

# Return To Learn Protocol

Developed by the VT Concussion Task Force, a standing committee of the VT TBI Advisory Board

# Return to Learn Protocol

## After Concussion/mild TBI

*Progression is individual and all concussions are different.*

Student should progress as symptoms dictate, remaining at any step as long as needed. If symptoms worsen, return to previous step.

| STEP | PROGRESSION   | DESCRIPTION  |
|------|---|--|
| 1.   | <b><u>HOME</u></b><br>Light physical and mental activity as tolerated | <ul style="list-style-type: none"> <li>• None to minimal mental exertion– reduce computer, texting, video games or homework staying below symptom level</li> <li>• Stay at home except for walks as tolerated</li> <li>• No driving</li> </ul> |
| 2.   | <b><u>HOME</u></b><br>Light physical and mental activity as tolerated | <ul style="list-style-type: none"> <li>• Up to 30 minutes mental exertion</li> <li>• No prolonged concentration</li> <li>• Stay at home except for walks as tolerated</li> <li>• No driving</li> </ul>   |

### ***Progress to the next level***

***When able to tolerate up to 30 minutes mental exertion without worsening of symptoms***

***When parent indicates student is ready to return to school send : “Letter/Email to Parents “***

**All teachers who interact with the student should receive:** (see “For the Classroom”)

- “Your Student Has a Concussion”
- “Learning Accommodations Checklist”

|    |   |  |
|----|---|--|
| 3. | <b><u>SCHOOL</u></b><br>Part time<br>(Maximum Accommodations) | <ul style="list-style-type: none"> <li>• Shortened Days/Schedule</li> <li>• Built-in Breaks –provide quiet place for scheduled mental rest</li> <li>• No significant classroom or standardized testing</li> <li>• Modify rather than postpone academics</li> <li>• Provide extra time, extra help, modified assignments</li> </ul> |
|----|---|--|

### ***Progress to the next level***

***When able to tolerate 30 – 40 minutes mental exertion without worsening of symptoms***

***\*NOTE: Physical activity is part of healing, activity should be encouraged as long it does not exasperate symptoms***

## **May be considered for** **Return to Play or Return to Physical Activity Protocol**

With appropriate healthcare professional approval.

|    |   |  |
|----|---|--|
| 4. | <b><u>SCHOOL</u></b><br>Part Time- Full Time<br>(Moderate Accommodations) | <ul style="list-style-type: none"> <li>• No standardized testing</li> <li>• Modified classroom testing</li> <li>• Moderate decrease of extra time, help, and modification of assignments</li> <li>• PE class as tolerated</li> </ul> |
|----|---|--|

## Return to Learn Protocol (Cont.) After Concussion/mild TBI

| STEP  | PROGRESSION   | DESCRIPTION  |
|---|---|--|
| <p><b><i>Progress to the next level</i></b><br/> <i>When able to tolerate <u>60 minutes</u> mental exertion without worsening of symptoms</i></p> |   |  |
| <b>5.</b>   | <p><b><u>SCHOOL</u></b><br/> <b>Full Time</b><br/>           (Minimal Accommodations)</p> | <ul style="list-style-type: none"> <li>No standardized Testing, Routine tests OK</li> <li>Continue to decrease extra time, help, and modification of assignments</li> <li>May require more supports in academically challenging subjects</li> <li>PE class as tolerated</li> </ul> |
| <b>6.</b>   | <p><b><u>SCHOOL</u></b><br/> <b>Full Time</b><br/>           (No Accommodations)</p>      | <ul style="list-style-type: none"> <li>Attends all classes</li> <li>Full homework</li> </ul>   |

***\*\*If persistent symptoms are interfering with academic performance, the students educational support needs should be reassessed.***

# Return to Physical Activity

Physical Education/Recess

Developed by the VT Concussion Task Force, a standing committee of the VT TBI Advisory Board

## **Return to Physical Activity Release**

To be completed by designated member of concussion management team  
for student file.

\_\_\_\_\_ is cleared to begin the Return to Physical  
Activity protocol as of the date indicated below.

Student Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

School: \_\_\_\_\_

Date of Injury: \_\_\_/\_\_\_/\_\_\_

Date Returned to school: \_\_\_/\_\_\_/\_\_\_

*I attest that \_\_\_\_\_ has completed the Return to Learn  
protocol through Step 6 and has been symptom free for 24 hours as dated above.*

\*Approved School Contact Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Title/Position: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**If the student experiences a return of any of their concussion symptoms while attempting return to play, stop play immediately and notify a parent, licensed athletic trainer or coach.**

*\* Approved School Contact is that person designated to approve return to physical activities.*

# Return to Physical Activity Protocol

## Physical Education Class/Recess

It is not healthy for the student to be isolated from their friends or activities that they enjoy, but it is important to allow the brain to heal.

| STEP  | PROGRESSION   | DESCRIPTION   |
|---|---|---|
| 1.  | <b><u>Symptom Limited Activity</u></b><br>Light physical activity as tolerated      | <ul style="list-style-type: none"> <li>Daily activities that do not provoke symptoms</li> </ul>   |
| 2.  | <b><u>Light Aerobic Activity</u></b><br>Light aerobic activity as tolerated         | <ul style="list-style-type: none"> <li>Walking, swimming or stationary cycling</li> <li>Slow to medium pace</li> <li>No Resistance</li> </ul> |
| <p><b><u>Progress to the next level</u></b><br/>When symptom free for 24 hours</p> <p><i>If symptoms return, wait until symptom free for 24 hours then repeat <u>Step 2</u></i></p> |   |   |
| 3.  | <b><u>PE Class</u></b><br>Physical Education and recreational activity as tolerated | <ul style="list-style-type: none"> <li>No activities that have potential for head impact</li> </ul>   |
| <p><b><u>Progress to the next level</u></b><br/>When symptom free for 24 hours</p> <p><i>If symptoms return, wait until symptom free for 24 hours then repeat <u>Step 3</u></i></p> |   |   |
| 4.  | <b><u>FULL Return</u></b><br>Full return to physical activity                       | <ul style="list-style-type: none"> <li>No restrictions of activity during recess or Physical Education classes</li> </ul>                     |

If the student experiences a return of any concussion symptoms while attempting physical activity they should stop play immediately and notify a parent, school nurse, teacher, licensed athletic trainer or coach.

# Return to Play

**School Sports and Athletics**

Developed by the VT Concussion Task Force, a standing committee of the VT TBI Advisory Board

## **Return to Play Release**

To be completed by designated member of Concussion Management Team  
for student file.

\_\_\_\_\_ is cleared to begin the Return to Play  
protocol as of the date indicated below.

Student Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

School: \_\_\_\_\_

Date of Injury: \_\_\_/\_\_\_/\_\_\_

Date Returned to school: \_\_\_/\_\_\_/\_\_\_

*I attest that \_\_\_\_\_ has completed the Return to Learn  
protocol through Step 6 and has been symptom free for 24 hours as dated above.*

\*Approved School Contact Name:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Title/Position: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**If the student experiences a return of any of their concussion symptoms while  
attempting return to play, stop play immediately and notify a parent, licensed  
athletic trainer or coach.**

*\* Approved School Contact is that person designated to approve return to physical  
activities.*



# Return to Play Protocol

## School sports and Athletics

It is important to allow 24 hours between each step to assure symptoms do not return.

| STEP   | PROGRESSION  | DESCRIPTION   |
|--|--|---|
| 1.   | <b><u>Symptom Limited Activity</u></b><br>Light physical activity as tolerated | <ul style="list-style-type: none"> <li>Daily activities that do not provoke symptoms</li> </ul>   |
| 2.   | <b><u>Light Aerobic Activity</u></b><br>Light aerobic activity as tolerated    | <ul style="list-style-type: none"> <li>Walking, swimming or stationary cycling</li> <li>Slow to medium pace</li> <li>No resistance</li> </ul> |
| <p><b><u>Progress to the next level</u></b><br/>When symptom free for 24 hours</p> <p><i>If symptoms return, wait until symptom free for 24 hours then repeat <b><u>Step 2</u></b></i></p> |  |   |
| 3.   | <b><u>Sport Specific Drills</u></b>  | <ul style="list-style-type: none"> <li>No head impact activities</li> <li>No Scrimmages or potential for contact</li> </ul>                   |
| <p><b><u>Progress to the next level</u></b><br/>When symptom free for 24 hours</p> <p><i>If symptoms return, wait until symptom free for 24 hours then repeat <b><u>Step 3</u></b></i></p> |  |   |
| 4.   | <b><u>Non-Contact Drills</u></b>   | <ul style="list-style-type: none"> <li>Progressive resistance training</li> <li>No Head or potential body impact</li> </ul>                   |

If the student experiences a return of any concussion symptoms while attempting physical activity they should stop play immediately and notify a parent, school nurse, teacher, licensed athletic trainer or coach.

# Return to Play Protocol

## School Sports and Athletics

| STEP   | PROGRESSION                         | DESCRIPTION  |
|--|-------------------------------------|--|
| <p><b><u>Progress to the next level</u></b><br/> <i>When symptom free for 24 hours</i></p> <p><i>If symptoms return, wait until symptom free for 24 hours then repeat <b><u>Step 4</u></b></i></p> |                                     |  |
| <b>5.</b>  | <b><u>Full Contact Practice</u></b> | <ul style="list-style-type: none"> <li>NEED RELEASE</li> <li>No intensity/duration restrictions</li> </ul> |
| <p><b><u>Progress to the next level</u></b><br/> <i>When symptom free for 24 hours</i></p> <p><i>If symptoms return, wait until symptom free for 24 hours then repeat <b><u>Step 5</u></b></i></p> |                                     |  |
| <b>6.</b>  | <b><u>Return to Sport</u></b>       | <ul style="list-style-type: none"> <li>No restrictions</li> <li>Normal game play</li> </ul>                |

If symptoms persist for more than 10-14 days student should be referred to a concussion management expert.

## Graded Return-to-Play (non-contact drills) Protocol For Student Athletes

To begin the Return to Play Step 2 the student athlete should be participating in academics with minimum accommodations (Step 5 of the Return to Learn Protocol) and must have been symptom free for 24 hours.

Each step listed below should take at least 24 hours to complete.

This protocol **must be carried out under supervision of the Approved School Contact if the student is participating in a team sport.** Please initial and date the box next to each completed step.

| Stage                              | Functional Exercise at Each Stage   | Objective                                 | Date Completed | Initials |
|------------------------------------|---|---|----------------|----------|
| <b>Aerobic conditioning</b>        | Walking, swimming, stationary bike<br><b>Intensity:</b> 4 out of 10<br><b>Duration:</b> no more than 30 minutes   | Increased heart rate                      |                |          |
| <b>Sport-specific drills</b>       | Non-contact drills<br><b>Intensity:</b> 5-6 out of 10<br><b>Duration:</b> no more than 60 minutes   | Add movement                              |                |          |
| <b>Non-contact training drills</b> | Complex (non-contact) drills/practice; can initiate resistance training. No head contact or body impact.<br><b>Intensity:</b> 7 out of 10<br><b>Duration:</b> no more than 90 minutes | Exercise, coordination and cognitive load |                |          |

If the student experiences a return of any concussion symptoms they must immediately stop activity, wait at least 24 hours or until asymptomatic, and drop back to the previous asymptomatic level

Once the athlete has completed non-contact training, sign and date below and return this form to the student-athlete's healthcare provider for review and request that the healthcare provider complete the return to full contact physical activity form for the athlete to resume full activity.

**Intensity levels: 1 = very easy; 10 = very hard**

I attest that \_\_\_\_\_ has completed the graded return-to-play protocol (non-contact drills) as dated above.

\*Approved School Contact Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (if ATC) AT License Number: \_\_\_\_\_

*\*Approved School Contact is that person designated to approve the return to non-contact physical activities. If the student develops symptoms during Step 2 they should be evaluated by a Healthcare Provider*

# RETURN TO FULL CONTACT PHYSICAL ACTIVITY

This completed form must be kept on file.

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## Return to Play Affidavit

Student-Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Injury Date: \_\_\_/\_\_\_/\_\_\_

Formal Diagnosis: \_\_\_\_\_

School: \_\_\_\_\_

Sport: \_\_\_\_\_

This athlete is cleared for a complete return to full-contact physical activity as of \_\_\_/\_\_\_/\_\_\_.

**This student-athlete is instructed to stop play immediately and notify a parent, licensed athletic trainer or coach and refrain from activity should their symptoms return.**

\*Healthcare Provider Name: \_\_\_\_\_

\*Healthcare Provider Signature: \_\_\_\_\_ License No: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Health care provider as defined in Act 68, Sec. 2.(4)