



RETURN-TO-SCHOOL/WORK STRATEGY

The following is an outline of the Return-to-School Strategy that should be used to help players, parents/caregivers and teachers/employers to collaborate in allowing the player to make a gradual return to school/work activities. Depending on the severity and type of the symptoms present, players will progress through the following stages at different rates. This tool is a recommendation and should not replace medical advice.

Medical clearance is not required to return to school/work, except for full participation in school-based sport and physical activity. For players returning to work, medical clearance should be sought if work-related tasks put the safety of the player or others at risk. Return to sport and physical activity should be guided by the Return-to-Sport Strategy.

Students/working professionals do not need to be symptom-free to return to school and complete absence from school/work for more than one week is not recommended. It is common for a player's symptoms to worsen slightly with activity. This is acceptable as they progress through steps so long as the symptom exacerbation is:

- **mild:** Symptoms worsen by only one to two points on a zero-to-10 scale, and
- **brief:** Symptoms settle back down to pre-activity levels within an hour.

If the player's symptoms worsen more than this, they should pause and adapt activities as needed.

Players should also be encouraged to ask their school if they have a school-specific Return-to-Learn Program in place to help student-players make a gradual return to school.



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STAGE	ACTIVITY	DESCRIPTION	GOAL OF EACH STEP
1	Activities of daily living and relative rest (first 24 to 48 hours)	Typical activities at home (e.g. preparing meals, social interactions, light walking) that do not result in more than mild and brief worsening of symptoms. Minimize screen time.	Gradual reintroduction of typical activities
After a maximum of 24 to 48 hours after injury, progress to step 2.			
2	School/work activities with encouragement to return to school/work (as tolerated)	Homework, reading or other light cognitive activities at school/work or at home. Take breaks and adapt activities if they result in more than mild and brief worsening of symptoms. Gradually resume screen time, as tolerated	Increase tolerance to cognitive work and connect socially with peers
If the student/working professional can tolerate school activities, progress to step 3.			
3	Part-time or full days at school/work with accommodations (as needed)	Gradually reintroduce schoolwork. Build tolerance to the classroom and school/work environment over time. Part-time days with access to breaks throughout the day and other accommodations may be required. Gradually reduce accommodations related to the concussion and increase workload.	Increase academic activities

If the student/working professional can tolerate full days without accommodations for concussion, progress to step 4.			
4	Return to school/work full-time.	Return to full days at school/work and academic/professional activities, without accommodations related to the concussion. For return to sport and physical activity, including physical education class, refer to the Return-to-Sport Strategy.	Return to full academic and professional activities.
Return to school/work is complete			

Table adapted from: Patricios, Schneider et al., 2023; Reed, Zemek et al., 2023

***Note:** These steps can also be used as a Return-to-Work Strategy** for those water polo players that train or compete in the Active for Life stages (i.e. Masters water polo, adult provincial League or club adult water polo program) or for coaches, officials and trainers.

**A more tailored and detailed Return-to-Work strategy is available for stakeholders on Parachute's website in both of Canada's official languages (English and French).

A visual representation of the WPC Concussion Pathway can be seen in Appendix A.