #	
Email / Contact #	
Date of event / injury	
Date of assessment	

To Whom It May Concern:

Any individual who sustains a blow or impact to the head, face, neck or body and demonstrates any visual signs of concussion or reports any of the symptoms of concussion is recommended to be assessed by a licensed medical professional. Accordingly, I have personally completed a medical assessment on this patient.

Name of Patient: _____

Results of the Medical Assessment

This patient has not been diagnosed with a concussion or other injury and can return, with full participation to work, school, or physical activities without restriction.

This patient has not been diagnosed with a concussion but the assessment led to the following diagnosis and recommendations:

This patient HAS been diagnosed with a concussion. *See below for concussion management protocol.*

This patient has been instructed to avoid all activities that could potentially place them at risk of another concussion or head injury, or activities with implications for the safety of others (e.g., driving, dangerous job duties, and contact sports) until a licensed physician or nurse practitioner provides a Medical Clearance Letter.

Yours Sincerely,

Signature _____ M.D / N.P. (Please circle appropriate designation)¹

Stamp

¹ Depending upon physician or nurse practitioner access, the Medical Assessment Letter may be completed by a nurse with access to a licensed physician or nurse practitioner. Forms completed by other health care professionals (e.g., physiotherapists, chiropractors, and other allied health care professionals) should not be accepted. It is recommended that this document be provided to the patient without charge.

Concussion Management

The goal of concussion management is to allow complete recovery through a safe and gradual return to work, school and physical activities following a staged approach. *Note: a patient’s progress through the return to activity stages is unique to the individual.* After Stage 2, if new or worsening symptoms are experienced, the patient may need to return to the previous stage for 24 hours and consider reassessment by their physician/nurse practitioner. For more detailed information on management and resources, please refer to the Concussion Awareness Training Tool (CATT) at cattonline.com.

Stage 1: Initial Rest

In the first 24-48 hours the patient has been instructed to have complete physical and cognitive rest prior to initiating a return to work or activity.

Not yet completed
 Completed on (dd/mm/yyyy) _____
 Time period has passed

Stage 2: Prepare to return to activity at home

The patient can begin the return to activity process at home by undertaking brief familiar tasks until no new or worsening concussion symptoms are experienced.

Not yet completed
 Completed on (dd/mm/yyyy) _____
 Time period has passed

Stage 3 & 4: Prepare to return to work, school, and physical activity and gradually resume daily activities

The patient can initiate a graduated return to work, school, and physical activities on a part-time basis, by increasing and gradually resuming usual activities (supported with accommodations, modifications, and restrictions as needed) as tolerated and only at a level that does not bring on new or worsening concussion symptoms.

Not yet completed
 Completed on (dd/mm/yyyy) _____
 Time period has passed

Restrictions/Accommodations	Details	Timeline

Stage 5 & 6: Full return to work, school, and physical activities

The patient can return with full participation to work, school, and physical activities.

Not yet completed
Completed on (dd/mm/yyyy) _____
Time period has passed

Restrictions/Accommodations	Details	Timeline

Yours Sincerely,

Signature _____ M.D / N.P. (Please circle appropriate designation)²

Stamp 

² Depending upon physician or nurse practitioner access, the Medical Assessment Letter may be completed by a nurse with access to a licensed physician or nurse practitioner. Forms completed by other health care professionals (e.g., physiotherapists, chiropractors, and other allied health care professionals) should not be accepted. It is recommended that this document be provided to the patient without charge.

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. Timelines and activities may vary by direction of a health care professional.

AT HOME			AT SCHOOL			
STAGE 1:	STAGE 2:		STAGE 3:	STAGE 4:	STAGE 5:	STAGE 6:
Physical & cognitive rest <ul style="list-style-type: none"> Basic board games, crafts, talk on phone Activities that do not increase heart rate or break a sweat Limit/Avoid: <ul style="list-style-type: none"> Computer, TV, texting, video games, reading No: <ul style="list-style-type: none"> School work Sports Work Driving until cleared by a health care professional 	Start with light cognitive activity: Gradually increase cognitive activity up to 30 min. Take frequent breaks. Prior activities plus: <ul style="list-style-type: none"> Reading, TV, drawing Limited peer contact and social networking Contact school to create Return to School plan.	When light cognitive activity is tolerated: Introduce school work. Prior activities plus: <ul style="list-style-type: none"> School work as per <i>Return to School</i> plan Communicate with school on student's progression.	Back to school part-time Part-time school with maximum accommodations. Prior activities plus: <ul style="list-style-type: none"> School work at school as per <i>Return to School</i> plan No: <ul style="list-style-type: none"> P.E., physical activity at lunch/recess, homework, testing, sports, assemblies, field trips Communicate with school on student's progression.	Part-time school Increase school time with moderate accommodations. Prior activities plus: <ul style="list-style-type: none"> Increase time at school Decrease accommodations Homework – up to 30 min./day Classroom testing with adaptations No: <ul style="list-style-type: none"> P.E., physical activity at lunch/recess, sports, standardized testing Communicate with school on student's progression.	Full-time school Full days at school, minimal accommodations. Prior activities plus: <ul style="list-style-type: none"> Start to eliminate accommodations Increase homework to 60 min./day Limit routine testing to one test per day with adaptations No: <ul style="list-style-type: none"> P.E., physical activity at lunch/recess, sports, standardized testing 	Full-time school Full days at school, no learning accommodations. <ul style="list-style-type: none"> Attend all classes All homework Full extracurricular involvement All testing No: <ul style="list-style-type: none"> full participation in P.E. or sports until <i>Return to Sport</i> protocol completed and written medical clearance provided
	Rest	Gradually add cognitive activity including school work at home		School work only at school	Increase school work, introduce homework, decrease learning accommodations	Work up to full days at school, minimal learning accommodations
When symptoms start to improve OR after resting for 2 days max, BEGIN STAGE 2	Tolerates 30 min. of cognitive activity, introduce school work at home	Tolerates 60 min. of school work in two 30 min. intervals, BEGIN STAGE 3	Tolerates 120 min. of cognitive activity in 30-45 min. intervals, BEGIN STAGE 4	Tolerates 240 min. of cognitive activity in 45-60 min. intervals, BEGIN STAGE 5	Tolerates school full-time with no learning accommodations BEGIN STAGE 6	<i>Return to School</i> protocol completed; focus on RETURN TO SPORT

Note: A student is tolerating an activity if symptoms are not exacerbated.

Adapted from the Return to Learn protocol by G.F. Strong School Program (Vancouver School Board), Adolescent and Young Adult Program, G.F. Strong Rehabilitation Centre.

STUDENT RETURN TO LEARN PLAN



STUDENT INFORMATION

STUDENT NAME:	HOMEROOM TEACHER:	GRADE:	INJURY DATE:
PARENT/GUARDIAN:	PHONE:	EMAIL:	
SCHOOL CONTACT:	PHONE:	EMAIL:	

STUDENT SUPPORT SYSTEM

NAME	ROLE	CONTACT INFORMATION (PHONE/EMAIL)

MONITORING AND EVALUATION

<p>Preferred communication with parent/guardian</p> <p>In person Frequency:</p> <p>Student agenda</p> <p>Email Regular meetings:</p> <p>Phone</p>	<p>Communication between school contact and teachers</p> <p>In person Frequency:</p> <p>Email Regular meetings:</p>
<p>Symptom reporting</p> <p>Student self-report: Student monitored by:</p> <p>To school contact School contact</p> <p>To teacher Teacher</p> <p>In person to Other</p>	<p>Academic progress measured by</p> <p>Workload Length of time tolerated Number of courses</p> <p>Emotional progress</p> <p>Monitored by:</p> <p>In case of concerns:</p>
<p>Comments:</p>	

RETURN TO LEARN PLANNING TOOL

The student's individual symptoms will guide the creation of this planning document. To promote recovery within the school context, the goal is to have the student participate in an appropriate balance of cognitive activity and rest, thereby avoiding overexerting the brain to the level of worsening or reproducing symptoms.

STUDENT:	SCHOOL CONTACT:	DATE:
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Identify Student's Needs	Determine Learning Accommodations	Determine School Work
SYMPTOMS	LEARNING ACCOMMODATIONS	SCHOOL WORK
Physical: Headache Fatigue Sleep disturbance Dizziness/lightheadedness Nausea/vomiting Light sensitivity Noise sensitivity Blurred vision Double vision Balance problems Other physical symptoms:	Rest Breaks: Frequency: Duration: Location: Classroom Environment: Sit at front of class Sit away from bright sunlight Limit classes with noise/safety issues Band/choir Wood/metalwork Other: Quiet work/rest space Library Learning Support Counselling room Other: General Classroom Learning: Reduce course/workload Prioritize essential work Provide extra support/learning assistance Provide written instruction Provide class notes Use agenda/online school software Other: Attention/Concentration: Limit focus time to mins Shorter assignments Chunk information into smaller pieces Lighter workload Other: Memory: Use visual reminders and recognition cues Written instructions Use calculator Shorter reading passages Chunk information into smaller pieces Other:	Processing Speed: Extra time for tasks and tests Slow down verbal information Check comprehension vs. memorization Provide notes/notetaker Mood: Facilitate access to school counsellor Reduce stressful situations Provide supportive feedback/reassurance Can leave class when needed Facilitate avenues to express themselves Allow time for socialization Set appropriate goals with student Homework: Limited to mins per day Assessment: No testing Limited testing (1 test per day) Accommodations Extra time Separate setting Breaks as required Open book Modified content Additional Considerations: Sunglasses/blue light-blocking glasses Hat Ear plugs/noise-reducing headphones Water bottle Earbuds/headphones for music Class transition before bell Restrict/limit noisy environments Restricted recess/lunch activities Alternative: Elevator pass Other:
Cognitive: Poor attention/concentration Forgetfulness/poor memory Slow response time	STAGE 1 Rest at home STAGE 2 Light cognitive activity at home STAGE 3 School part-time, max. accommodations, shortened schedule STAGE 4 Increase time at school, moderate accommodations STAGE 5 School full-time, minimal accommodations STAGE 6 School full-time, no learning accommodations	Attendance: All school days Limited days: Adjusted school hours Start time: End time: Course Expectations: Limited courses: All courses Learning Support (see page 3 for details) PHYSICAL ACTIVITY Physical Activity Permitted: (provided by parent/guardian) Physical Education (P.E.): No P.E. Adapted P.E. program as per health care professional Full P.E. Written medical clearance provided:
Emotional: Irritability/easily angered Frustration/impatience Restlessness Depression Anxiety		Next Review Date:
Pre-Existing Issues: Prior concussion Dates: Learning disability ADD/ADHD Depression Anxiety History of migraines Other:		

LEARNING SUPPORT DETAILS

COMMENTS

LEARNING ACCOMMODATIONS AND MODIFICATIONS FOR STUDENTS FOLLOWING A CONCUSSION

For more information about learning accommodations, see the Resources section of the Concussion Toolkit for School Professionals.



PHYSICAL	
HEADACHES:	TIRES EASILY:
<ul style="list-style-type: none"> Provide opportunities to ensure student stays hydrated Allow frequent rest breaks with equipment as needed (ear/headphones, music, relaxation tapes, etc.) Limit or restrict noisy classes (music, woodworking, auto mechanics, foods/home economics, etc.) Limit or restrict noisy environments (assemblies, cafeteria, hallways, etc.) Allow the use of noise-cancelling ear plugs/headphones Allow sunglasses/hat in classroom Seat student away from window Dim light, pull shades 	<ul style="list-style-type: none"> Limit time spent doing school work Allow frequent rest breaks with equipment as needed (ear/headphones, music, relaxation tapes, etc.) Allow student to leave class/school early Allow student to start school later in the day Modify the student's attendance requirements, classes, and/or timetable Reduce backpack weight Schedule activities/subjects during student's best time of day
SENSITIVE TO LIGHT:	SENSITIVE TO NOISE:
<ul style="list-style-type: none"> Allow sunglasses/hat or blue light-blocking glasses Seat student away from window Dim light, pull shades Reduce exposure to computers, smart boards, videos Reduce brightness on screens 	<ul style="list-style-type: none"> Limit or restrict noisy classes (music, woodworking, auto mechanics, foods/home economics, etc.) Limit or restrict noisy environments (assemblies, cafeteria, hallways, etc.) Provide a quiet work space (library, learning support or counselling room, etc.) Provide a quiet place for lunch, recess Allow the use of noise-cancelling earplugs/headphones Allow student to leave class early to avoid noisy hallways
DIZZINESS/BALANCE PROBLEMS:	
<ul style="list-style-type: none"> Allow student to leave early to avoid crowded hallway Limit standing for long periods and allow student to sit or lie down as needed 	
COGNITIVE	
COGNITIVE FATIGUE:	
<ul style="list-style-type: none"> Limit time focusing on schoolwork No new learning Allow frequent rest breaks Reduce workload Decrease academic expectations Prioritize essential schoolwork Reduce repetition of work 	<ul style="list-style-type: none"> Allow for extra time to complete work, tests Provide shorter assignments, tests Allow alternative forms of testing (quiet space, oral, one-to-one, open-book, technology, etc.) Provide smaller chunks to learn Chunk information into smaller pieces Provide audio alternative for reading Schedule high cognitive demand tasks to be followed by less demanding work

COGNITIVE

DIFFICULTY CONCENTRATING:

- Provide a quiet place to work
- Limit time focusing on schoolwork
- Decrease distractions
- Work on one task at a time
- Chunk information into smaller pieces
- Allow for extra time to complete work
- Provide class notes
- Allow alternative forms of testing (quiet space, oral, one-to-one, open-book, technology, etc.)
- Provide shorter assignments, tests
- Provide or support use of assistive technology and software
- Provide extra support or learning assistance (TA, LA teacher, parent, peer, etc.)
- Allow preferential seating (front of class, away from windows, doors, other distractions, etc.)
- Limit or restrict noisy classes (music, woodworking, auto mechanics, foods/home economics, etc.)
- Limit or restrict noisy environments (assemblies, cafeteria, hallways, etc.)

DIFFICULTY REMEMBERING:

- Provide written instructions for tasks, homework
- Use peer tutor or partner
- Check comprehension
- Provide class notes/allow class notes for testing
- Provide or support use of assistive technology and software
- Use student agenda, communication book
- Chunk information into smaller pieces
- Provide extra support or learning assistance (TA, LA teacher, parent, peer, etc.)
- Use recognition rather than recall for testing
- Use repetition
- Use visual reminders (schedules, checklists, calendars, sticky notes, etc.)
- Use visual cues (highlighting, underlining, pictures/diagrams, colour coding, etc.)
- Use memory strategies (categorizing, associations, chunking, rehearsal, mnemonics, visualization, etc.)

EMOTIONAL

SAD/DEPRESSED/FRUSTRATED:

- Allow time for socialization
- Listen to and validate student's concerns
- Provide reassurance
- Use proactive behaviour management to encourage healthy lifestyle
- Provide safe place for student when feeling overwhelmed
- Ensure student has ready access to support services (school counsellor, school psychologist, etc.)
- Provide extra support or learning assistance (TA, LA teacher, parent, peer, etc.)
- Provide student and parent/caregiver with mental health and substance use resources
- Schedule regular check-ins with student
- Schedule regular check-ins with parent/caregiver

ANXIETY:

- Set appropriate goals with the student
- Allow student to leave class when needed
- Set a signal for the student when they need to leave the classroom
- Listen to and validate student's concerns
- Provide reassurance
- Provide safe space for student when feeling overwhelmed
- Ensure student has ready access to support services (school counsellor, school psychologist, etc.)
- Reduce workload
- Provide extra support or learning assistance (TA, LA teacher, parent, peer, etc.)
- Allow alternative forms of testing (quiet space, oral, one-to-one, open-book, technology, etc.)
- Decrease academic expectations
- Prioritize essential schoolwork
- Allow for extra time to complete work, tests
- Schedule regular check-ins with student
- Schedule regular check-ins with parent/caregiver

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 by direction of a health care professional.

STAGE 1:	STAGE 2:	STAGE 3:	STAGE 4:	STAGE 5:	STAGE 6:
<p>No sporting activity</p> <p>Physical and cognitive rest until symptoms start to improve OR after resting for 2 days max.</p>	<p>Light aerobic exercise</p> <p>Walking, swimming, stationary cycling. No resistance training. The pace of these activities should be at the point where you are still able to have a conversation.</p>	<p>Sport-specific exercise</p> <p>Skating drills (ice hockey), running drills (soccer). No head-impact activities.</p>	<p>Non-contact drills</p> <p>Progress to complex training drills (e.g. passing drills). May start resistance training.</p>	<p>Full-contact practice</p> <p>Following medical clearance participate in normal training activities.</p>	<p>Back in the game</p> <p>Normal game play</p>
Recovery	Increase heart rate	Add movement	Exercise, coordination, cognitive load	Restore confidence; assess functional skills	<p>Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.</p>
<p>Symptoms improve or 2 days rest max?</p> <p>Yes: Move to stage 2 No: Continue resting</p> <p>Time & Date completed:</p> <hr/> <hr/>	<p>No new or worsening symptoms for 24 hours?</p> <p>Yes: Move to stage 3 No: Return to stage 1</p> <p>Time & Date completed:</p> <hr/> <hr/>	<p>No new or worsening symptoms for 24 hours?</p> <p>Yes: Move to stage 4 No: Return to stage 2</p> <p>Time & Date completed:</p> <hr/> <hr/>	<p>Symptom-free for 24 hours?</p> <p>Yes: Move to stage 5 No: Return to stage 3</p> <p>Time & Date completed:</p> <hr/> <hr/>	<p>Symptom-free for 24 hours?</p> <p>Yes: Move to stage 6 No: Return to stage 4</p> <p>Time & Date completed:</p> <hr/> <hr/>	

If new or worsening symptoms are experienced at any stage, go back to the previous stage for at least 24 hours. You may need to move back a stage more than once during the recovery process.

Medical clearance required before moving to stage 5

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

ACTIVITY SUGGESTIONS FOR RECOVERY STAGES AFTER CONCUSSION

TODDLER (0-4)	CHILD (5-10)	
<p>Stage 1 – Short Phase of Physical and Cognitive Rest with Symptom Guided Activity 24-48 hours</p> <ul style="list-style-type: none"> • Crafts: colouring, drawing • Nap in favourite spot • Parents can read stories • Watch fish in an aquarium 	<p>Stage 1 – Short Phase of Physical and Cognitive Rest with Symptom Guided Activity 24-48 hours</p> <ul style="list-style-type: none"> • Basic board games (i.e. not monopoly) • Crafts: making bracelets, necklaces • Light gardening • Singing • Static stretching • Talking on phone • Talking to friends/family 	<p>Stage 3 – Individual Sport-Specific Activity (No Contact)</p> <ul style="list-style-type: none"> • Air hockey or foosball • Biking • Dribbling and stickhandling • Golf • iPad applications (no gaming) • Light badminton • Sit ups and push-ups few repetitions • Ping pong • Skating • Sprinklers and splash pads • Tag • Tai chi/karate (non-contact) • Wii or Xbox Kinect games • Word searches
<p>Stage 2 - Light Exercise (No Contact)</p> <ul style="list-style-type: none"> • Bird watching • Crafts: painting • Exersaucer • Play in the Sand • Play blocks, Lego, dolls, cars or small toys • Puzzles/matching games • Sensory/water play • Supervised walking or crawling 	<p>Stage 2- Light Exercise (No Contact)</p> <ul style="list-style-type: none"> • Balance exercises • Challenging board games • Fishing • Flying kites • Freestyle swimming • Helping cook and bake • Light jogging • Listening to quiet music (no headphones) • Magazines • Playing catch • Puzzles • Walking 	<p>Stage 4 – Sport-Specific Practice with Team (No Contact)</p> <ul style="list-style-type: none"> • Baseball/cricket • Basketball • Dance • Field hockey • Figure skating (no jumps) • Hockey drills • Soccer without heading • Slide and swing at playground • Squash • Tennis, Badminton • Volleyball (no diving)
<p>Stage 3 – Individual Sport-Specific Activity (No Contact)</p> <ul style="list-style-type: none"> • Archery game • Ball throwing (ex basketball) • Bowling (at home) • Crawling • Dramatic play/role-playing • Walking 		
<p>Stage 4- Sport-Specific Practice with Team (No Contact)</p> <ul style="list-style-type: none"> • Dance lessons • Kicking/passing a soccer ball • Mini sticks • Splash pad • Swim lessons 		

WARNING: Perform activities ONLY if symptom free. If any symptoms appear during activity, STOP immediately.

Use suggestions in conjunction with CanChild concussion protocols available at:
<https://canchild.ca/en/diagnoses/brain-injury-concussion/brain-injury-resources>

ACTIVITY SUGGESTIONS FOR RECOVERY STAGES AFTER CONCUSSION

TEENAGER (11+)

Stage 1 – Short Phase of Physical and Cognitive Rest with Symptom Guided Activity 24–48 hours

- Cellphone (no texting only calling)
- Crafts: molding clay
- Friends visit (one at a time)
- Knitting and quilting
- Listen to Audiobooks
- Meditation/nap
- Photography/scrapbooking
- Static stretching

Stage 2 – Light Exercise (No Contact)

- Archery
- Camping
- Cooking and baking
- Fishing
- Freestyle swimming
- Going to the beach
- Light jogging
- Listening to quiet music (no headphones)
- Magazines
- Playing catch
- Puzzles
- Re-read familiar books
- Stationary cycling
- Walking
- Yoga (no hot yoga)

Stage 3 – Individual Sport-Specific Activity (No Activity)

- Air hockey or foosball
- Basketball (passing, shooting)
- Air hockey or foosball
- Basketball (passing, shooting)
- Biking
- Crosswords/sudoku
- Curling
- Dance/Gymnastics/Cheer (no stunts)

- Figure skating (stroking, footwork)
- Football (dynamic throwing and catching, one on one plays)
- Golf
- Hiking/orienteering
- Hockey (passing, shooting, skating drills)
- Light badminton, Ping Pong
- Sit ups and push-ups few repetitions
- Running
- Rugby (passing and catching drills)
- Shopping at mall
- Soccer (dribbling, passing, shooting)
- Snorkeling
- Tai chi/Karate
- Volleyball (keep ups)
- Wii or Xbox Kinect games

Stage 4- Sport-Specific Practice with Team (No Contact)

- Aerobics and plyometrics
- Baseball/Cricket
- Basketball
- Canoeing/kayaking
- Dance/Gymnastics/Cheer (beginner stunts, maximum two rotations)
- Figure Skating (beginner jumps, run through no music)
- Football (offensive/defensive plays)
- Hockey (breakout, defense drills, 3 on 2)
- Light Weight Training
- Mountain/rock climbing
- Rugby (team drills, lineouts no contact)
- Shadow boxing
- Soccer (offensive/defensive plays)
- Squash or tennis
- Track and field
- Volleyball (no diving)

WARNING: Perform activities ONLY if symptom free. If any symptoms appear during activity, STOP immediately.

Use suggestions in conjunction with CanChild concussion protocols available at:
<https://canchild.ca/en/diagnoses/brain-injury-concussion/brain-injury-resources>



Medical Clearance Letter

Medical Office, please complete:	
M.D. / N.P. Name	
Medical License #	
Email / Contact #	
Date of Clearance Letter	

M.D. / N.P. / Patient please complete:	
Date of Concussion	
Date of Concussion Diagnosis	
Organization/Individual Requesting Medical Clearance	

To Whom It May Concern:

Patients with a concussion should be assessed and managed by a medical professional. The goal of concussion management is to support the patient’s complete recovery from concussion by promoting a safe and gradual return to activity following a staged approach. For more detailed information and resources, please refer to the Concussion Awareness Training Tool (CATT) at cattonline.com.

As part of the strategy, this patient had previously been instructed to avoid all activities that could potentially place them at risk of another concussion or head injury until a medical clearance letter is provided (due to organizational requirements, dangerous job duties, contact sports, etc.). This patient has explained the organizational requirements and the duties/activities they participate in, and I have personally completed a medical clearance on this patient.

Name of Patient: _____

Note that the patient’s recovery is individual. After Stage 2, if new or worsening concussion symptoms are experienced the patient has been instructed to return to the previous stage of the strategy for 24 hours.

This patient can return with full participation to work, school, or physical activities **without restriction**.

This patient can return to work, school, or physical activities **with the following restriction(s)**:

Restriction(s) Physical & Cognitive	Details	Timeline

This patient can return with full participation to work, school, or physical activities **without accommodation**.

This patient can return to work, school, or physical activities **with the following accommodation(s)**:

Accommodation(s) Physical & Cognitive	Details	Timeline

Your understanding and support are critical components in this patient’s continuing recovery.

Yours Sincerely,

Signature _____ M.D / N.P. (Please circle appropriate designation)¹

Stamp 

¹ Depending upon physician or nurse practitioner access, the Medical Clearance Letter may be completed by a nurse with access to a licensed physician or nurse practitioner. Forms completed by other health care professionals (e.g., physiotherapists, chiropractors, and other allied health care professionals) should not be accepted. It is recommended that this document be provided to the patient without charge.

Additional Resources

CATT – Concussion Incident Report (2019)

<https://cattonline.com/wp-content/uploads/2017/10/CATT-Concussion-Incident-Report-V4-May-2019.pdf>

Parachute – Caring for Your Concussion (2018)

<https://cattonline.com/wp-content/uploads/2019/10/Parachute-Caring-for-Your-Concussion-2018.pdf>

CATT – Return to Activity (2019)

<https://cattonline.com/wp-content/uploads/2018/06/CATT-Return-to-Activity-V2-June-2019.pdf>

CATT – Return to Work (2019)

<https://cattonline.com/wp-content/uploads/2019/05/CATT-Return-to-Work-2019-V1-June-2019.pdf>

Canadian Concussion Collaborative – 4 Characteristics of a Good Concussion Clinic (2017)

<https://casem-acmse.org/wp-content/uploads/2018/06/CCES-PUB-CCC-4Qs-E-FINAL.pdf>

Parachute – Statement on Concussion Baseline Testing in Canada (2017)

<https://parachute.ca/wp-content/uploads/2019/06/Concussion-Baseline-Testing.pdf>

Active & Safe Central (2018)

<https://activesafe.ca/>

For more information and resources on concussion, please visit cattonline.com.

