

## STUDENT TRACKING FOR CONCUSSION MANAGEMENT PROTOCOL



If a student is suspected of having a concussion, this form must be provided to the parent/ guardian and signed by a physician prior to his/ her return to school.

### PART ONE:

REQUEST TO RETURN TO LEARN & PHYSICAL ACTIVITY FOLLOWING A CONCUSSION-RELATED INJURY	
STUDENT NAME:	DATE:
<i>By checking below and providing a signature, a medical doctor or nurse practitioner verifies that he/she has conducted an examination and has determined that this student <b>is not</b> currently experiencing concussion symptoms.</i>	
<b>NO CONCUSSION SUSPECTED:</b> _____	SIGNATURE OF MD/NP:
<i>By checking below and providing a signature, a medical doctor or nurse practitioner verifies that he/she has conducted an examination and has determined that this student <b>is</b> currently experiencing concussion symptoms.</i>	
<b>CONCUSSION DIAGNOSED :</b> _____	SIGNATURE OF MD/NP:
NAME OF MD/NP:	PHONE:
COMMENTS/ RECOMMENDATIONS FROM MD/NP:	
<i>My child has been examined and a concussion has been diagnosed, therefore, he/she must begin a medically supervised concussion management protocol.</i>	
<i>I understand that my child must return to a physician to receive final clearance to return to school and physical activity in accordance with the YRDSB Concussion Management Protocol.</i>	
SIGNATURE OF PARENT/GUARDIAN: _____	

**IMPORTANT:** **PART ONE** of this form must be submitted to the school immediately following a concussion diagnosis. At that time, a copy of the partially completed form is made and returned to the student so that further medical examinations for clearance (**PART TWO** and **THREE**) can be completed when appropriate.

Personal information is collected pursuant to the Education Act, as amended, and will be used to manage the needs of a student who has, or may have suffered a concussion. Contact the school principal for more information.

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*The York Region District School Board is committed to ensuring that students experiencing possible concussion related injuries receive appropriate guidance and attention.*

**PART TWO:**

**YRDSB RETURN-TO-LEARN PROTOCOL**

It is important to recognize that the **Return-to-Learn Protocol** is a priority during concussion recovery and should be completed **BEFORE** the **Return to Physical Activity Protocol**.

<b>AT HOME</b>	<b>STAGE 1</b>	<i>A student must remain in this stage for 24-48 hours before proceeding to stage two recommendations. Reduced levels of light and noise are encouraged and activities that involve visual/auditory distraction and cognitive exertion.</i>
	<b>STAGE 2</b>	<i>A gradual re-introduction to regular levels of light and other tasks that don't cause discomfort or involve cognitive exertion can begin to take place. Exposure to screens and the use of personal electric devices should continue to be avoided along with activities that demand increased mental effort.</i>
	<b>STAGE 3</b>	<i>A monitored re-introduction to mild cognitive stress and limited exposure to visual distractions such as screens and personal electronics can begin at this stage. Students and parents should be made aware of procedures for self-monitoring symptoms and, if earlier symptoms return, the student should return to stage 2 recommendations/guidelines.</i>
<b>AT SCHOOL</b>	<b>STAGE 4</b>	<i>A student may initiate a return to school with a monitoring process in place. Gradual increased exposure to visual and auditory distractions can continue if concussion symptoms are not returning or worsening. Environmental accommodations and limitations are likely still necessary at this stage. Activities during physical education classes and recesses should remain limited to minimal physical and cognitive stress.</i>
	<b>STAGE 5</b>	<i>Duration of exposure to regular learning environments may still need to be limited based on levels of distraction and stimulation. Continued self-monitoring for symptoms is important. When a student is symptom free they should return to a physician to be assessed. Any physical activity should remain limited to light aerobic exercises (e.g. walking).</i>
	<b>CLEARANCE FOR RETURN-TO-LEARN FROM MEDICAL DOCTOR / NURSE PRACTITIONER</b>	
By checking below and providing a signature, a medical doctor or nurse practitioner verifies that he/she has conducted a follow-up examination and has determined that this student is no-longer experiencing concussion symptoms and can return to a regular academic schedule.		
NO CONCUSSION SYMPTOMS : ____		SIGNATURE OF MD/NP:
<b>STAGE 6</b>	<i>A student should be symptom free while being able to return to a regular volume of academic activity. At this point, students can progress through a parent supervised return to physical activity process using the recommendations provided on page 3 of this form which are adopted from international consensus on Return-to-Play procedures following concussion-related injury.</i>	

**CLEARANCE FOR RETURN-TO-LEARN FROM PARENT/ GUARDIAN**

My child has been re-examined following his/ her original concussion diagnosis and has been **cleared for a full return to academic study**. I am aware that my child is now able to **begin the Return to Physical Activity Protocol** on page 3 of this form in order to initiate his/her return to physical activity and am aware of the risks and dangers associated with a return to activity before achieving a full and healthy recovery. I am also aware of the methods for post-concussion monitoring and if there is a return of symptoms, my child must discontinue activity and re-visit the initial stages of the Return-to-Learn process.

SIGNATURE OF PARENT/GUARDIAN:

**PART THREE:**

**RETURN TO PHYSICAL ACTIVITY PROTOCOL  
AND FINAL CLEARANCE FOLLOWING A CONCUSSION**

*If a student is using the Return to Physical Activity Protocol provided below, he/ she has completed the YRDSB Return to Learn Protocol and received clearance from a physician and his/her parent/guardian, indicated in PART TWO.*

**YRDSB RETURN TO PHYSICAL ACTIVITY PROTOCOL**

Note: The stages below have been adopted from the international consensus for the Return-to-Play Protocol in concussion management. To learn more, visit: <http://www.parachutecanada.org>

STAGE	FOCUS	INSTRUCTION
<b>STAGE 1</b>	<b>No physical activity.</b>	Refrain from physical activity until symptoms are gone. Once symptom-free, consultation with a physician is required. During this stage, students should be focused on the <b>Return-to-Learn</b> process.
<b>STAGE 2</b>	<b>Light aerobic exercise only.</b>	Supervised activities that involve mild to moderate increases in stress to the aerobic system can take place here. These activities should not involve resistance or weight training. Duration and intensity of exercise should be monitored and increased gradually. During physical education class or recess, students should only be engaging in low-volume/ low-intensity aerobic activity (e.g. jogging, walking, etc.) with <b>no risk of contact</b> .
<b>STAGE 3</b>	<b>Sport-specific activities/skills.</b>	Activities such as skating, jogging, throwing, or performing other non-contact sport-specific movements can begin here. These tasks should not involve higher speeds of movement, sudden changes in direction, jumping, or bodily contact. During physical education class or recess, students can engage in sport-specific activities (e.g. shooting and passing) at low-to-moderate intensity.
<b>STAGE 4</b>	<b>Sport-specific drills without contact.</b>	Students can begin sport-specific drills at full speed without bodily contact. It is important to realize that the time required to progress from non-contact drills to the next stage of recovery can vary significantly dependent on the individual and the severity of the concussion. During physical education class or recess, students can engage in moderate-to-high intensity drills and exercises providing there is <b>still no risk of contact</b> .

**CLEARANCE FOR RETURN-TO-PLAY FROM PARENT/ GUARDIAN**

By checking below and providing a signature, a parent/guardian declares that a follow-up examination with their child's medical doctor or nurse practitioner has been conducted and that their child has been **cleared for a return to training and competition without restriction**.

My child has been re-examined following his/ her concussion diagnosis and has been cleared for a full return to physical activity. I am aware that my child is now going to be participating in regular physical education activities, practices, and/or competitions without restriction.

NO CONCUSSION SYMPTOMS: \_\_\_\_\_ SIGNATURE OF PARENT/ GUARDIAN: \_\_\_\_\_

<b>STAGE 5</b>	<b>Drills with contact.</b>	Athletes may begin drills at full speed with bodily contact in a training environment with supervision. During physical education class or recess, students can perform drills and exercises at moderate-to-high volumes that may involve <b>risk of contact</b> .
<b>STAGE 6</b>	<b>Full return to game play.</b>	An athlete can return to regular competition/game play at this point with regular frequency/intensity. During physical education class or recess, students should be able to participate with full volume and intensity without restrictions/modifications.