

Living Guideline Return to Activity/Sport Protocol

Step	Activity	Examples of activities
1	Activities of daily living and relative rest* (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. Minimize screentime.
2	Aerobic exercise Step 2A: Light effort (up to approx 55% of maximum heart rate) Step 2B: Moderate effort (up to approx 70% of maximum heart rate)	Start with stationary cycling or walking at slow to medium pace. Take a break and modify activities as needed with the aim of gradually increasing tolerance and the intensity of aerobic activities. Light resistance training that does not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. Goal: increase the heart rate.
3	Individual sport-specific activities that do not have a risk of inadvertent head impact	Sport-specific training away from the team sport environment (e.g., running, change of direction, and/or individual training drills and individual gym class activities that do not have a risk of head impact and are supervised by a teacher or coach). Goal: Increase the intensity of aerobic activities and introduce low-risk sport-specific movements and changing of directions.
Medical clearance and a full return to school are required to progress to Step 4		
4	Non-contact training drills and activities	Exercise to high intensity including more challenging training drills and activities (e.g., passing drills, multiplayer training, high-intensity exercises, supervised non-contact gym class activities, and practices without body contact). Goal: Resume usual intensity of exercise, coordination, and activity-related cognitive skills
5	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. Goal: return to activities that have a risk of falling or body contact, restore game-play confidence, and have coaches assess functional skills.
6	Return to sport	Normal, unrestricted competitive gameplay, school gym class, and physical activities

This return-to-activity/sport table was modified with permission from the [Amsterdam International Consensus Statement on Concussion in Sport](#)

Instructions:

Begin Step 1 (i.e., relative rest) within 24 hours of injury, with progression through each subsequent step taking a minimum of 24 hours. 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. People experiencing concussion-related symptoms during Steps 4-6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of medical clearance should be provided before unrestricted Return to Sport as directed by local laws and/or sporting regulations.

Definitions:

- *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. *These definitions were harmonized with and modified with permission from the [Amsterdam International Consensus Statement on Concussion in Sport](#)*

Living Guideline Return to School/Learn Protocol

Step	Activity	Examples of activities
1	Activities of daily living and relative rest* (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. Minimize screentime.
2	School activities with encouragement to return to school as soon as possible (as tolerated)	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**. 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.
3	Part-time or full days at school with academic accommodations if needed	Gradual reintroduction of school work. May require partial school days with access to breaks throughout the day, or with academic accommodations to tolerate the classroom or school environment. Gradually reduce accommodations and increase workload until full days without concussion-related accommodations are tolerated.
4	Return to school full-time. No academic accommodations (related to concussion)	Return to full days at school and academic activities without requiring concussion-related accommodations. Medical clearance is NOT required to return to school.

Date Updated: Sept 2023

Instructions:

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.

Definitions:

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