



Concussion Resources for Parents & Caregivers





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The Concussion Awareness Training Tool (CATT) is a series of online educational modules and resources with the goal of standardizing concussion recognition, diagnosis, treatment, and management. Good concussion management may decrease the risk of brain damage and potentially reduce long-term health issues.

Developed by Dr. Shelina Babul, Associate Director/Sports Injury Specialist with the BC Injury Research and Prevention Unit, BC Children's Hospital, CATT is based upon the established principles of the Consensus Statement on Concussion in Sport. The 2017 Berlin Concussion in Sport Group Consensus Statement builds on the principles outlined in previous concussion statements and aims to develop better understanding of sport-related concussion.

Research and evidence on concussions is evolving and the knowledge base is continually changing. As a result, this website is updated on a regular basis to provide current information, tools, and resources to support concussion recognition, diagnosis, treatment, and management.

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What You Need to Know About Concussion

This information sheet provides a brief overview on the appropriate care for an individual with a concussion. It outlines the three key steps in dealing with concussion (i.e. recognize, respond and manage) in order to assist your players/athletes in their recovery from this injury. The information included here is meant to supplement what is included in the CATT online courses. Visit cattonline.com to take a knowledge course.

Recognize

A concussion occurs when there is a significant impact to the head or body that causes the brain to move inside the skull. Common causes of concussion include **falls, motor vehicle crashes, and sport and recreational-related activities.**

There is no way to know for certain whether a particular event will lead to a concussion—a relatively minor impact may result in a concussion while a higher-magnitude hit may not. It is important to note that if there is a history of concussion, even a minor hit can trigger symptoms. Signs can be observed while symptoms are experienced by the individual.

The signs and symptoms of concussion in **individuals** include, but are not limited to:

- Headache
- Dizziness
- Nausea
- Blurred vision
- Light/sound sensitivity
- Imbalance
- Ringing in the ears
- Seeing “stars”
- Irritability
- Fogginess
- Fatigue
- Difficulty concentrating
- Poor memory
- Neck pain
- Sadness
- Confusion

Concussion signs to watch for in an **infant or toddler** may include:

- Crankiness and irritability (beyond their usual)
- Any sudden changes in sleeping pattern, eating or playing pattern
- Not interested in their favourite toys or activities
- Forgets a new skill (e.g., toilet training)
- Listless
- Loss of balance, unsteady walking
- Not eating or nursing
- Cannot be comforted

Respond










Following a potential concussion-causing event, the individual should be removed from activity immediately and assessed for **Red Flags**.

If any of the **Red Flags** are present, call an ambulance or seek immediate medical care.

If no **Red Flags** are present:

- Do not leave the individual alone
- Notify an emergency contact person, parent or caregiver
- Continue to monitor for Red Flags and signs and symptoms of concussion
- Do not let the individual return to their activity
- Do not give the individual any immediate medication
- Do not let the individual leave by themselves
- Do not let the individual drive or ride a bike

RED FLAGS

-  Neck pain or tenderness
-  Double vision
-  Weakness or tingling/burning in arms or legs
-  Severe or increasing headache
-  Seizure or convulsion
-  Loss of consciousness
-  Deteriorating conscious state
-  Vomiting
-  Increasingly restless, agitated, or combative

The individual should be monitored for up to 48 hours before assuming that a concussion has not occurred, including monitoring throughout the night following the initial injury. Only wake the individual if you have concerns about their breathing, changes in skin colour, or how they are sleeping. Call an ambulance or seek immediate medical care if the individual is slow to wake or shows any of the **Red Flags**. Within 48 hours:

- If any signs are detected or symptoms are experienced, seek medical attention from a licensed medical professional such as a physician or nurse practitioner (if applicable in your area).
- If no signs or symptoms appear, the individual can return to normal activity but should be monitored for several days. If no signs or symptoms appear, chances are that a concussion was not sustained. If unsure, see a medical professional for guidance.

Manage

A concussion can have a significant impact on physical, cognitive, and emotional functioning. The recovery process involves balancing activities such that they do not trigger or worsen symptoms—the key is finding the “sweet spot.”

The recovery process is best done in collaboration with key individuals, such as medical professionals, family members, friends, employers, teachers and school staff, and coaches.

The first and most important step in recovery from a concussion is to rest for a maximum of 2 days. The individual will need both physical and cognitive rest in order to allow the brain to heal.

- Physical rest includes participation in activities that do not result in an increased heart rate or breaking a sweat. Restrict: exercise, sports, running, biking, rough play, etc.
- Cognitive activity should be limited, minimizing activities that require concentration and learning. Restrict: reading, electronics (computers, smartphones, video games, TV), work/schoolwork, playing musical instruments, listening to loud music, etc.

REMEMBER:
Recovery is a fluctuating process. The individual can be doing well one day but not the next.

Once symptoms start to improve, or after a maximum of 2 days of rest, the individual should begin a step-wise process to return to regular activity, including school, work, sports, etc.

Symptoms should decrease over the course of time. If you are worried that the individual is not improving, follow-up with a licensed medical professional, such as a physician or nurse practitioner (if applicable in your area).

On average, an adult takes 7 to 10 days to recover from concussion, while children and youth typically take 2 to 4 weeks. While most concussions resolve within 3 months, persistent symptoms have the potential to cause long-term difficulties. Individuals dealing with symptoms lasting longer than 2 weeks in adults and longer than 4 weeks in children and youth may require additional medical assessment and multidisciplinary management.

REMEMBER:
CATT resources to support the recovery process include:

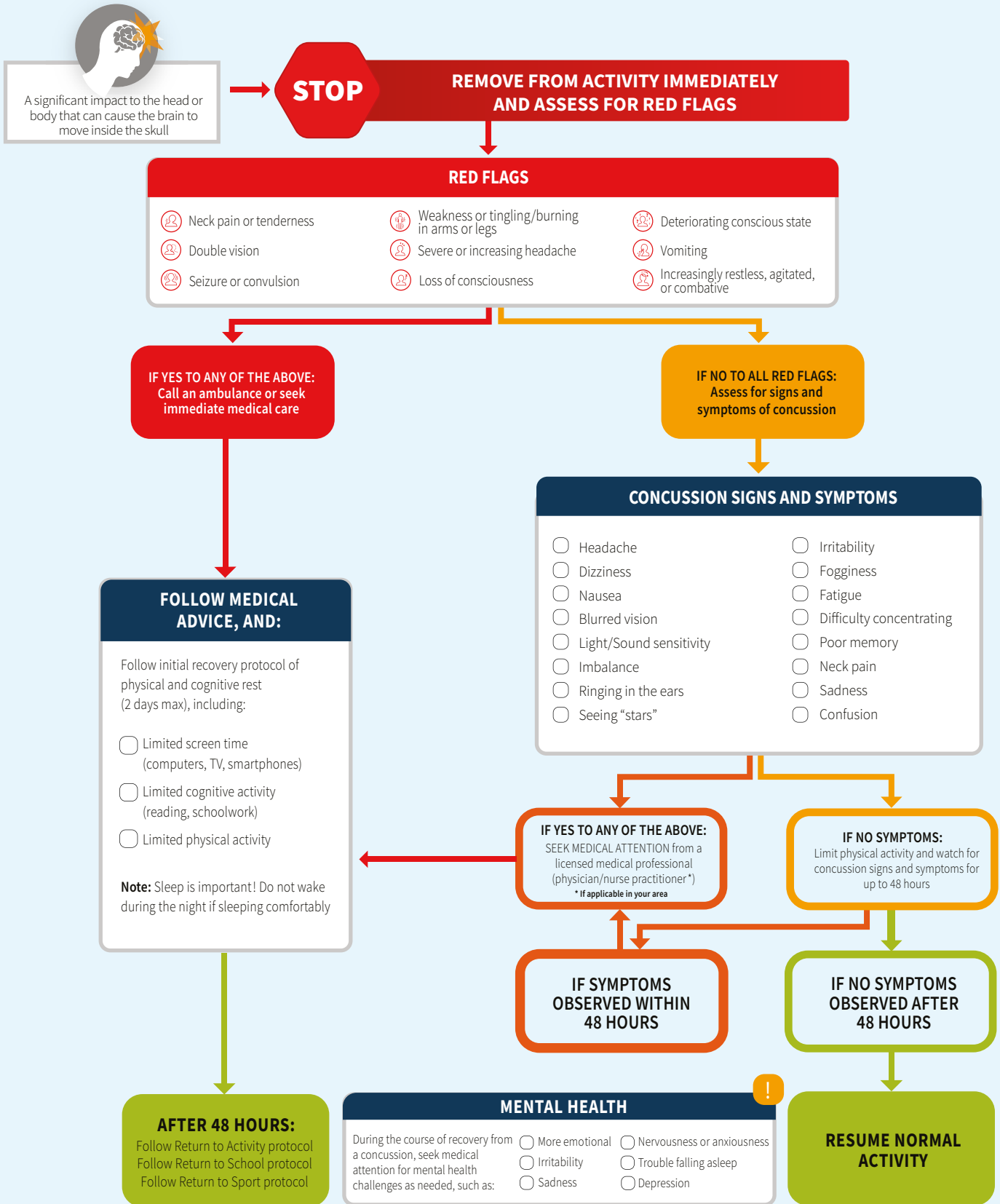
- Return to Activity
- Return to School
- Return to Sport

The recovery period may be influenced by:

- Prior concussions
- History of headaches or migraines
- Learning disabilities
- Mental health issues
- ADHD
- Use of drugs or alcohol
- Returning to activities too soon
- Lack of family or social supports

Proper management of a concussion can reduce the risk of complications. It is important that the individual has successfully returned to school or work before fully returning to sport and physical recreation activities. Returning to activity too early may result in more severe symptoms and potentially long-term problems.

CATT Concussion Pathway



QUESTIONS TO ASK YOUR DOCTOR (For Parents)

If you suspect your child may have a concussion, you should see your doctor right away. This is a list of questions you can take with you.



CARING FOR MY CHILD

What kind of medication can I give my child?
Does someone need to be with my child at all times?

WHAT MY CHILD CAN DO

Can my child eat? Will they have an upset stomach?
What kind of activities can my child do at this stage of their recovery?

Can my child read/use the computer/play video games?
When can my child go back to school or work?
When can my child return to physical activity?
Can my child drive?

SYMPTOMS

What symptoms should I be watching for?
How soon will symptoms begin to improve?
How long will these problems last?

THE RISKS

What is the risk of a future concussion?
What is the risk of long-term complications?

FOLLOW-UP WITH THE DOCTOR

When should we come back to see you?
Under what circumstances should I call you?
Should a specialist be consulted?
Are there any resources you recommend?

ADDITIONAL QUESTIONS:

Caring for Your Concussion

About Concussion

A concussion is a **brain injury**. Even though you can't see it, it can affect the way you think, feel, and even sleep. Like any medical diagnosis, it will require direct physician involvement to guide a safe return to school, work, play, and life.

Each concussion is unique. Each person may experience different symptoms, triggers, and timeline for recovery, so your concussion requires an individualized approach based on your specific symptoms.

Did you know that it can take up to 7 days for symptoms of a concussion to appear?

When to Go Back to the Doctor

- Worsening symptoms may be a sign of a more serious injury. Go to the Emergency Department if headaches become more severe, pupils are unequal in size, or if you experience any of the following:
 - Getting more and more confused
 - Weakness/tingling in arms or legs
 - Worsening headache
 - Trouble walking
 - Vomiting more than once
 - Slurred speech
 - Seizures
 - Strange behaviour
- After being diagnosed with a concussion, you should have a follow-up appointment with a medical doctor within two weeks to be re-assessed.

My follow-up appointment is scheduled for _____
(date)

Recovering from Concussion

- Rest in the first 24-48 hours following a concussion may be beneficial, but *prolonged* rest has not been found to improve concussion recovery, and may even delay recovery. After an initial period of rest, getting back to a normal daily routine with regular sleeping habits is important to help your brain and body recover.
- Reducing time spent on devices or doing certain activities may be recommended, to keep symptom levels low. This is because concussion symptoms can be made worse when your brain is overstimulated by:
 - physical activity
 - cognitive (thinking) activities
 - certain environments (bright lights, loud noise, crowds)

While some patients find screens (TV, computer, cellphone) or reading increases their symptoms, others may tolerate these activities.

Returning to School

- Students may need to stay home from school in the first days following a concussion, but a long absence from school is not recommended. Students should have regular medical follow-up after a concussion to monitor recovery and help with return to school.
- Find out if your school has a Return to Learn Program to support students returning to school after concussion. If you need more support and accommodations for school, your physician may refer you to a physician-led multi-disciplinary concussion clinic with experience in individualized learning plans following a concussion.

Returning to Sport

- Children and youth should NOT return to sports/competition until they have successfully returned to school, but early introduction of reduced physical activity is appropriate.
- A gradual, step-wise return to cognitive and physical activity is best following concussion. This process is individualized, guided by your symptoms, and supervised by your physician.
- Written clearance documentation will be required from a physician (medical doctor) before you return to a sport or activity that carries a risk of contact or possible head injury.

Persistent Symptoms

- Typically, concussion symptoms can last up to 4 weeks in youth (under 18) and 2 weeks in adults.
- If symptoms persist beyond this, a physician with experience in concussion management together with an interdisciplinary concussion clinic is recommended.
- When seeking care, ensure the clinic you choose offers:
 - direct access to and continued involvement of a medical doctor with experience in concussion management,
 - a network or interdisciplinary team of three or more different regulated health care providers, and
 - a clinic that can provide a full spectrum of concussion care from early management to that of a prolonged course for individuals with persistent symptoms when needed.

More Information on Concussion

- www.parachutecanada.org/concussion
- www.cattonline.com

Return to School

This tool is a guideline for managing a student's return to school following a concussion and does not replace medical advice. Timelines and activities may vary by direction of a health care professional.

AT HOME			AT SCHOOL			
STAGE 1:	STAGE 2:		STAGE 3:	STAGE 4:	STAGE 5:	STAGE 6:
<p>Physical & cognitive rest</p> <ul style="list-style-type: none"> Basic board games, crafts, talk on phone Activities that do not increase heart rate or break a sweat <p>Limit/Avoid:</p> <ul style="list-style-type: none"> Computer, TV, texting, video games, reading <p>No:</p> <ul style="list-style-type: none"> School work Sports Work Driving until cleared by a health care professional 	<p>Start with light cognitive activity:</p> <p>Gradually increase cognitive activity up to 30 min. Take frequent breaks.</p> <p>Prior activities plus:</p> <ul style="list-style-type: none"> Reading, TV, drawing Limited peer contact and social networking <p>Contact school to create Return to School plan.</p>	<p>When light cognitive activity is tolerated:</p> <p>Introduce school work.</p> <p>Prior activities plus:</p> <ul style="list-style-type: none"> School work as per Return to School plan <p>Communicate with school on student's progression.</p>	<p>Back to school part-time</p> <p>Part-time school with maximum accommodations.</p> <p>Prior activities plus:</p> <ul style="list-style-type: none"> School work at school as per Return to School plan <p>No:</p> <ul style="list-style-type: none"> P.E., physical activity at lunch/recess, homework, testing, sports, assemblies, field trips <p>Communicate with school on student's progression.</p>	<p>Part-time school</p> <p>Increase school time with moderate accommodations.</p> <p>Prior activities plus:</p> <ul style="list-style-type: none"> Increase time at school Decrease accommodations Homework – up to 30 min./day Classroom testing with adaptations <p>No:</p> <ul style="list-style-type: none"> P.E., physical activity at lunch/recess, sports, standardized testing <p>Communicate with school on student's progression.</p>	<p>Full-time school</p> <p>Full days at school, minimal accommodations.</p> <p>Prior activities plus:</p> <ul style="list-style-type: none"> Start to eliminate accommodations Increase homework to 60 min./day Limit routine testing to one test per day with adaptations <p>No:</p> <ul style="list-style-type: none"> P.E., physical activity at lunch/recess, sports, standardized testing 	<p>Full-time school</p> <p>Full days at school, no learning accommodations.</p> <ul style="list-style-type: none"> Attend all classes All homework Full extracurricular involvement All testing <p>No:</p> <ul style="list-style-type: none"> full participation in P.E. or sports until Return to Sport protocol completed and written medical clearance provided
	<p>No:</p> <ul style="list-style-type: none"> School attendance Sports Work 					
	<p>Gradually add cognitive activity including school work at home</p>		<p>School work only at school</p>	<p>Increase school work, introduce homework, decrease learning accommodations</p>	<p>Work up to full days at school, minimal learning accommodations</p>	<p>Full academic load</p>
<p>Rest</p>						
<p>When symptoms start to improve OR after resting for 2 days max, BEGIN STAGE 2</p>	<p>Tolerates 30 min. of cognitive activity, introduce school work at home</p>	<p>Tolerates 60 min. of school work in two 30 min. intervals, BEGIN STAGE 3</p>	<p>Tolerates 120 min. of cognitive activity in 30-45 min. intervals, BEGIN STAGE 4</p>	<p>Tolerates 240 min. of cognitive activity in 45-60 min. intervals, BEGIN STAGE 5</p>	<p>Tolerates school full-time with no learning accommodations BEGIN STAGE 6</p>	<p>Return to School protocol completed; focus on RETURN TO SPORT</p>

Note: A student is tolerating an activity if symptoms are not exacerbated.

Adapted from the Return to Learn protocol by G.F. Strong School Program (Vancouver School Board), Adolescent and Young Adult Program, G.F. Strong Rehabilitation Centre.

STUDENT RETURN TO LEARN PLAN



STUDENT INFORMATION

STUDENT NAME:	HOMEROOM TEACHER:	GRADE:	INJURY DATE:
PARENT/GUARDIAN:	PHONE:	EMAIL:	
SCHOOL CONTACT:	PHONE:	EMAIL:	

STUDENT SUPPORT SYSTEM

NAME	ROLE	CONTACT INFORMATION (PHONE/EMAIL)

MONITORING AND EVALUATION

<p>Preferred communication with parent/guardian</p> <p>In person Frequency:</p> <p>Student agenda</p> <p>Email Regular meetings:</p> <p>Phone</p>	<p>Communication between school contact and teachers</p> <p>In person Frequency:</p> <p>Email Regular meetings:</p>
<p>Symptom reporting</p> <p>Student self-report: Student checked by:</p> <p>To school contact School contact</p> <p>To teacher Teacher</p> <p>In person to Other</p>	<p>Academic progress measured by</p> <p>Workload Length of time tolerated Number of courses</p> <p>Emotional progress</p> <p>Monitored by:</p> <p>In case of concerns:</p>
<p>Comments:</p>	

RETURN TO LEARN PLANNING TOOL

The student's individual symptoms will guide the creation of this planning document. To promote recovery within the school context, the goal is to have the student participate in an appropriate balance of cognitive activity and rest, thereby avoiding overexerting the brain to the level of worsening or reproducing symptoms.

STUDENT:	SCHOOL CONTACT:	DATE:
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Identify Student's Needs		Determine Learning Accommodations		Determine School Work
SYMPTOMS	STAGE	LEARNING ACCOMMODATIONS		SCHOOL WORK
Physical:	STAGE 1 Rest at home STAGE 2 Light cognitive activity at home STAGE 3 School part-time, max. accommodations, shortened schedule STAGE 4 Increase time at school, moderate accommodations STAGE 5 School full-time, minimal accommodations STAGE 6 School full-time, no learning accommodations	Rest Breaks:	Processing Speed:	Attendance:
Headache		Frequency:	Extra time for tasks and tests	All school days
Fatigue		Duration:	Slow down verbal information	Limited days:
Sleep disturbance		Location:	Check comprehension vs. memorization	Adjusted school hours
Dizziness/lightheadedness		Classroom Environment:	Provide notes/notetaker	Start time:
Nausea/vomiting		Sit at front of class	Mood:	End time:
Light sensitivity		Sit away from bright sunlight	Facilitate access to school counsellor	Course Expectations:
Noise sensitivity		No classes with noise and/or safety issues	Reduce stressful situations	Limited courses:
Blurred vision		Band/choir	Provide supportive feedback	
Double vision		Wood/metalwork	Can leave class when needed	
Balance problems	Other:	Facilitate avenues to express themselves		
Other physical symptoms:	Quiet work space	Allow time for socialization	All courses	
Cognitive:	Library	Provide reassurance	Learning Support (see page 3 for details)	
Poor attention/concentration	Learning Support	Homework:		
Forgetfulness/poor memory	Counselling room	Limited to mins per day	PHYSICAL ACTIVITY	
Taking longer to think	Other:	Assessment:	Physical Activity Permitted:	
Emotional:	General Classroom Learning:	No testing	(provided by parent/guardian)	
Irritability/easily angered	Reduce course/workload	Limited testing (1 test per day)		
Frustration/impatience	Prioritize essential work	Accommodations		
Restlessness	Use peer tutor or partner	Extra time	Physical Education (P.E.):	
Depression	Provide written instruction	Separate setting	No P.E.	
Anxiety	Provide class notes	Breaks as required	Adapted P.E. program as per health care professional	
Pre-Existing Issues:	Use and review student agenda	Open book	Full P.E.	
Prior concussion	Attention/Concentration:	Additional Considerations:	Written medical clearance provided:	
Dates:	Limit focus time to mins	Sunglasses		
Learning disability	Shorter assignments	Hat		
ADD/ADHD	Break down tasks	Ear plugs/noise-reducing headphones	NEXT REVIEW DATE:	
Depression	Lighter workload	Water bottle		
Anxiety	Memory:	Earbuds/headphones for music		
History of migraines	Repetition	Other:		
Other:	Written instructions	Class transition before bell		
	Use calculator	No assemblies		
	Shorter reading passages	Restricted recess/lunch activities		
	Smaller chunks to learn	Alternate:		
	Recognition cues	Elevator pass		

LEARNING SUPPORT DETAILS

COMMENTS

Return to Sport

This tool is a guideline for managing an individual's return to sport following a concussion and does not replace medical advice. Timelines and activities may vary by direction of a health care professional.

STAGE 1:	STAGE 2:	STAGE 3:	STAGE 4:	STAGE 5:	STAGE 6:
<p>No sporting activity</p> <p>Physical and cognitive rest until symptoms start to improve OR after resting for 2 days max.</p>	<p>Light aerobic exercise</p> <p>Walking, swimming, stationary cycling. No resistance training. The pace of these activities should be at the point where you are still able to have a conversation.</p>	<p>Sport-specific exercise</p> <p>Skating drills (ice hockey), running drills (soccer). No head-impact activities.</p>	<p>Non-contact drills</p> <p>Progress to complex training drills (e.g. passing drills). May start resistance training.</p>	<p>Full-contact practice</p> <p>Following medical clearance participate in normal training activities.</p>	<p>Back in the game Normal game play</p>
<p>Recovery</p>	<p>Increase heart rate</p>	<p>Add movement</p>	<p>Exercise, coordination, cognitive load</p>	<p>Restore confidence; assess functional skills</p>	
<p>Symptoms improve or 2 days rest max?</p> <p>Yes: Move to stage 2 No: Continue resting</p> <p>Time & Date completed: _____ _____</p>	<p>No new or worsening symptoms for 24 hours?</p> <p>Yes: Move to stage 3 No: Return to stage 1</p> <p>Time & Date completed: _____ _____</p>	<p>No new or worsening symptoms for 24 hours?</p> <p>Yes: Move to stage 4 No: Return to stage 2</p> <p>Time & Date completed: _____ _____</p>	<p>Symptom-free for 24 hours?</p> <p>Yes: Move to stage 5 No: Return to stage 3</p> <p>Time & Date completed: _____ _____</p>	<p>Symptom-free for 24 hours?</p> <p>Yes: Move to stage 6 No: Return to stage 4</p> <p>Time & Date completed: _____ _____</p>	<p>Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.</p>

If new or worsening symptoms are experienced at any stage, go back to the previous stage for at least 24 hours. You may need to move back a stage more than once during the recovery process.

Medical clearance required before moving to stage 5

BOTH TOOLS CAN BE USED IN PARALLEL; HOWEVER, RETURN TO SCHOOL SHOULD BE COMPLETED BEFORE RETURN TO SPORT IS COMPLETED

Activity Suggestions for Recovery Steps After Concussion

Toddler (0-4)	Child (5-10)	
<p>Step 1 - Rest</p> <ul style="list-style-type: none"> • Crafts: colouring, drawing • Nap in favourite spot • Parents can read stories • Watch fish in an aquarium <p>Step 2 - Light Activity</p> <ul style="list-style-type: none"> • Bird watching • Crafts: painting • Play in the Sand • Play blocks, dolls, cars or small toys • Supervised walking or crawling <p>Step 3 – Sport-specific Activity</p> <ul style="list-style-type: none"> • Crawling • Walking <p>Step 4- Non-Contact Practice</p> <ul style="list-style-type: none"> • Dance lessons • Swim lessons 	<p>Step 1 - Rest</p> <ul style="list-style-type: none"> • Basic board games (i.e. not monopoly) • Crafts: making bracelets, necklaces • Light gardening • Singing • Stargazing • Talk on phone • Talk to friends/family <p>Step 2- Light Activity</p> <ul style="list-style-type: none"> • Challenging board games • Helping cook and bake • Listen to quiet music (no headphones) • Magazines • Puzzles • Billiards • Bocce ball/ Lawn bowling • Croquette • Fishing • Flying kite • Freestyle swimming • Frisbee • Helping cook and bake • Light jogging • Playing Catch • Walking 	<p>Step 3 – Sport-Specific Activity</p> <ul style="list-style-type: none"> • Ipad applications (no gaming) • Word searches • Air hockey or foosball • Biking • Dribbling, keep-ups and stickhandling • Golf • Light badminton • Ping pong • Skating • Sprinklers and splash pads • Tag • Tai chi/karate (non-contact) • Wii or Xbox Kinect games <p>Step 4 – Non-contact Practice</p> <ul style="list-style-type: none"> • Baseball/cricket • Basketball • Dance • Field hockey • Figure skating (no jumps) • Hockey drills • Soccer without heading • Slide and swing at playground • Squash • Tennis • Volleyball (no diving)

WARNING: Preform activities ONLY if symptom free. If the symptoms appear during activity, STOP immediately.

Use suggestions in conjunction with CanChild concussion guidelines available at:
http://www.canchild.ca/en/ourresearch/mild_traumatic_brain_injury_concussion_education.asp

Activity Suggestions for Recovery Steps After Concussion

Teenager (11+)

Step 1 - Rest

- Cellphone (no texting only calling)
- Crafts: molding clay
- Friends visit (one at a time)
- Knitting and quilting
- Listen to Audiobooks
- Meditation
- Nap
- Photography
- Scrapbooking

Step 2 –Light Activity

- Cooking and baking
- Crafts: origami, sculpting
- Go to the beach
- Listen to quiet music (no headphones)
- Magazines
- Poetry
- Puzzles
- Re-read familiar books
- Archery
- Billiards
- Camping
- Croquette
- Darts
- Fishing
- Freestyle Swimming
- Lawn bowling
- Light Jogging
- Playing catch
- Stationary cycling
- Walking
- Yoga (no hot yoga)

Step 3 - Sport-specific Activity

- Crosswords
- Shopping at mall
- Sudoku
- Air hockey or foosball
- Biking
- Calisthenics (stability exercises)
- Curling
- Dribbling, keep-ups and stickhandling
- Golf
- Hiking/orienteering
- Light badminton
- Ping Pong
- Running
- Skating
- Snorkeling
- Tai chi/Karate
- Wii or Xbox Kinect games
- Volleyball (keep ups)
- Windsurfing

Step 4- Non-contact Practice

- Aerobics and plyometrics
- Baseball/Cricket
- Basketball
- Canoeing/kayaking
- Dance and Cheer (no stunts)
- Figure Skating (no jumping)
- Football Drills
- Hockey Drills
- Light Weight Training
- Mountain/rock climbing
- Non-Contact Soccer (no heading)
- Pilates
- Shadow boxing
- Squash or Tennis
- Track and Field
- Volleyball (no diving)

WARNING: Preform activities ONLY if symptom free. If the symptoms appear during activity, STOP immediately.

Use suggestions in conjunction with CanChild concussion guidelines available at:
http://www.canchild.ca/en/ourresearch/mild_traumatic_brain_injury_concussion_education.asp

Additional Resources

CATT – Concussion Incident Report (2018)

<https://cattonline.com/wp-content/uploads/2017/10/Concussion-Incident-Report-2018-V3.pdf>

Parachute – Medical Assessment Letter (2017)

http://www.parachutecanada.org/downloads/injurytopics/Medical-Assessment-Letter_Parachute.pdf

Parachute – Medical Clearance Letter (2017)

http://www.parachutecanada.org/downloads/injurytopics/Medical-Clearance-Letter_Parachute.pdf

Canadian Concussion Collaborative – 4 Characteristics of a Good Concussion Clinic (2017)

<http://casem-acmse.org/wp-content/uploads/2016/07/CCES-PUB-CCC-4Qs-E-FINAL.pdf>

Parachute – Concussion Guide for Parents and Caregivers (2018)

<http://horizon.parachutecanada.org/wp-content/uploads/2014/10/Concussion-Parents-Caregivers.pdf>

Parachute – Statement on Concussion Baseline Testing in Canada (2017)

<http://www.parachutecanada.org/downloads/injurytopics/BaselineTestingStatement-Parachute.pdf>

For more information and resources on concussion, please visit cattonline.com.