

# CONCUSSION MANAGEMENT

## Return to School Guidelines for Children & Youth

A concussion is a  
brain injury and must  
be taken seriously!



# Return to School Guidelines

These stages are designed to strike a balance between the importance of returning to school and brain recovery. Work with your school to put these recommendations into place.

## STAGE 1: Brain Rest - NO SCHOOL

- No school for at least one week
- Lots of cognitive rest (**NO** TV, video games, texting, reading)
- When symptom free, move to **STAGE 2**

*\*If symptoms persist past 2 weeks, move to STAGE 2*

## STAGE 2: Getting Ready to Go Back

- Begin gentle activity guided by symptoms (walking, 15 minutes of screen time twice daily, begin reading).
- When symptom free, move to **STAGE 3**

*\*If symptoms persist, stay in this stage for a maximum of 2 weeks and discuss moving to STAGE 3 with your physician or brain injury clinician*

## STAGE 3: Back to School/Modified Academics

- This stage may last for days or months depending on rate of recovery
- Go to bed early and get lots of sleep. Have a quiet retreat space in school
- Academic Modifications:
  - Timetable/attendance: Start by going for one hour, half days or every other day
  - Curriculum: Attend less stressful classes, no tests, homework in 15 minute blocks up to a maximum of 45 minutes daily
  - Environment: Preferential seating, **avoid** music class, gym class, cafeteria, taking the bus, carrying heavy books
  - Activities: Limit screen/TV time into 15 minute blocks for up to 1 hour daily
- When symptom free, move to **STAGE 4**

*\*If symptoms persist past 4 weeks → A recovery Individualized Education Plan (IEP) may be needed*

## STAGE 4: Nearly Normal Routines

- Back to full days of school, but can do less than 5 days a week if needed
- Complete as much homework as possible and a maximum of 1 test per week
- When symptom free, move to **STAGE 5**

## STAGE 5: Fully Back to School

- Gradual return to normal routines including attendance, homework, tests and extracurricular activities



STAGE 1: Brain Rest - NO SCHOOL

STAGE 2: Getting Ready to Go Back

STAGE 3: Back to School/Modified Academics

STAGE 4: Nearly Normal Routines

STAGE 5: Fully Back to School



*If symptoms worsen at any stage, reduce activity!*

### Important Notes

- **Anxiety** can be high after a brain injury. Many children worry about school failure and need reassurance about the temporary accommodations.
- **Depression** is common during recovery from a brain injury, especially when the child is unable to be active. This may make symptoms worse or prolong recovery.

Talk with the child about these issues and offer encouragement and support.

Also see the McMaster Return to Activity Guidelines

# Concussion Facts

The **biggest risk** is going back to play before the brain heals and getting another concussion!

Higher risk of prolonged recovery with:

- Multiple concussions
- History of learning or behaviour problems
- History of migraines
- Symptoms of amnesia, foginess or dizziness

Percentage of children who are symptom free in:

15 days=25%  
26 days=50%  
45 days=75%  
92 days=90%

**WHEN THEY'RE OKAY  
RETURN TO PLAY**



**WHEN IN DOUBT  
SIT THEM OUT**

For more information, please visit  
[www.canchild.ca](http://www.canchild.ca)



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## CONCUSSION

A concussion, also known as a mild traumatic brain injury (MTBI), changes the way the brain functions. An MTBI can be caused by a direct or indirect hit, blow or force to the head or body.

## SYMPTOMS OF CONCUSSION

- Sleep disturbances or drowsiness
- Headache
- Nausea and vomiting
- Poor balance or coordination
- Dizziness
- Visual problems
- Sensitivity to light or noise
- Mentally foggy
- Difficulty concentrating/ remembering
- Irritability
- Sadness
- Nervousness

Symptoms should be evaluated daily to show healing and recovery

## RED FLAG SYMPTOMS

If any of the following symptoms develop, go to the emergency department/seek further investigation immediately:

- Increased drowsiness or cannot be awakened
- Headaches worsen or neck pain
- Persistent vomiting
- Pupils are unequal in size
- Seizures
- Confusion or short-term memory loss
- Blurred/double vision, slurred speech or loss of motor function
- Change in behaviour (irritability, agitation or aggression)