RETURN TO SCHOOL & HOCKEY-SPECIFIC RETURN TO SPORT STRATEGIES



HOCKEY CANADA



Return-to-School Strategy

STEP	ACTIVITY	DESCRIPTION
1	Activities of daily living & relative rest (First 24 - 48 hours)	 Typical activities at home (e.g. preparing meals, social interactions, light walking). Minimize screen time.
After a maximum of 24 - 48 hours after injury, progress to Step 2.		
2	School activities with encouragement to return to school (as tolerated)	 Homework, reading or other light cognitive activities at school or home. Take breaks & adapt activities as needed. Gradually resume screen time, as tolerated.
If player can tolerate school activities, progress to Step 3.		
3	Part-time or full days at school with accommodations	 Gradually reintroduce schoolwork. Part-time school days with access to breaks & other accommodations may be required. Gradually reduce accommodations related to the concussion and increase workload.
If the student can tolerate full days without accommodations for concussion, progress to Step 4.		
4	Return to school full-time	 Return to full days at school & academic activities, without accommodations related to the concussion. For return to sport & physical activity, including physical education class, refer to the Hockey-Specific Return-to-Sport Strategy.
RETURN TO SCHOOL IS COMPLETE.		



Hockey-Specific Return-to-Sport Strategy

STEP ACTIVITY DESCRIPTION

1

Activities of daily living & relative rest (First 24 - 48 hours)

- Typical activities at home (e.g. preparing meals, social interactions, light walking).
- Minimize screen time.

AFTER MAXIMUM OF 24-48 HOURS AFTER INJURY, PROGRESS TO STEP 2

2

2A: Light effort aerobic exercise

- Walking or stationary cycling at slow to medium pace for 10 - 15 minutes.
- May begin light resistance training that does not result in more than mild & brief worsening of symptoms.
- Exercise up to approximately 55% of maximum heart rate.
- Take breaks & modify activities as needed.

2B: Moderate effort aerobic exercise

- Gradually increase tolerance & intensity of aerobic activities, such as walking or stationary cycling at a brisk pace for 10 - 15 minutes.
- May begin light resistance training that does not result in more than mild & brief worsening of symptoms.
- Exercise up to approximately 70% of maximum heart rate.
- Take breaks & modify activities as needed.

IF THE PLAYER CAN TOLERATE MODERATE AEROBIC EXERCISE, PROGRESS TO STEP 3

3

Individual hockey-specific activities, without risk of inadvertent head impact

- Add hockey-specific activities (e.g., skating, changing direction, individual drills) for 20 - 30 minutes.
- Perform activities individually & under supervision from a parent/guardian, coach, or Safety Personnel.
- Progress to where the player is free of concussion-related symptoms, even when exercising.
- There should be no body contact or other jarring motions, such as high-speed stops.
- Players should wear a "No Contact" identification pinny.



MEDICAL CLEARANCE IF PLAYER HAS COMPLETED RETURN-TO-SCHOOL (IF APPLICABLE) & HAS BEEN MEDICALLY **CLEARED, PROGRESS TO STEP 4** Progress to exercises with no body contact at high intensity, including more challenging drills & activities (e.g., shooting & passing drills, multi-player training, & practices). Where possible, give extra space Non-contact training drills and activities 4 around other players to avoid collisions or falls on the ice. Players should wear a "No Contact" identification pinny. IF THE PLAYER CAN TOLERATE USUAL INTENSITY OF ACTIVITIES WITH NO RETURN OF SYMPTOMS, PROGRESS TO STEP 5 Progress to higher-risk activities 5 Return to all non-competitive activities, including typical training activities, full-contact practice & physical education full-contact hockey practices & activities physical education class activities. Do not participate in competitive gameplay. IF THE PLAYER CAN TOLERATE NON-COMPETITIVE, HIGH-RISK ACTIVITIES, PROGRESS TO STEP 6 6 Return to sport Unrestricted sport & physical activity Full gameplay

RETURN TO SCHOOL IS COMPLETE.

