

# Concussion Forms and Information for Parents

## Appendix A: A suspected Concussion

Identification of Suspected Concussion: If after a jarring impact to the head, face or neck or elsewhere on the body, an impulsive force is transmitted to the head (observed or reported), and the individual (for example, teacher/coach) responsible for that student suspects a concussion, the Tool to identify a suspected concussion was followed immediately.

Summary of Suspected Concussion Check – Indicate appropriate results and follow-up requirements.

Your child/ward was checked for a suspected concussion (that is, Red Flags, Other Signs and Symptoms, Quick Memory Function Check) with the following results:

Red Flag sign(s) were observed and/or symptom(s) reported and emergency medical services (EMS) called.

Other concussion sign(s) were observed and/or symptom(s) reported and/or the student failed to correctly answer all the Quick Memory Function questions.

No sign(s) or symptom(s) were reported, and the student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Student attends school, no physical activity, with continued monitoring at school and home for 24 hours. Continued monitoring is required (consult Step D).

**Student name:** \_\_\_\_\_

**Time of Incident:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Teacher/Coach:** \_\_\_\_\_

## Appendix B: The Medical Assessment Form

The Medical Assessment Form is provided to a student that demonstrates or reports concussion signs and or symptoms.

Student Name: \_\_\_\_\_

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

The student must be assessed as soon as possible by a medical doctor or nurse practitioner. In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis. In rural or northern regions, a nurse with pre-arranged access to a medical doctor or nurse practitioner may be used to assess the suspected concussion. Prior to returning to school, the parents/guardians must inform the school principal of the results of the medical assessment.

### Results of the Medical Assessment

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☐ My child/ward has been assessed and a concussion has not been diagnosed and therefore may resume full participation in learning and physical activity without any restrictions.

☐ My child/ward has been assessed and a concussion has been diagnosed and therefore must begin a medically supervised, individualized, and gradual Return to Learning (RTL) Plan and Return to Physical Activity (RTPA) Plan.

*For more information, consult Appendix C: Home Concussion Management Form*

My child/ward has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations:

Comments:

### Medical doctor/nurse practitioner

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Name:

Phone Number:

### Parent/Guardian

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Signature:

Date

## Appendix C: Home Concussion Management Form:

*The Return to Learning (RTL) and Return to Physical Activity (RTPA) Plans have been developed in partnership with Parachute and are based on the most recent research and recommendations of the expert scientific community on concussion, that is the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.*

*The RTL and RTPA plans are inter-related however, they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages. Different students will progress at different rates.*

Before using the Home Concussion Management Form (Return to School Plan), consult the [General Procedures and the Instructions for the Home Concussion Management Form \(Return to School Plan \(Appendix F\)\)](#).

The Sample Home Concussion Management Form (Return to School Plan) derives from the stage of Initial Rest to Stage 2 of the **Concussion Return to School Plan for Return to Learning** and the stages of Initial Rest to Stage 2b of the **Concussion Return to School Plan for Return to Physical Activity**.

Student Name:

Date:

### Return to Learning (RTL)

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Each stage must last a minimum of 24 hours.

#### Initial Re

24 – 48 hours of relative cognitive rest:

Sample activities permitted if tolerated by student:

Short board/card games

Short phone calls

Photography (with camera)

Crafts

Activities that are not permitted at this stage:

TV

Technology use (for example, computer, laptop, tablet, iPad)/cell phone (for example, texting/games/photography)

Video games

Reading

Attendance at school or school-type work

### **The student moves to Stage 1 when:**

Symptoms start to improve or after resting 2 days maximum (whichever occurs first).

## **Stage 1**

Light cognitive (thinking/memory/ knowledge) activities

Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.

Activities permitted if tolerated by student:

Activities from previous stage

Easy reading (for example, books, magazines, newspaper)

Limited TV

Limited cellphone conversations

Drawing/building blocks/puzzles

Some contact with friends

Activities that are not permitted at this stage:

Technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography))

Attendance at school or school-type work

### **The student moves to Stage 2 when:**

- ✓ the student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities listed above) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- ✓ The student has completed a minimum of 24 hours at Stage 1.

However:

- ✓ The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
- ✓ The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

## **Stage 2**

Gradually add cognitive activity (as per activities permitted). When light cognitive activity is tolerated, introduce school work (at home and facilitated by the school).

Activities permitted if tolerated by student:

Activities from previous stage

School-type work in 30-minute increments

Crosswords, word puzzles, Sudoku, word search

Limited technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography)) starting with shorter periods and building up as tolerated.

**Activities that are not permitted at this stage:**

School attendance

**The student moves to Stage 3a when:**

- ✓ The student tolerates the additional cognitive activity (for example a student should be able to complete 3-4 of the activities permitted) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.
- ✓ The student has completed a minimum of 24 hours at Stage 2.

However:

- ✓ The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
- ✓ The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

## Return to Physical Activity (RTPA)

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Each stage must last a minimum of 24 hours.

### Initial Rest

24 – 48 hours of relative physical rest

Sample activities permitted if tolerated by student:

Limited movement that does not increase heart rate or break a sweat

Moving to various locations in the home

Daily hygiene activities

**Activities that are not permitted at this stage:**

Physical exertion (increases breathing and heart rate and sweating)

Stair climbing other than to move locations throughout the home

Sports/sporting activity

### **The student moves to Stage 1 when:**

- ✓ Symptoms start to improve or after resting 2 days maximum (whichever occurs first).

## **Stage 1**

Light physical activities (as per activities permitted) that do not provoke symptoms.

Movements that can be done with little effort (do not increase breathing and/or heart rate or break a sweat).

Activities permitted if tolerated by student:

Daily household tasks (for example, bed-making, dishes, feeding pets, meal preparation)

Slow walking for short time

### **Activities that are not permitted at this stage:**

Physical exertion (increases breathing and heart rate and sweating)

Sports/sporting activity

Stair climbing, other than to move locations throughout the home

### **The student moves to Stage 2a when:**

- ✓ The student tolerates light physical activities (completes both activities permitted from Stage 1) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- ✓ The student has completed a minimum of 24 hours at Stage 1.

However:

- ✓ The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
- ✓ The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

## **Stage 2a**

Daily activities that do not provoke symptoms.

Add additional movements that do not increase breathing and/or heart rate or break a sweat.

Activities permitted if tolerated by student:

Activities from previous stage

Light physical activity (for example, use of stairs)

10-15 minutes slow walking 1-2x per day inside and outside (weather permitting)

**Activities that are not permitted at this stage:**

Physical exertion (increases breathing and/or heart rate and sweating)

Sports

Sporting activities

**The student moves to Stage 2b when:**

- ✓ The student tolerates daily physical activities (completes activities permitted in Stage 2a) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- ✓ The student has completed a minimum of 24 hours at Stage 2a

However:

- ✓ The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
- ✓ The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

## Stage 2b

Light aerobic activity

Activities permitted if tolerated by student:

Activities from previous stage

20-30 minutes walking/stationary cycling/recreational (that is, at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably)

**Activities that are not permitted at this stage:**

Resistance or weight training

Physical activities with others

Physical activities using equipment

**The student moves to Stage 3 when:**

- ✓ The student tolerates light aerobic activities (completes activities permitted in Stage 2b) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms
- ✓ The student has completed a minimum of 24 hours at Stage 2b.

However:

- ✓ The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.



The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

## Parent/Guardian

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My child/ward has successfully completed the stages of Initial Rest to Stage 2 of the Concussion Management Plan for Return to School and the stages of Initial Rest to Stage 2b of the Concussion Management Plan for Return to Physical Activity and is ready to return to school.

Signature: \_\_\_\_\_

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

Comment: \_\_\_\_\_

## Appendix D: School Concussion Management Form:

*The Return to Learning (RTL) and Return to Physical Activity (RTPA) Plans have been developed in partnership with Parachute and are based on the most recent research and recommendations of the expert scientific community on concussion, that is the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.*

*The RTL and RTPA plans are inter-related however, they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages. Different students will progress at different rates.*

Before using the School Concussion Management Form (Return to School Plan), consult the **General Procedures and the Instructions for the School Concussion Management Form (Return to School Plan)**.

The Sample School Concussion Management Form (Return to School Plan) derives from stages 3a to 4b of the **Concussion Return to School Plan for Return to Learning** and the stages of 3 to 6 of the **Concussion Return to School Plan for Return to Physical Activity**.

Name:

Date:

### Return to Learning (RTL)

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#### Stage 3a

The student begins with an initial time at school of 2 hours.

The individual RTL plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining **possible strategies and/or approaches for student learning**.

Activities permitted if tolerated by student:

Activities from previous stage (consult the **Concussion Return to School Plan for Return to Learning** and the **Concussion Return to School Plan for Return to Physical Activity**.)

School work for up to 2 hours per day in smaller chunks (completed at school) working up to a 1/2 day of cognitive activity

Adaptation of learning strategies and/or approaches

**Activities that are not permitted at this stage:**

Tests/exams

Homework

Music class

Assemblies

Field trips

### *School Responsibility*

The student has demonstrated they can tolerate up to a half day of cognitive activity.

The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

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

### *Home Responsibility*

The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.

The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature: \_\_\_\_\_

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

Comments:

## Stage 3b

The student continues attending school half time with gradual increase in school attendance time, increased school work and a decrease in the adaptation of learning strategies and/or approaches.

Activities permitted if tolerated by student:

Activities from previous stage

School work for 4-5 hours per day, in smaller chunks (for example, 2-4 days of school/week)

Homework – up to 30 minutes per day

Decrease adaptation of learning strategies and/or approaches

Classroom testing with accommodations.

### **Activities that are not permitted at this stage:**

Standardized tests/exams

### *School Responsibility*

The student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed.

The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

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

### Home Responsibility

[ ] The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

OR

[ ] The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.

OR

[ ] The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature: \_\_\_\_\_

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

Comments:

## Stage 4a

Full day school, minimal adaptation of learning strategies and/or approaches

Nearly normal workload.

Activities permitted if tolerated by student:

Activities from previous stage

Nearly normal cognitive activities

Routine school work as tolerated

Minimal adaptation of learning strategies and/or approaches

Start to eliminate adaptation of learning strategies and/or approaches

Increase homework to 60 minutes per day

Limit routine testing to one test per day with accommodations (for example, supports - such as more time)

### Activities that are not permitted at this stage:

Standardized tests/exams

### School Responsibility

The student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches.

The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

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

#### Home Responsibility

☐ The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

OR

☐ The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.

OR

☐ The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature: \_\_\_\_\_

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

Comments:

## Stage 4b

At school: full day, without adaptation of learning strategies and/or approaches

Activities permitted if tolerated by Student:

Normal cognitive activities

Routine school work

Full curriculum load (attend all classes, all homework, tests)

Standardized tests/exams

Full extracurricular involvement (non-sport/non-physical activity, for example, debating club, drama club, chess club)

#### School Responsibility

The student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches

The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

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

#### Home Responsibility

☐ The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

OR

☐ The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.

OR

[ ] The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

The School Concussion Management Form (Return to School Plan) is sent back to school for documentation purposes.

Parent/Guardian Signature: \_\_\_\_\_

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

Comments:

## Return to Physical Activity (RTPA)

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### Stage 3

Simple locomotor activities/sport-specific exercise to add movement.

Activities permitted if tolerated by student:

Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace)

Simple individual drills (for example, running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury

Restricted recess activities (for example, walking)

#### **Activities that are not permitted at this stage:**

Full participation in physical education or Daily Physical Activity

Participation in intramurals

Full participation in interschool practices

Interschool competitions

Resistance or weight training

Body contact or head impact activities (for example, heading a soccer ball)

Jarring motions (for example, high speed stops, hitting a baseball with a bat)

#### *School Responsibility*

The student has demonstrated they can tolerate simple individual drills/sport-specific drills as listed in permitted activities.

The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

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

### Home Responsibility

[ ] The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

OR

[ ] The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.

The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature: \_\_\_\_\_

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

Comments:

## Stage 4

Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.

Activities permitted if tolerated by student:

Activities from previous stage

More complex training drills (for example, passing drills in soccer and hockey)

Physical activity with no body contact (for example, dance, badminton)

Participation in practices for non-contact interschool sports (no contact)

Progressive resistance training may be started

Recess – physical activity running/games with no body contact

Daily Physical Activity

**Activities that are not permitted at this stage:**

Full participation in physical education

Participation in intramurals

Body contact or head impact activities (for example, heading a soccer ball)

Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)

### School Responsibility

The student has completed the activities in Stage 4 as applicable.

The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

A Concussion Medical Clearance Form is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

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

### Home Responsibility

[ ] The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

OR

[ ] The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.

The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature: \_\_\_\_\_

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

Comments:

Before progressing to Stage 5, the student must:

have completed Stage 4a and 4b of RTL (full day at school without adaptation of learning strategies and/or approaches);

have completed Stage 4 of RTPA and be symptom-free; and

obtain a signed medical clearance from a medical doctor or nurse practitioner.

**Please Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.**

## Stage 5

Following medical clearance, full participation in all non-contact physical activities (that is, non-intentional body contact) and full contact training/practice in contact sports.

### Activities permitted if tolerated by student:

Physical Education

Intramural programs

Full contact training/practice in contact interschool sports

Activities that are not permitted at this stage:

Competition (for example, games, meets, events) that involves body contact

### School Responsibility

[ ] The student has successfully completed the applicable physical activities in Stage 5.

[ ] The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

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



*Home Responsibility*

☐ The student has not exhibited or reported a return of symptoms or new symptoms.

OR

☐ The student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for a Medical Clearance reassessment.

The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature: \_\_\_\_\_

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

Comments:

## Stage 6

Unrestricted return to contact sports. Full participation in contact sports games/competitions

*School Responsibility*

The student has successfully completed full participation in contact sports.

The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): \_\_\_\_\_

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

*Home Responsibility*

☐ The student has not exhibited or reported a return of symptoms or new symptoms.

OR

☐ The student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for a Medical Clearance reassessment.

The School Concussion Management Form (Return to School Plan) is sent back to school for documentation purposes.

Parent/Guardian Signature: \_\_\_\_\_

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

Comments:

## Appendix E: Medical Concussion Clearance Form:

The Medical Concussion Clearance Form is for students who have completed Stage 4b of the **Concussion Return to School Plan for Return to Learning (RTL)** and Stage 4 of the **Concussion Return to School Plan for Return to Physical Activity (RTPA)**. The student must be medically cleared by a medical doctor/nurse practitioner prior to moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5).

Student Name: \_\_\_\_\_

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

I have examined this student and confirm they are medically cleared to participate in the following activities:

☐ Full participation in Physical Education classes

☐ Full participation in Intramural physical activities (non-contact)

☐ Full participation in non-contact Interschool Sports (practices and competition)

☐ Full-contact training/practice in contact Interschool Sports

Other comments:

### Medical Doctor/Nurse Practitioner

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*In rural or northern regions, the Medical Clearance Form may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not be otherwise accepted.*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

*A student who has received Medical Clearance and has a recurrence of symptoms or new symptoms appear, must immediately remove themselves from play, inform their parent/guardian/teacher/coach, and return to medical doctor or nurse practitioner for Medical Clearance reassessment before returning to physical activity.*

# Appendix F: General Information on the Concussion Recovery Process and Return to Learn/Return to Physical Activity Plan

A student with a diagnosed concussion needs to follow a Return to School Plan which includes an individualized and gradual Return to Learning (RTL) plan and Return to Physical Activity (RTPA) plan. In developing the Return to School Plan, the RTL process is designed to meet the particular needs of the student, as there is not a pre-set plan of strategies and/or approaches to assist a student returning to their learning activities. In contrast the RTPA plan follows an internationally recognized graduated approach.

The management of a student concussion is a shared responsibility, requiring regular communication, between the home, school (Collaborative Team) and sport organizations with which the student is involved and registered with consultation from the student’s medical doctor or nurse practitioner and/or other licensed healthcare providers (for example, nurses, physiotherapists, chiropractors and athletic therapists).

There are two parts to a student’s RTL and RTPA plan. This first part occurs at home and prepares the student for the second part which occurs at school. The school part of the plan begins with:

A meeting with the principal/designate to provide the parent(s)/guardian(s) information on:

the school part of the RTL and RTPA plan

the Collaborative Team participants and parent(s)/guardian(s) role on the team

A student assessment to determine possible strategies and/or approaches for student learning

The home stages of the Return to School Plan for RTL and RTPA (Initial Rest to Stage 2 for RTS and Initial Rest to Stage 2b of RTPA) focuses on a student’s progression through the home stages of the RTL and RTPA plan. It has been designed to provide direction for, and documentation of the stages of the RTL and RTPA plan.

## General Procedures For a Home Concussion Management Form (Return to School Plan)

The stages of the plan occur at home under the supervision of the parent/guardian in consultation with the medical doctor/nurse practitioner and/or other licensed healthcare providers.

A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

If symptoms return, or new symptoms appear during stages 1 and 2 of the **Concussion Return to School Plan for Return to Learning (RTL)** and the **Concussion Return to School Plan for Return to Physical Activity (RTPA)**, the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated.

If at any time symptoms worsen, the student/parent/guardian should contact the medical doctor/nurse practitioner or seek medical help immediately.

While the RTL and RTPA stages are inter-related they are not interdependent. Students do not have to go through the same stages of RTL and RTPA at the same time. However, before a student can return to school they must have completed RTL Stage 2 and RTPA Stage 2b.

A student must not return to vigorous or organized physical activities where the risk of re-injury is possible, until they have successfully completed all stages of the Return to School plan. However early introduction of some low intensity physical activity in controlled and predictable environments with no risk of re-injury is appropriate.

This plan does not replace medical advice.

Progression through the plan is individual, timelines and activities may vary.