

RETURN-TO-SCHOOL STRATEGY

CONCUSSION MANAGEMENT

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 the student 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 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 Ringette-Specific Return-to-Sport Strategy. 		
Return to School is complete.				



RINGETTE-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			
	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. 	
2	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 athlete can tolerate moderate aerobic exercise, progress to Step 3			
3	Individual ringette-specific activities, without risk of inadvertent head impact	 Add ringette-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 athlete is free of concussion-related symptoms, even when exercising. There should be no body contact or other jarring motions, such as high-speed stops. Athletes should wear a "No Contact" identification pinny. 	
Medical Clearance If an athlete has completed Return-to-School (if applicable) & has been medically cleared, progress to Step 4.			
4	Non-contact training drills and activities	 Progress to exercises with no body contact at high intensity, including more challenging drills & activities (e.g., shooting & passing drills, multi-athlete training, & practices). Where possible, give extra space around other athletes to avoid collisions or falls on the ice. Athletes should wear a "No Contact" identification pinny. 	
	If the athlete can tolerate the usual intensity of activities with no return of symptoms, progress to Step 5.		
5	Return to all non-competitive activities, full-contact practice & physical education activities	 Progress to higher-risk activities including typical training activities, full-contact ringette practices & physical education class activities. Do not participate in competitive gameplay. 	
If the athlete can tolerate non-competitive, high-risk activities, progress to Step 6.			

Return to Sport is complete.

• Unrestricted sport & physical activity

• Full gameplay

Return to sport