

CATT Educational Materials

1. CATT Poster – General (W: 11” x H: 17”)

This poster gives a brief overview of CATT and the importance of concussion awareness and management.



The poster features a collage of images: a doctor examining a child, a woman presenting in a classroom, and a man holding his head in pain. The top header includes the CATT logo, the text 'CONCUSSION AWARENESS TRAINING TOOL', and an ISMA Gold Winner award seal.

Learn about the
**recognition, diagnosis,
treatment, & management of
concussion**

Information for:

- Athletes
- Coaches
- Medical Professionals
- Parents or Caregivers
- School Professionals
- Women's Support Worker
- Workers and Workplaces
- Youth

The Concussion Awareness Training Tool (CATT) is a series of online educational modules and resources addressing concussion recognition, diagnosis, treatment, and management.

Good concussion awareness and management is pivotal to minimizing the risk of brain damage, may reduce long-term health consequences, and has the potential to reduce health care costs and improve the overall safety of British Columbians.

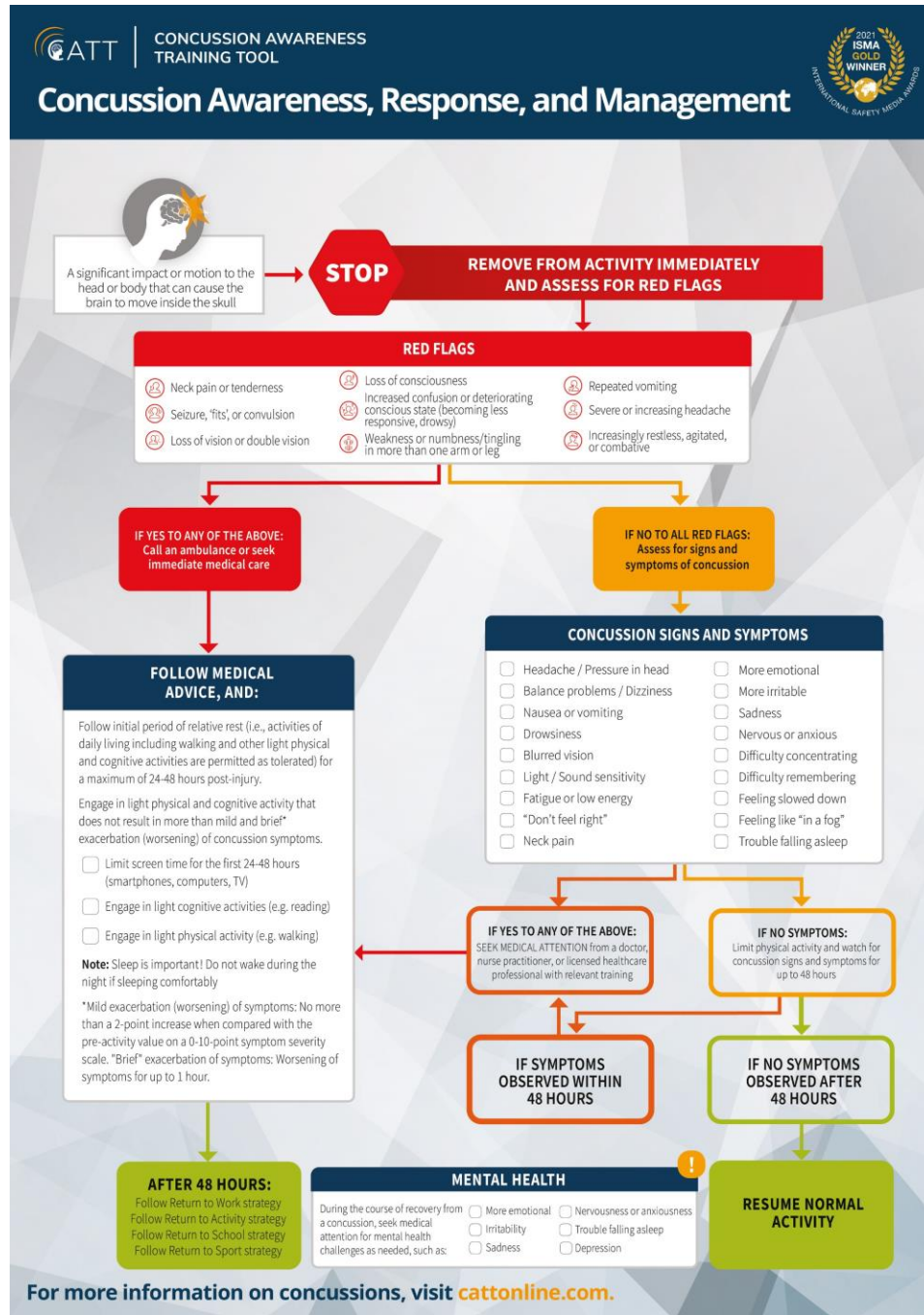
Learn more at
cattonline.com

- facebook.com/cattonline
- twitter.com/cattonline
- concussion@bcchr.ca

Developed by:

2. CATT Poster – Concussion Pathway (W: 11" x H: 17")

This poster outlines how to recognize and respond to a concussion.



3a. CATT Flip Card: Child & Youth (Folded: W: 8.5" x H: 5.5") English

The CATT Flip Card: Child & Youth contains the Return to School and Return to Sport guidelines.

Version 1.5 updated November 2023
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Developed by:
www.cattonline.com

The recognition, appropriate treatment, and management of a concussion is crucial to the health and safety of our kids.

resources that are both printable and smartphone accessible.
information. The website is updated frequently and includes online courses, videos, and
and administrators with a comprehensive and up-to-date collection of concussion
provides **medical professionals, parents, players, coaches, and school professionals** (CATT)
The free Concussion Awareness Training Tool (CATT)

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. Every concussion is unique, and recovery is very different for each individual. Not everyone will require a Return to School Strategy. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or licensed healthcare professional with relevant training. Note: For information about returning to activities that pose risk of head contact, please refer to Return to School or Return to Activity.

STEP 1:	STEP 2:	STEP 3:	STEP 4:
Activities of daily living and relative rest* <ul style="list-style-type: none"> Maximum of 24-48 hours Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. Examples: <ul style="list-style-type: none"> Preparing meals Housework Light walking <ul style="list-style-type: none"> Minimize screen time for the first 24-48 hours following concussion. Avoid driving during the first 24-48 hours after a concussion. <p>Contact school to create a Return to School plan.</p>	School activities (as tolerated) <ul style="list-style-type: none"> Returning to school as soon as possible (as tolerated) is encouraged. Reading or other cognitive activities at school or at home. Goal: Increase tolerance to cognitive work, and connect socially with peers. Take breaks and adjust activities if concussion symptoms exacerbation (worsening) is more than mild and brief**. Use of devices with screens may be gradually resumed, as tolerated. Clearance from your doctor is not required to return to low-risk in-person or at-home school activities. A complete absence from the school environment for more than one week is not generally recommended. <p>Communicate with school on student's progression.</p>	Part-time or full-time days at school with accommodations (if needed) <ul style="list-style-type: none"> Gradually reintroduce schoolwork. May require accommodations, such as: <ul style="list-style-type: none"> Partial school days with access to breaks throughout the day Academic accommodations (extra time to complete work, reduced workload) to tolerate the classroom or school environment. <p>Communicate with school on student's progression.</p>	Return to school full-time <p>Return to full days at school and academic activities without requiring accommodations (related to the concussion).</p> <p>Note: Medical clearance is NOT required to return to school.</p> <p>For returning to PE or sports, please refer to Return to Sport protocol.</p>
Activities of daily living, as tolerated <p>After a maximum of 24-48 hours after injury, BEGIN STEP 2</p>	Return to school as soon as possible, as tolerated <p>If can tolerate school activities, BEGIN STEP 3</p>	Gradually reduce accommodations and increase workload <p>If can tolerate full days without concussion-related accommodations, BEGIN STEP 4</p>	Full academic load (no academic accommodations related to the concussion) <p>Return to School completed</p>

*Students should begin a gradual increase in their cognitive load with the goal of resuming their usual level of schoolwork. This return to school should not be modified if the student is experiencing full days. Progression through these steps may be slower than a mild and brief symptom exacerbation** however, staying more than one week of school is not generally recommended. Always consult with a doctor, nurse practitioner, or healthcare professional.

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



Learn more about the need for **prevention, recognition, and management of concussion**

www.cattonline.com

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 based on direction from a doctor, nurse practitioner, or licensed healthcare professional with relevant training. Begin Step 1 within 24 hours of injury, with progression through each subsequent step taking a minimum of 24 hours.

STEP 1:	STEP 2:	STEP 3:	STEP 4:	STEP 5:	STEP 6:
Activities of daily living and relative rest* <ul style="list-style-type: none"> Maximum of 24-48 hours Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. Examples: <ul style="list-style-type: none"> Preparing meals Housework Light walking <ul style="list-style-type: none"> Minimize screen time for first 24-48 hours following concussion. 	2A: Light effort aerobic exercise <ul style="list-style-type: none"> Up to approximately 50% of maximum heart rate (predicted according to age: i.e. 220-age). In a safe and controlled environment, engage in light aerobic exercise. Examples: <ul style="list-style-type: none"> Stationary cycling Walking at slow to medium pace Light resistance training that does not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. 	2B: Moderate effort aerobic exercise <ul style="list-style-type: none"> Up to approximately 70% of maximum heart rate (predicted according to age: i.e. 220-age). Take a break and modify activities as needed with the aim of gradually increasing tolerance and the intensity of aerobic activities. 	Individual sport-specific activities that do not have a risk of inadvertent head impacts <ul style="list-style-type: none"> Activities of individual sport-specific activities that are supervised by a teacher/coach/parent. Examples: <ul style="list-style-type: none"> Shooting drills (hockey) Running drills (soccer) Change of direction drills Individual gym class activities <p>It is important to get medical clearance before returning to training that involves any risk of inadvertent head impact.</p>	Non-contact training drills and activities <ul style="list-style-type: none"> Progress to exercises at high intensity, including more challenging drills and activities. Examples: <ul style="list-style-type: none"> Passing drills Multi-player training Supervised non-contact gym class activities Practices without body contact 	Return to all non-competitive activities <ul style="list-style-type: none"> Return to all non-competitive activities, and full-contact practices. Participate in higher-risk activities including normal training activities, all school gym class activities, and full-contact sports practices and competitive gameplay. <p>Return to activities that have a risk of falling or body contact, contact sports, game-play and have coaches assess functional skills.</p>
Activities of daily living, as tolerated <p>After a maximum of 24-48 hours after injury, BEGIN STEP 2</p>	Increase heart rate <p>If can tolerate moderate aerobic exercise, BEGIN STEP 3</p>	Increase intensity of aerobic activities and introduce low-risk sport-specific movements and changing of directions <p>If medically cleared and have fully returned for school, BEGIN STEP 4</p>	Resume usual intensity of exercise, coordination, and activity-related cognitive skills <p>If can tolerate usual intensity of activities, BEGIN STEP 5</p>	Return to full contact, competitive play or high-risk activities before you have recovered <p>If can tolerate non-competitive, high-risk activities, BEGIN STEP 6</p>	Return to sport <p>Back to normal, unrestricted competitive game play, school gym class, and physical activities.</p> <p>Note: Returning to full contact, competitive play or high-risk activities before you have recovered increases the risk of delayed recovery and for sustaining another more severe concussion or serious injury.</p>

*More than mild exacerbation (worsening) of symptoms i.e. more than 2 points on a 0-10 scale** occur during Steps 1-3, stop the activity, and attempt to restore the next day. Individuals experiencing concussion symptoms during Steps 4-6 should return to Step 1. Do not start full resumption of symptoms with exercise before completing Step 4 activities. Further exacerbation of mild or moderate symptoms should be treated as a concussion. **The "worsening" of symptoms (worsening of symptoms for 24-48 hours) is not a return to school or sport. Please see the Visual Analog Scale at www.cattonline.com/vas2023 for an example of a 0-10 symptom severity scale.

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Front and Back of Card

Inside of Card

3b. CATT Flip Card: Child & Youth (Folded: W: 8.5" x H: 5.5") French

The CATT Flip Card: Child and Youth contains the Return to School and Return to Sport guidelines.

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Version 14 - Mise à jour 7 mai 2021

Pratiques sportives et de loisir
Services d'urgence
Services d'urgence



Elaboré par : www.cattonline.com

Le dépistage, le traitement approprié et la prise en charge d'une commotion cérébrale sont cruciaux pour la santé et la sécurité de nos enfants.

Imprimables et accessibles par téléphone intelligent.

Cet outil de formation et de sensibilisation aux commotions cérébrales **gratuit** fournit **aux professionnels de la santé, aux parents, aux entraîneurs et aux professionnels et administrateurs scolaires** une collection complète et à jour de renseignements sur les commotions cérébrales. Le site Web est mis à jour fréquemment et comprend des cours en ligne, des vidéos et des ressources qui sont imprimables et accessibles par téléphone intelligent.

Le dépistage, le traitement approprié et la prise en charge d'une commotion cérébrale sont cruciaux pour la santé et la sécurité de nos enfants.

www.cattonline.com



Apprenez-en davantage sur la nécessité de **prévenir**, de **reconnaître** et de **gérer** les **commotions cérébrales**



CATT
CONCUSSION AWARENESS TRAINING TOOL
www.cattonline.com

Front and Back of Card

Cet outil présente des lignes directrices pour gérer le retour à l'école d'un élève après une commotion cérébrale et ne remplace pas les conseils d'un médecin. Les échéances et les activités peuvent varier selon les directives d'un professionnel de la santé.

A LA MAISON		À L'ÉCOLE			
STADE 1	STADE 2	STADE 3	STADE 4	STADE 5	STADE 6
Repos physique et cognitif • Jeux de société faciles, lecture, conversations télévisées • Activités qui n'engagent pas votre mémoire cognitive ou ne vous font pas transpirer À éviter ou à limiter • Collisions, sauterie, tirage, jeux vidéo, football Intérêts • Aller à l'école • Sports • Travail	Commencez par une activité cognitive légère Augmentez graduellement l'activité cognitive jusqu'à 30 min. Prenez souvent des pauses. Activités précédentes et • Lectures, télévision, dessin • Contacts avec les pairs et interactions sociales Intérêts • Activités physiques conformes au plan de retour à l'école • Communiqués avec l'école sur les progrès de l'élève.	Retour partiel à l'école École à temps partiel, avec des adaptations minimales. Activités précédentes et • Travaux scolaires, conformément au plan de retour à l'école • Communiqués avec l'école sur les progrès de l'élève.	École à temps partiel Augmenter les heures d'école, avec des adaptations minimales. Activités précédentes et • Augmentation des heures d'école • Diminution des adaptations • Devoirs : jusqu'à 30 min/jour • Tests en classe, avec des adaptations minimales • Éducation physique, activité physique le midi ou à la récréation, devoirs, tests, sports, assemblées, sorties éducatives • Communiqués avec l'école sur les progrès de l'élève.	École à temps plein Journées complètes à l'école, avec adaptations minimales. Activités précédentes et • Célébration de l'obtention des adaptations • Augmentation des devoirs jusqu'à 60 min/jour • Limite de tests normalisés à un par jour, avec des adaptations minimales • Éducation physique, activité physique le midi ou à la récréation, devoirs, sports, tests normalisés	École à temps plein Journées complètes à l'école, sans adaptations pédagogiques. • Présence à tous les cours • Tous les devoirs • Participation complète aux activités parascolaires • Tous les tests Intérêts • Reprise complète de l'éducation physique • Activités sportives • La fin du protocole de retour à l'école et une autorisation médicale par écrit
Repos Quand les symptômes commencent à s'améliorer OU après 2 jours de repos au maximum. PASSEZ AU STADE 2	Ajoutez graduellement des activités cognitives et introduisez les travaux scolaires à la maison 5 à 10 min de travail scolaire à la maison PASSEZ AU STADE 3	Travaux scolaires seulement à l'école 15 à 20 min de travail scolaire à l'école PASSEZ AU STADE 4	Travaux scolaires complets à l'école 30 à 45 min de travail scolaire à l'école PASSEZ AU STADE 5	Passes à des journées complètes à l'école, réduisant les adaptations pédagogiques minimales 45 à 60 min de travail scolaire à l'école PASSEZ AU STADE 6	Charge de travail scolaire normale Protocole de retour à l'école complété, passez au RETOUR AU SPORT

Note : Si les symptômes ne sont pas exacerbés, l'élève tolère une activité.

Adaptation du protocole de retour à l'école du Programme scolaire de C.T. Strong Vancouver School Board, Programme pour les adolescents et les jeunes adultes, Centre de réhabilitation C.T. Strong

LES DEUX OUTILS PEUVENT ÊTRE UTILISÉS EN PARALLÈLE; TOUTEFOIS, LE RETOUR À L'ÉCOLE DEVRAIT ÊTRE COMPLÉTÉ AVANT LE RETOUR AU SPORT.

Cet outil présente des lignes directrices pour gérer le retour au sport après une commotion cérébrale et ne remplace pas les conseils d'un médecin. Les échéances et les activités peuvent varier selon les directives d'un professionnel de la santé.

STADE 1	STADE 2	STADE 3	STADE 4	STADE 5	STADE 6
Pas d'activité sportive Repos physique et cognitif jusqu'au début de l'amélioration des symptômes OU après 2 jours de repos au maximum.	Exercices aérobiques légers Marche, natation, vélo stationnaire, Pas de musculation. Ces activités devraient se dérouler à un rythme vous permettant toujours de tenir une conversation.	Exercices spécifiques à un sport Exercices de patinage (hockey sur glace), exercices de course à pied (soccers). Aucune activité à risque d'impact à la tête.	Exercices d'entraînement sans contact Exercices d'entraînement plus complexes (p. ex., passer le ballon). Peut commencer la musculation.	Entraînement avec contacts sans restrictions Après l'autorisation médicale, participation aux activités d'entraînement normales.	Reprise de l'entraînement sans restrictions Pratiques de jeu normales
Rétablissement Amélioration des symptômes ou 2 jours de repos au maximum ? Oui : Passez au stade 2 Non : Continuez le repos Date et heure du stade complété : _____	Augmentation du rythme cardiaque Pas de nouveaux symptômes ou d'aggravation pendant 24 heures ? Oui : Passez au stade 3 Non : Revenez au stade 1 Date et heure du stade complété : _____	Ajout de mouvement Pas de nouveaux symptômes ou d'aggravation pendant 24 heures ? Oui : Passez au stade 4 Non : Revenez au stade 3 Date et heure du stade complété : _____	Exercice, coordination, charge cognitive Aucun symptôme pendant 24 heures ? Oui : Passez au stade 5 Non : Revenez au stade 3 Date et heure du stade complété : _____	Rétablissement de la confiance, évaluation des compétences fonctionnelles Aucun symptôme pendant 24 heures ? Oui : Passez au stade 6 Non : Revenez au stade 4 Date et heure du stade complété : _____	Notes : Le retour prématuré aux sports de contact (pratique complète et jeu) peut causer un recul de rétablissement important.

Si de nouveaux symptômes ou une aggravation surviennent à un stade quelconque, revenez au stade précédent pendant au moins 24 heures. Au cours du rétablissement, vous devez peut-être revenir à un stade précédent plus d'une fois.

Autorisation médicale nécessaire avant de passer au stade 5. © BCBP, Tous droits réservés.

Inside of Card

4a. CATT Flip Card: Adult (Folded: W: 8.5" x H: 5.5") English

The CATT Flip Card: Adult contains the Concussion Pathway and Return to Work guideline.

Return to Work

The goal is a gradual return to normalcy for managing an individual's return to work. The goal is to return to work as soon as possible, but not at the expense of long-term health. The goal is to return to work as soon as possible, but not at the expense of long-term health. The goal is to return to work as soon as possible, but not at the expense of long-term health.

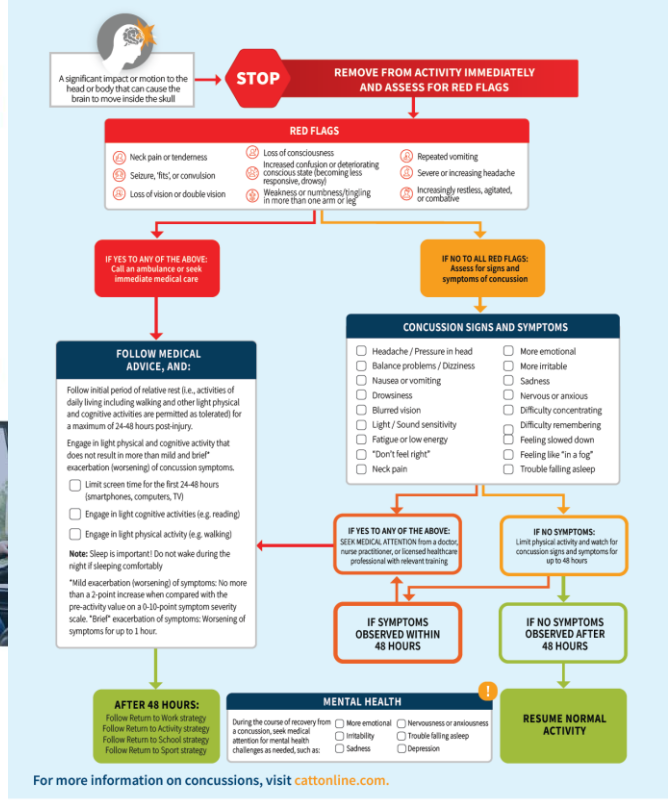
STEP 1:	STEP 2:	STEP 3:	STEP 4:
<p>Activities of daily living (ADLs) and activities of interest (AIIs)</p> <p>After a maximum of 24 hours</p> <p>Engage in light physical and cognitive activities (e.g., walking, reading) for a maximum of 24-48 hours post-injury.</p> <p>Engage in light physical and cognitive activities (e.g., walking, reading) for a maximum of 24-48 hours post-injury.</p>	<p>Work activities (AIIs) as tolerated</p> <p>Engage in light physical and cognitive activities (e.g., walking, reading) for a maximum of 24-48 hours post-injury.</p> <p>Engage in light physical and cognitive activities (e.g., walking, reading) for a maximum of 24-48 hours post-injury.</p>	<p>Work with accommodations</p> <p>Engage in light physical and cognitive activities (e.g., walking, reading) for a maximum of 24-48 hours post-injury.</p> <p>Engage in light physical and cognitive activities (e.g., walking, reading) for a maximum of 24-48 hours post-injury.</p>	<p>Return to work full time</p> <p>Engage in light physical and cognitive activities (e.g., walking, reading) for a maximum of 24-48 hours post-injury.</p> <p>Engage in light physical and cognitive activities (e.g., walking, reading) for a maximum of 24-48 hours post-injury.</p>



Learn more about the need for **prevention, recognition, and management of concussion**



Front and Back of Card



Inside of Card

4b. CATT Flip Card: Adult (Folded: W: 8.5" x H: 5.5") French

The CATT Flip Card: Adult contains the Concussion Pathway and Return to Work guideline.

Retour au Travail

Cet outil présente des lignes directrices pour le retour au travail après une commotion cérébrale et ne remplace pas les conseils d'un médecin ou d'un professionnel de la santé.

ÉTAPE 1 : Évaluer les symptômes et les signes de commotion.

ÉTAPE 2 : Suivre les recommandations médicales et de santé mentale.

ÉTAPE 3 : Évaluer les symptômes et les signes de commotion.

ÉTAPE 4 : Suivre les recommandations médicales et de santé mentale.

ÉTAPE 5 : Évaluer les symptômes et les signes de commotion.

ÉTAPE 6 : Suivre les recommandations médicales et de santé mentale.

Retour au Travail

Apprenez-en davantage sur la nécessité de prévenir, de reconnaître et de gérer les commotions cérébrales

CATT
CONCUSSION AWARENESS TRAINING TOOL
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Front and Back of Card

ARRÊTEZ ARRÊTEZ TOUTE ACTIVITÉ IMMÉDIATEMENT ET ÉVALUEZ TOUS LES SIGNAUX D'ALARME

Un choc important ou un mouvement brusque à la tête ou au corps qui peut être responsable de mouvement du cerveau à l'intérieur du crâne.

SIGNAUX D'ALARME

- 1 Douleur ou sensibilité au cou
- 2 Vision double
- 3 Crise d'épilepsie ou convulsions
- 4 Faiblesse ou sentiments de fourmillements ou brûlure dans les bras ou les jambes
- 5 Mal de tête sévère ou s'intensifiant
- 6 Perte de conscience
- 7 Décoloration de l'état de conscience
- 8 Vomissements
- 9 Devenant de plus en plus nerveux, agité ou agressif

SI VOUS AVEZ RÉPONDU OUI À L'UN DE SIGNAUX CI-DESSUS : Appelez une ambulance ou consultez immédiatement un médecin.

SI VOUS AVEZ RÉPONDU NON À TOUS CES SIGNAUX D'ALARME : Évaluez les signes et symptômes de commotion.

SIGNES ET SYMPTÔMES DE COMMOTION

- Maux de tête
- Vertiges
- Nausées
- Vision floue
- Sensibilité à la lumière ou au bruit
- Problèmes d'équilibre
- Tintement dans les oreilles
- Voir des « étoiles »
- Irritabilité
- Se sentir « dans le brouillard »
- Fatigue
- Difficultés de concentration
- Mémoire affaiblie
- Douleur au cou
- Tristesse
- Confusion

SUIVEZ LES RECOMMANDATIONS MÉDICALES ET :

- Une exposition limitée aux écrans (téléphone intelligent, ordinateur, télévision).
- Une activité cognitive limitée (lecture, conduite, travail scolaire), et
- Une activité physique limitée.

Remarque : Le sommeil est important! Si la personne dort profondément pendant la nuit, ne la réveille pas.

SI VOUS AVEZ RÉPONDU OUI À L'UN DES SIGNES OU SYMPTÔMES : Demandez un avis médical, consultez un professionnel de la santé agréé (médecin ou infirmière) pour obtenir « Un avis écrit des votre médecin ».

EN L'ABSENCE DE SYMPTÔMES : Résumez votre activité physique et surveillez tous signes et symptômes de commotion pendant au moins 48 heures.

SI DES SYMPTÔMES ONT ÉTÉ OBSERVÉS DANS LES 48 HEURES :

APRÈS 48 HEURES : Suivez la stratégie de Retour au travail. Suivez la stratégie de Retour à l'école. Suivez la stratégie de Retour au sport.

SANTÉ MENTALE

Pendant la période de rétablissement d'une commotion, consultez un médecin en cas de problèmes de santé mentale, tel que :

- Émotivité accrue
- Irritabilité
- Tristesse
- Nervosité ou anxiété
- Difficulté à s'endormir
- Dépression

REPRENEZ LES ACTIVITÉS NORMALES

Pour plus d'informations sur la gestion des commotions, consultez cattonline.com

BC INJURY prevention and research Centre
Children's Hospital
RESEARCH PARTNERSHIPS
CHILD HEALTH
Le Centre de recherche de l'Hôpital pour enfants de la Colombie-Britannique reconnaît le soutien financier des Services francophones de l'Éducation accessible à travers la province via le Provincial Language Services grâce au soutien financier provenant de l'Éducation Canada - Colombie-Britannique en matière de langues officielles pour les services en français. © BCIPRU. Tous droits réservés.

Inside of Card

5. CATT Pocket Card (Folded: W: 2.25" x H: 3.5"; Unfolded: W: 12" x H: 9")

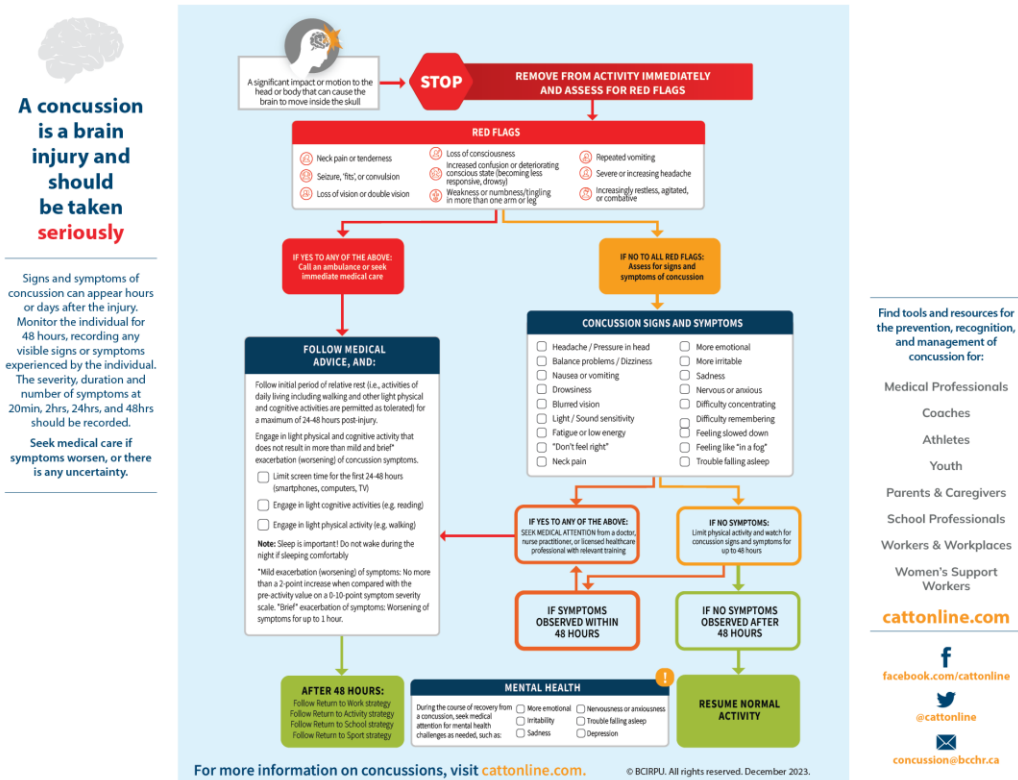
The CATT Pocket Card is business card-sized and folds out to reveal the Concussion Pathway and Return to School and Return to Sport guidelines.



Front of Card



Back of Card



Side 1 of Pocket Card, unfolded

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.

STEP 1:	STEP 2:	STEP 3:	STEP 4:
Activities of daily living and relative rest* <ul style="list-style-type: none"> Maximum of 24-48 hours Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. Examples: <ul style="list-style-type: none"> Preparing meals Housework Light walking <ul style="list-style-type: none"> Minimize screen time for the first 24-48 hours following concussion. Avoid driving during the first 24-48 hours after a concussion. <p>Contact school to create a Return to School plan.</p>	School activities (as tolerated) <ul style="list-style-type: none"> Returning to school as soon as possible (as tolerated) is encouraged. Reading or other cognitive activities at school or at home. Goal: Increase tolerance to cognitive work, and connect socially with peers. Take breaks and adapt activities if concussion symptom exacerbation (worsening) is more than mild and brief*** Use of devices with screens may be gradually resumed, as tolerated. Clearance from your doctor is not required to return to low-risk in-person or at-home school activities. A complete absence from the school environment for more than one week is not generally recommended. <p>Communicate with school on student's progression</p>	Part-time or full-time days at school with accommodations (if needed) <ul style="list-style-type: none"> Gradually reintroduce schoolwork. May require accommodations, such as: <ul style="list-style-type: none"> Partial school days with access to breaks throughout the day Academic accommodations (extra time to complete work, reduced workload) to tolerate the classroom or school environment. <p>Communicate with school on student's progression.</p>	Return to school full-time <p>Return to full days at school and academic activities without requiring accommodations (related to the concussion).</p> <p>Note: Medical clearance is NOT required to return to school</p> <p>For returning to PE, or sports, please refer to Return to Sport protocol.</p>
Activities of daily living, as tolerated <p>After a maximum of 24-48 hours after injury, BEGIN STEP 2</p>	Return to school as soon as possible, as tolerated <p>If can tolerate school activities, BEGIN STEP 3</p>	Gradually reduce accommodations and increase workload <p>If can tolerate full days without concussion-related accommodations, BEGIN STEP 4</p>	Full academic load (no academic accommodations related to the concussion) <p>Return to School completed</p>

Students should begin a gradual increase in their cognitive load with the goal of minimizing time away from the school environment. The return to school should not be restricted if the student is tolerating full days. Progression through the strategy may be slowed when there is more than a mild and brief symptom exacerbation***; however, missing more than one week of school is not generally recommended. Driving should resume after consultation with a doctor, nurse practitioner, or healthcare professional.

*Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.

Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale.*Brief exacerbation of symptoms: Worsening of symptoms for up to 1 hour.

****0-10 point symptom severity scale: Please see the Visual Analog Scale for an example of a 0-10 symptom severity scale.

Adapted from: Zemek, R., Reed, N., Dawson, J., et al. "Living Guideline for Pediatric Concussion Care." www.pedsconcussion.com

Return to School and Return to Sport can progress in parallel; however: Return to School should be completed before Return to Sport is completed.

Return to Sport: 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. Begin Step 1 within 24 hours of injury, with progression through each subsequent step taking a minimum of 24 hours.

STEP 1:	STEP 2:	STEP 3:	STEP 4:	STEP 5:	STEP 6:
Activities of daily living and relative rest* <ul style="list-style-type: none"> Maximum of 24-48 hours Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. Examples: <ul style="list-style-type: none"> Preparing meals Housework Light walking <ul style="list-style-type: none"> Minimize screen time for first 24-48 hours following concussion. 	2A: Light effort aerobic exercise <ul style="list-style-type: none"> Up to approximately 55% of maximum heart rate (predicted according to age - i.e. 220-age). In a safe and controlled environment, engage in light aerobic exercise. Examples: <ul style="list-style-type: none"> Stationary cycling Walking at slow to medium pace <ul style="list-style-type: none"> Light resistance training that does not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. 	2B: Moderate effort aerobic exercise <ul style="list-style-type: none"> Up to approximately 70% of maximum heart rate (predicted according to age - i.e. 220-age). Take a break and modify activities as needed with the aim of gradually increasing tolerance and the intensity of aerobic activities. 	Individual sport-specific activities (that do not have a risk of inadvertent head impact) <ul style="list-style-type: none"> Addition of individual sport-specific activities that are supervised by a teacher/coach/parent. Examples: <ul style="list-style-type: none"> Skating drills (hockey) Running drills (soccer) Change of direction drills Individual gym class activities <p>It is important to get medical clearance before returning to training that involves any risk of inadvertent head impact.</p>	Non-contact training drills and activities <ul style="list-style-type: none"> Progress to exercises at high intensity, including more challenging drills and activities. Examples: <ul style="list-style-type: none"> Multi-player training Supervised non-contact gym class activities Practices without body contact 	Return to all non-competitive activities <ul style="list-style-type: none"> Return to all non-competitive activities, all gym class activities, and full-contact practices Participate in higher-risk activities including normal training activities, all school gym-class activities, and full-contact sports practices and scrimmages. Avoid competitive gameplay.
Activities of daily living, as tolerated <p>After a maximum of 24-48 hours after injury, BEGIN STEP 2</p>	Increase heart rate <p>If can tolerate moderate aerobic exercise, BEGIN STEP 3</p>	Increase intensity of aerobic activities and introduce low-risk sport-specific movements and changing of directions <p>If medically cleared and have fully returned to school, BEGIN STEP 4</p>	Resume usual intensity of exercise, coordination, and activity-related cognitive skills <p>If can tolerate usual intensity of activities, BEGIN STEP 5</p>	Return to activities that have a risk of falling or body contact, restore game-play confidence, and have coaches assess functional skills. <p>If can tolerate non-competitive, high-risk activities, BEGIN STEP 6</p>	Return to sport <p>Back to normal, unrestricted competitive game play, school gym class, and physical activities.</p> <p>Note: Returning to full contact, competitive play or high-risk activities before you have recovered increases the risk of delayed recovery and for sustaining another more severe concussion or serious injury.</p>

If more than mild exacerbation (worsening) of symptoms (i.e., more than 2 points on a 0-10 scale****) occurs during Steps 1-3, stop the activity and attempt to exercise the next day. Individuals experiencing concussion symptoms during Steps 4-6 should return to Step 1 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of medical clearance should be provided before returning to Sport as directed by local laws and/or sporting regulations.

*Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.

Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale.*Brief exacerbation of symptoms: Worsening of symptoms for up to 1 hour.

****0-10 point symptom severity scale: Please see the Visual Analog Scale for an example of a 0-10 symptom severity scale.

Adapted from: Zemek, R., Reed, N., Dawson, J., et al. "Living Guideline for Pediatric Concussion Care." www.pedsconcussion.com (the PedsConcussion protocol was modified with permission from the Amsterdam International Consensus Statement on Concussion in Sport).

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