

Return-to-Learn Strategy			
Step	Mental Activity	Activity at Each Step	Goal
1	Daily activities that do not result in more than mild exacerbation* of symptoms related to the current concussion	Typical activities during the day (e.g. reading) while minimizing screen time. Start with 5-15 min at a time and increase gradually.	Gradual return to typical activities
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work
3	Return to school part time	Gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day.	Increase academic activities
4	Return to school full time	Gradually progress in school activities until a full day can be tolerated without more than mild* symptom exacerbation.	Return to full academic activities and catch up on missed work

Following an initial period of relative rest (24-48 hours following an injury at Step 1), athletes can begin a gradual and incremental increase in their cognitive load. Progression through the strategy for students should be slowed when there is more than a mild and brief symptom exacerbation.

*Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0-10-point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the baseline value reported prior to cognitive activity.

This content was duplicated from Table 1 and Table 2 that were published within the Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022 (Patricios JS, 2023). Used with permission.

Source: *Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022* (Patricios JS, 2023).

Return-to-Sport Strategy			
Step	Exercise Strategy	Activity at Each Step	Goal
1	Symptom-limited activity	Daily activities that do not exacerbate symptoms (e.g., walking).	Gradual reintroduction of work/school
2	Aerobic exercise 2A- Light (up to approximately 55% maxHR), then 2B- Moderate (up to approximately 70% maxHR)	Stationary cycling or walking at a slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.	Increase heart rate
3	Individual sport-specific exercise Note: If sport-specific training involves any risk of inadvertent head impact, medical clearance should occur prior to Step 3	Sport-specific training away from the team environment (e.g., running, change of direction and/or individual training drills away from the team environment). No activities at risk of head impact.	Add movement, change of direction
Steps 4-6 should begin after the resolution of any symptoms, abnormalities in cognitive function and any other clinical findings related to the current concussion, including with and after physical exertion.			
4	Non-contact training drills	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training) can integrate into a team environment.	Resume usual intensity of exercise, coordination and increased thinking
5	Full contact practice	Participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6	Return to Sport	Normal game play.	
<p>*Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0-10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the baseline value reported prior to cognitive activity.</p> <p>Athletes may begin Step 1 (i.e., symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0-10 scale) occurs during Steps 1-3, the athlete should stop and attempt to exercise the next day. Athletes experiencing concussion-related symptoms during Steps 4-6 should return to Step 3 to establish full resolution of symptoms with exercise before engaging in at-risk activities. Written determination of readiness to return to sport (RTS) should be provided by a HCP before unrestricted RTS as directed by local laws and/or sporting regulations. HCP- healthcare professional; maxHR- predicted maximal heart rate according to age (i.e., 220-age).</p>			
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