

CONCUSSION MANAGEMENT

CONCUSSION FACTS

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

Management Tips

- Drink water regularly
- Get substantial rest (8-10 hours of sleep)
- Do not skip meals
- Wear sunglasses or noise cancelling headphones if sensitive to light or noise

Higher risk of prolonged recovery with:

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

RETURN TO SCHOOL GUIDELINES FOR CHILDREN AND YOUTH



A CONCUSSION

is a brain injury and must be taken seriously

CANCHILD PEDIATRIC CONCUSSION GUIDELINES FLOWCHART A GUIDE TO USING THE RTA AND RTS GUIDELINES TOGETHER

RTA & RTS



RETURN TO SCHOOL GUIDELINES

STAGES 1-3 of the Return to Activity (RTA) and Return to School (RTS) guidelines should progress together, however youth should return full-time to school activities before progressing to STAGE 4, and 5 of the RTA guidelines

<p>STAGE 1</p>	<p>Short Phase of Physical and Cognitive Rest with Symptom Guided Activity 24-48 hours</p>	<p>GOAL: NO SCHOOL for at least 24 hours. Home and leisure activities as tolerated, without an increase in the number or severity of symptoms. Notify school of concussive injury. NO physical activities of any intensity for longer than 5 minutes, as long as these activities do not increase symptoms. REST/LIGHT ACTIVITIES: Regular daily activities that do not provoke symptoms such as self-care and easy tasks (e.g., making your bed, quiet socialization with a friend, talk on phone). LIMIT screen time (e.g. TV, video games, texting) and reading. WHEN TO MOVE TO STAGE TWO? → When symptoms are not exacerbated by regular daily activities or have disappeared. If symptoms persist past 1 week, then progress to STAGE 2 cautiously.</p>
<p>STAGE 2</p>	<p>Getting Ready to Go Back to School</p>	<p>GOAL: Begin simple cognitive activity at home for a maximum of 30 minutes, without worsening symptoms. If symptoms worsen, reduce activity. ACTIVITIES: Walking, 15 minutes of screen time/school work twice daily; socialize with 1-2 friends for no longer than 30 minutes. WHEN TO MOVE TO STAGE THREE? → When symptoms have disappeared, decreased, or if symptoms persist past 2 weeks then move to STAGE 3 with support from school and medical professionals.</p>
<p>STAGE 3</p>	<p>Back to School with Environmental Accommodations and Modified Academics</p>	<p>GOAL: Build up your back-to-school routines by increasing cognitive activity in a school environment with accommodations. This stage may last days or months depending on the rate of recovery. ACADEMIC MODIFICATIONS are decided on an individual basis and guided by symptoms TIMETABLE/ATTENDANCE: Start by going for one hour, half days, or every other day. Try to reduce class time, later start time, or a shortened day. CURRICULUM: Attend less stressful classes, allow more time to complete work, no tests, homework in 15-minute blocks for up to a maximum of 45 minutes daily. ENVIRONMENT: Preferential seating, avoid computer, music, and gym classes, avoid noisy/crowded environments such as the cafeteria. Use headphones or sunglasses if sound or light sensitive. Provide a quiet work space or rest breaks during class. ACTIVITIES: Limit screen/TV time into 15-minute blocks for up to 1 hour daily. General school activities: No school bus, lunch room, recess, and carrying heavy books. WHEN TO MOVE TO STAGE FOUR? → When activities are tolerated without increasing symptoms.</p>
<p>STAGE 4</p>	<p>Normal Routines, with Some Restrictions</p>	<p>GOAL: Back to full days of school, but can do less than 5 days a week if needed due to fatigue or other continued symptoms. ACTIVITIES: Complete as much homework as tolerated without causing or worsening symptoms. Only 1 test per week, may require shorter test or more time to complete. The student should NOT be required to catch up on missed work or exams in addition to new learning and curriculum. WHEN TO MOVE TO STAGE FIVE? → When symptom free.</p>
<p>STAGE 5</p>	<p>Fully Back to School</p>	<p>GOAL: Gradual return to normal routines including regular attendance, homework, tests, and extracurricular activities.</p>



If symptoms increase or return at any STAGE, reduce activity by returning to the previous stage for 24 hours.

CONCUSSION

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

SYMPTOMS OF CONCUSSION

- Headache
- Dizziness, nausea or vomiting
- Sleep disturbance or drowsiness
- Poor balance or coordination
- Visual problems
- Sensitivity to light or noise
- Mentally foggy
- Difficulty concentrating/ remembering
- Emotional changes (anxiety, irritability, sadness)

RED FLAG SYMPTOMS

If any of the following symptoms develop, go to the emergency department to seek further medical treatment immediately.

- Increased drowsiness or cannot be awakened
- Headaches or neck pain worsen
- Persistent vomiting
- Unequal pupil 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)

IMPORTANT NOTES

ANXIETY can be high after a brain injury. Many youth worry about school failure and need reassurance that accommodations will be temporary.

DEPRESSION is common during recovery from brain injury, especially when the child is unable to be active. Depression may make symptoms worse or prolong recovery.

Note: Different people recover at different rates depending on many factors, including severity of injury and previous health history. These timelines are meant to help set expectations and to be used as a guide. If you are worried about the pace of your recovery, contact a physician or brain injury specialist.