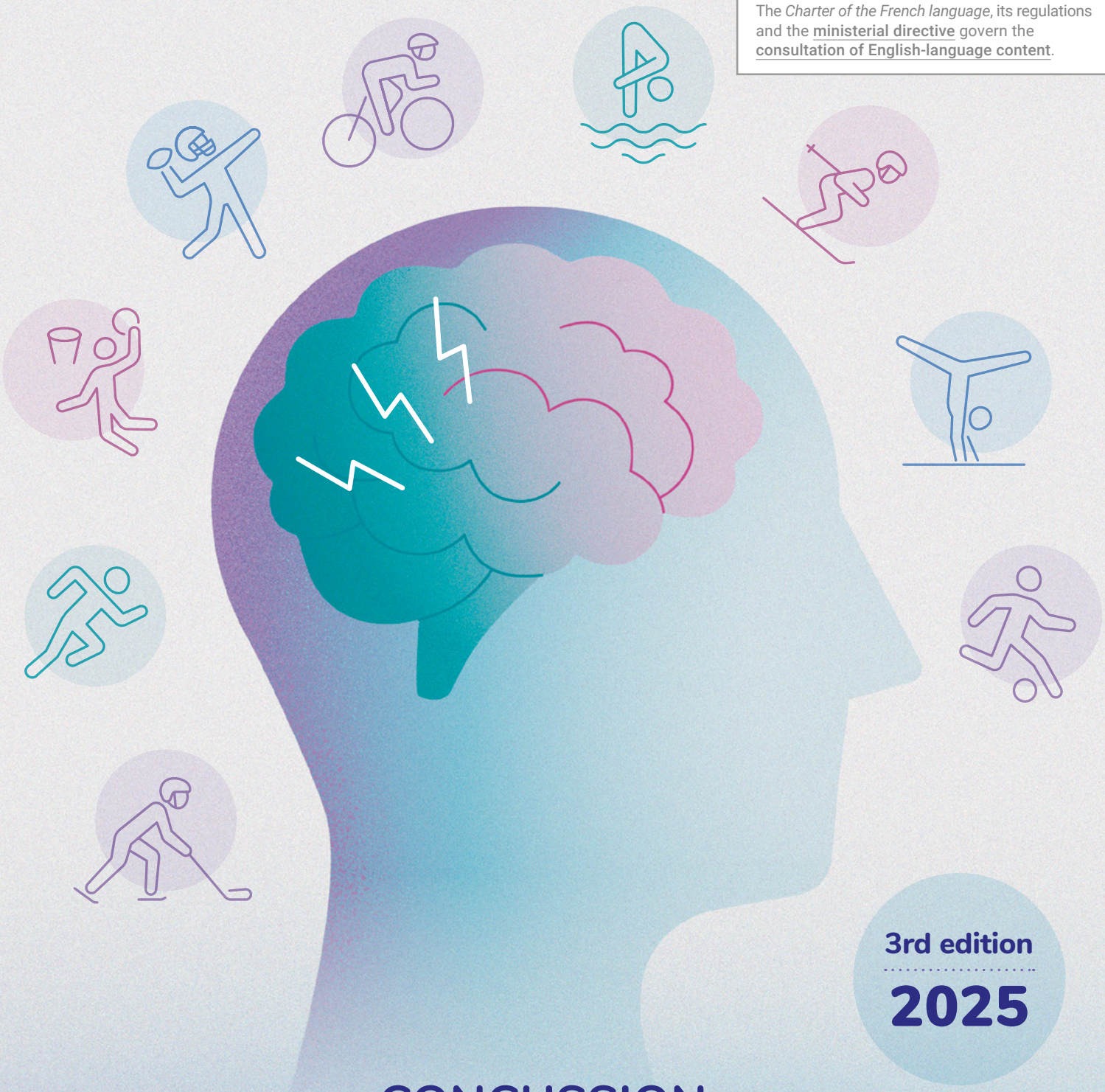
This content is also available in French.
The *Charter of the French language*, its regulations and the **ministerial directive** govern the **consultation of English-language content**.



3rd edition

2025

CONCUSSION MANAGEMENT PROTOCOL

FOR USE IN EDUCATION, SPORTS AND RECREATIONAL CONTEXTS

Votre gouvernement

Québec

Note

This concussion management protocol should not be used to make a medical diagnosis. Under no circumstances should this document be a substitute for an assessment or medical advice from a duly designated healthcare professional.

Although not a legal obligation, its use is strongly recommended by the government.

Scientific knowledge is continually evolving and this document will be updated periodically. Please make sure you have the most recent version, available on the **Quebec.ca/commotion** website.

3rd edition

2025

CONCUSSION MANAGEMENT PROTOCOL

FOR USE IN EDUCATION, SPORTS AND RECREATIONAL CONTEXTS

Produced by
the Ministère de l'Éducation

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Direction de la sécurité dans le loisir et le sport
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GLOSSARY

Activity supervisors

Any person supervising an educational, sports or recreational activity, such as a coach, teacher, official, referee, volunteer, day camp counsellor, etc.

Adaptation measures

Temporary measures implemented to reduce a student's cognitive load by allowing some accommodations that will assist with a progressive return to learning activities in a school environment. Examples are provided in the tables in **Appendix 1**.

Concussion

Form of mild traumatic brain injury. In some resources, the acronym mTBI or mTBI/C is used. A specific definition of concussion is provided in **Section 1** of this document.

Managers of facilities or organizations

Persons responsible for sports and recreation facilities, such as a director, an activity organizer or any other partner involved at this level.

mTBI

Mild traumatic brain injury.

Parent or guardian

Person who is legally responsible for the young person.

Participant

Person who experienced the incident, such as a student, a young person, an athlete, a player or any other person who participated in an activity in an education, sports or recreational context.

Person responsible for well-being, health and safety

Healthcare professional, lifeguard, coach, teacher or any other person assigned responsibility for this matter within a facility or organization.

Person who can remove the participant from an activity

One of the activity supervisors, a staff member responsible for health and safety, a parent or a guardian.

Protocol

Concussion Management Protocol.

RLA

Return to learning activities, including educational and intellectual activities.

RPSA

Return to physical and sports activities, including recreational and outdoor activities.

Strategies for returning to learning activities (RLA) and to physical and sports activities (RPSA)

Methods used to allow a participant to gradually return to all the activities they participated in prior to the concussion. These strategies are implemented in separate steps to be carried out in order and are presented in **Section 5** of the protocol, "Progressive Return to Activities," as well as on the **tracking sheet**.

Tracking sheet

Document used to record information about the participant's progress throughout the process of applying the strategies for returning to learning activities (RLA) and to physical and sports activities (RPSA). It facilitates sharing information among all the individuals involved, but it does not allow a concussion to be diagnosed and it does not replace the advice of a qualified healthcare professional. Information related to the **tracking sheet** is presented in **Section 8**.

Young person

Individual from 6 to 17 years old under the responsibility of a parent or guardian. If they are 14 years old or older, a young person can give their own consent to the care required by a medical situation, unless this care involves a serious risk to their health, could cause serious and permanent side effects, or if the condition of the young person requires them to spend more than 12 hours in a health or social services institution.[1] In these specific cases, it is mandatory to inform the young person's parents or legal guardian.

In order to simplify the text, the term "concussion" is used throughout this document. However, this use of terminology recognizes that concussions are a type of mild traumatic brain injury and are included in this definition.

1. "Medical Decisions for Children 14 to 17 Years Old," *Éducaloi*, **https://educaloi.qc.ca/en/capsules/medical-decisions-for-children-14-to-17-years-old/**.



CONTEXT

The Québec government is continuing to implement initiatives for prevention, management and awareness-raising by releasing the third edition of the Concussion Management Protocol for use in education, sports and recreational contexts. This section outlines the main concepts covered in this document.

Intended for education, sports, and recreational environments, the protocol is designed for people without medical training. It serves as a practical reference document bringing together procedures and recommendations that are supported by scientific literature and research by experts in the area.

It focuses on the key elements for preventing and managing concussions, while helping improve awareness on this topic. Additionally, it is based on reference documents produced by recognized organizations that comply with the basic standards for managing a concussion.

The protocol is inspired by the consensus statement from the **6th International Conference** on Concussion in Sport,[2] held in Amsterdam in 2022. It also aligns with the tools recommended by the Institut national d'excellence en santé et services sociaux (INESSS) and draws on the comments received from the sports, school and health communities with respect to the first version of the protocol. The full list of references on which the protocol is based can be found in **Section 10**, "References."

Although some qualified healthcare professionals with expertise in concussions may provide support to participants throughout the recovery process, **the protocol can be applied even without the involvement of these specialists**. To know which qualified professionals may be involved in the participant's return to activities and at which point of the process, refer to **Section 6.1**, "Resources."

2. Jon S. Patricios et al., "Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022," *British Journal of Sports Medicine 57*, no. 11 (2023): 695-711, **doi.org/10.1136/bjsports-2023-106898**.

WHO IS THIS PROTOCOL INTENDED FOR?

This protocol is intended for anyone involved directly or indirectly in educational, sports and recreational environments, in particular:

- participants
- parents or guardians
- activity supervisors
- staff responsible for health and safety within a facility or organization
- managers of facilities
- any other person who wants to learn more about prevention and management of concussions

Note

This document is aligned with the recommendations of the Institut national d'excellence en santé et en services sociaux (INESSS) and of the Ministère de la Santé et des Services sociaux (MSSS). It was created with the intention of providing a resource adapted to the reality of educational, sports and recreational contexts, as the tools already published on this subject are largely addressed to the general population.

Although this protocol is adapted for young people in schools and for people participating in sports and recreational activities as well as their communities, it can also be used by adult participants or by anyone involved, directly or indirectly, with concussion management. The examples of strategies for returning to activities prior to the concussions are therefore intended specifically for young people attending school, but they may be adapted for other people who have suffered a concussion.

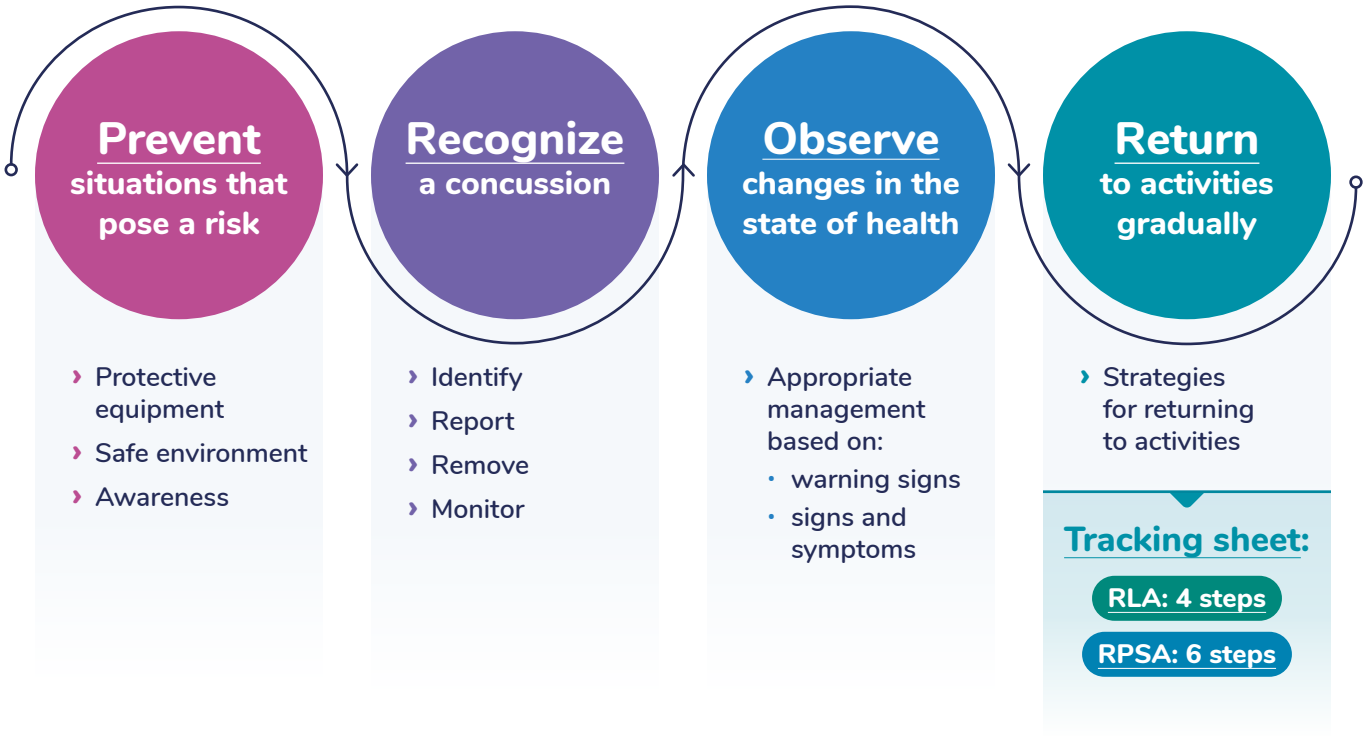
CONCUSSION MANAGEMENT: BRIEF OVERVIEW

This section is a summary. Please read the full document to understand all the steps and apply them appropriately.

The concept of concussion management groups all of the actions implemented at the time of the incident that led to the injury and after. It is structured around the concepts of prevention and awareness, which refer to the actions and measures put into place to prevent incidents. In fact, overall management of concussions is not limited to addressing the injury; it also includes identifying risk factors related to the environment and the implementation of awareness raising initiatives.

In practice, concussion management can be summarized as follows:

Concussion management



Therefore, when discussing concussion management, specific reference is made to the following steps:

Prevention[3]

Prevention, which is presented in Section 2, groups the methods used to create a **safe environment**. Prevention also includes initiatives to **raise awareness**, which are carried out with the goal of preventing situations that may lead to a concussion.

Recognition

Recognition, which is presented in Section 3, means being able to **identify** that an impact to the head or body during violent contact, a collision or a fall, puts an individual at risk of a concussion. At this step, it is important to **report** the incident to one of the activity supervisors or to a staff member responsible for health and safety, and to **remove** the individual in order to **monitor** any changes in their state of health.

Observation

Observation, which is presented in Section 4, allows for appropriate management of the participant based on the **signs and symptoms** present. Among other goals, observation is intended to determine if a person's state of health requires emergency services to be called immediately (presence of emergency **warning signs**) or if consulting a health professional must be planned in the near future (presence of immediate or delayed **signs and symptoms** that do not require the participant to be transported to the emergency room).

Return to activities

Return to activities, which is presented in Section 5, describes the application and use of strategies for returning to learning activities as well as to physical and sports activities. Refer to the "Progressive Return to Activities" section for more **details of the steps to follow for each strategy**.

3. Although prevention is a key step, this document is mainly intended to provide a framework for managing and addressing concussions.

1 Definition

A concussion is an invisible injury caused by a direct impact to the head or by an impact to any other part of the body that transmits an impulsive force to the head. The rapid back-and-forth movement of the head causes the brain to hit the walls of the skull. The term "mild traumatic brain injury" (mTBI) is also used to refer to a concussion as, by definition, these two expressions both refer to the same health problem. Concussions may include any of the potential manifestations of traumatic brain injury. Therefore, the Ministère de la Santé et des Services sociaux uses the acronym "mTBI/C" when referring to concussions.[4]

An mTBI/C temporarily affects the functioning of the brain and can cause various symptoms, such as headache, dizziness, confusion or nausea. These symptoms can appear immediately after the impact or several hours later. For most people, these symptoms will disappear in a few weeks. For others, however, the symptoms last for longer than is usually observed.[5]

More specifically, following a concussion, the average time for a complete return to learning without adaptation measures in school is **8 days**, while the return to all physical and sports activities without restriction is **20 days**. However, while the recovery process may vary significantly from one individual to the next, these averages apply to everyone, regardless of the age of the participant.

This is why a gradual approach is recommended for returning to activities prior to the concussion, in order to optimise recovery and reduce long-term after-effects. **Section 5**, "Progressive Return to Activities," provides more information on these strategies for a progressive return to activities.

A concussion should never be ignored. It requires an assessment by a qualified healthcare professional. Even if computed tomography (also called *CT scan*) and magnetic resonance imaging do not show any anomalies, concussions may cause significant changes in the brain.

4. Québec, Ministère de la Santé et des Services sociaux, "Traumatisme craniocérébral léger et commotion cérébrale – Professionnels," December 12, 2024, **msss.gouv.qc.ca/professionnels/traumatismes-et-traumatologie/commotion-cerebrale/organisation-service** (in French).
5. Québec, Institut national d'excellence en santé et en service sociaux. "Traumatisme craniocérébral léger: conseils pour la reprise graduelle des activités intellectuelles, physiques et sportives – Mise à jour du dépliant," November 4, 2024, **INESSS: Mise à jour du dépliant sur la reprise graduelle des activités intellectuelles, physiques et sportives à la suite d'un TCCL/CC** (in French).

2 Prevention

Every effort should be made to prevent incidents.

To develop or maintain a healthy and safe environment, a preventive approach should be adopted, which means intervening before an incident occurs. For example, recommended measures include the appropriate use of the protective equipment specific to the activity or sport (helmet, mouthguard, etc.) as well as encouraging the participants to report any incidents to a designated person.

Other measures can also be implemented, such as educating everyone involved (training stakeholders and raising awareness among participants and parents), naming one person[6] to be responsible for taking action in situations where a concussion is possible and finding out if the participant has ever suffered a prior concussion before starting the activity.

Prevention at every level[7]

Three levels of prevention must be considered:

- **Primary prevention** means taking actions to prevent concussions (e.g. wearing protective equipment, raising awareness, etc.).
- **Secondary prevention** requires recognizing and managing a concussion (e.g. immediately withdrawing a participant from the activity after an impact to the body or the head, taking charge of the situation by making proper use of the available tools for managing concussions).
- **Tertiary prevention** is intended to prevent long-term complications of one or more concussions by proactively treating the consequences (e.g. avoiding playing sports involving a risk of violent contact, collisions or falls).

6. This person may be a healthcare professional, a first-aid attendant, a caregiver or a safety officer. Where resources permit, this person should be assigned exclusively to this task. Otherwise, the person may also perform other duties, for example, as a coach, teacher, official, attendant or monitor.
7. Parachute, *Canadian Guideline on Concussion in Sport*, March 2024, https://parachute.ca/wp-content/uploads/2019/06/Concussion-Guideline-2024.pdf.

3 Recognition

3.1 IDENTIFY AND REPORT

A concussion **must** be assumed and reported following an impact to the head or body during violent contact, a collision or a fall causing a back-and-forth movement or a jolt to the head. The Concussion Recognition Tool (**CRT6®**[8]), which was updated during the 6th International Conference held in Amsterdam, serves as a guide to help detect concussions.

Scanning the QR code above will take you directly to the Concussion Recognition Tool (**CRT6®**), which will allow you to learn more about the possible signs and symptoms.

The importance of early identification

Everyone involved in an activity is responsible for recognizing a potential concussion. The staff supervising the activity and the participants **have a duty to report any incident suggesting that a person may have suffered a concussion**. This information must immediately be passed on to those who have the authority to remove the participant from the activity in accordance with the guidelines provided by the sports organization, recreational organization, or in the educational setting. Early identification allows a potential concussion to be managed immediately, which may prevent more severe long-term consequences from arising.

Authorized physical contacts and combat sports[9]

In some sports, physical contact, including hits to the head in combat sports, is permitted. Under these circumstances, a case-by-case analysis is required. It is also crucial that the participant and the other parties concerned (e.g. trainer, official) are aware of the importance of reporting any incident or authorized physical contact causing a back-and-forth movement or a jolt to the head, even if no symptoms emerged immediately after the impact. In these cases, it is important to be alert to situations involving risk, especially when, caught off-guard, a participant is more vulnerable.

8. Concussion in Sport Group, *Concussion Recognition Tool (CRT6®)*, (Concussion in Sport Group, 2023). **https://cisgstg.wpengine.com/wp-content/uploads/2023/07/CRT6.pdf**.
9. Work to develop tools specifically adapted for combat sports must be carried out in order to assist everyone involved with these sports to better recognize physical contact that may cause a concussion.

3.2 REMOVE

A participant must be **immediately removed** from an activity, practice or game following an impact to the body or head during violent contact, a collision or a fall causing a back-and-forth movement or a jolt to the head, **whether or not symptoms have appeared**, and **even if they were wearing protective equipment**. Among other measures, the participant must not resume any activity involving a risk of head contact, collisions or falls on the same day.

From the time of the event, **an observation period of at least 24 to 48 hours** must take place in order to recognize the presence of signs and symptoms, even if there were none in the minutes following the incident.

Presence in class

If **symptoms** are present following an event involving a risk of concussion, it is also recommended that participants who attend school be removed from school for a minimum of 24 hours.

In the **absence of immediate symptoms**, class attendance can continue, but participants should avoid physical education and health courses as well as any other activity involving a risk of violent contact, a collision or a fall in the 24 to 48 hours following an event involving a risk of concussion. As symptoms may appear later, the participant's teacher must also be made aware of the situation in order to closely monitor the appearance of symptoms requiring a removal from learning, physical and sports activities.

Student job

Participants who are old enough to have a student job must also refrain from going to work during their rehabilitation process. They must prioritize their recovery throughout a progressive return to learning activities or to physical and sports activities, in particular if the job in question requires too much physical effort or a significant cognitive effort.

The idea of "removal" covers **not participating in any activity, including unstructured activities, with a risk of contact, collisions or falls, or that requires a significant cognitive effort**, for the entire 24- to 48- hour observation period.

The following are some other examples of activities or situations that may require a participant to be removed:

- participation in extracurricular or community activities
- free play at recess
- participation in unorganized sports or recreational activities (e.g. trampoline at home, bicycle, scooter).

4 Observation and management

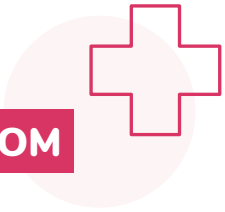
It is important to **observe** and **record** the changes in a participant's state of health following an incident involving an impact to the head or body during violent contact, a collision or a fall causing a back-and-forth movement or a jolt to the head. This observation allows the participant to be directed to the appropriate resources, meaning to emergency medical care or a qualified healthcare professional. Initial management of an injured participant varies based on the specifics of the scenario.

It is therefore essential to verify the signs and symptoms by paying close attention to the following aspects:

- presence of **warning signs**
- presence of **signs and symptoms immediately after the impact**
- presence of **symptoms several hours after the incident**. In fact, **the absence of symptoms immediately after an incident is not necessarily a reliable indicator** because the symptoms may emerge up to 48 hours after the impact.

The following section presents the different warning signs, as well as signs and symptoms that a person with a concussion may exhibit. As some symptoms can be observed by others and some symptoms can only be self-reported by the injured person, it is relevant to divide the symptoms into categories.

4.1 IN THE PRESENCE OF WARNING SIGNS, CALL 9-1-1 OR GO TO THE EMERGENCY ROOM



If **at least one** of the following warning signs is identified or reported after an impact to the head or body during violent contact, a collision or a fall causing a back-and-forth movement or a jolt to the head, the participant must:

- Be transported to receive emergency medical care from a healthcare professional.
- As soon as possible, start applying the strategies for returning to learning activities (RLA) and to physical and sports activities (RPSA) described in the **tracking sheet**. If the participant is a young person, the application of this protocol must be managed by their parents or guardian.

If warning signs are present, the role of activity supervisors or the person responsible for well-being, health and safety is to call emergency services, or, if they must remain with the victim, to ensure that another person is responsible for calling. The situation must immediately be addressed by those present at the site of the incident.

Refer to the glossary for specific definitions of "Activity supervisor" and "Person responsible for well-being, health and safety."

PHYSICAL SYMPTOMS

OBSERVABLE

- Repeated vomiting
- Convulsions (uncontrollable and repeated movements of the body), epileptic seizure
- Difficulty speaking or walking
- Deformation of the skull

IDENTIFIABLE

- Severe or worsening headache
- Double vision or loss of vision
- Weakness, tingling or burning feeling in more than one arm or leg
- Pain or sensitivity in the neck

COGNITIVE SYMPTOMS

OBSERVABLE

- Deteriorating state of alertness[10] (e.g. difficulty staying awake [significant drowsiness], becoming less responsive, confusion, loss of consciousness)
- Difficulty recognizing people or places

EMOTIONAL SYMPTOMS

OBSERVABLE

- Appearance of unusual behaviour
- Increasing agitation, aggressiveness or combativeness
- In young children (aged 0 to 5),[11] excessive crying

In the presence of **warning signs**, some specific instructions apply:

- Do not move the participant (except to clear the respiratory tract), unless you have been trained to do so.
- Do not remove the participant's helmet (if worn) or any other equipment, unless you have been trained to do so.
- In all cases of head injury, assume that there is a possibility of a severe neck injury.

10. May also be called "state of consciousness," depending on the resource.
11. For more information on concussions in early childhood, see the COCO project tools: *Concussions in Early Childhood: Tools to give a voice to young children*, **https://coco.umontreal.ca/**

4.2 IN THE PRESENCE OF SIGNS AND SYMPTOMS CONSULTING A HEALTHCARE PROFESSIONAL IS REQUIRED[12]



If **at least one** of the following symptoms is reported after an impact to the head or body during violent contact, a collision or a fall causing a back-and-forth movement or a jolt to the head, the participant must:

- Be assessed by a qualified healthcare professional as soon as possible.
- As soon as possible, start applying the strategies for returning to learning activities (RLA) and to physical and sports activities (RPSA) described in the **tracking sheet**. If the participant is a young person, the application of this protocol must be managed by their parents or guardian.

PHYSICAL SYMPTOMS

OBSERVABLE

- Fatigue or lack of energy
- Drowsiness or sleep disorders (e.g. difficulty falling asleep)
- Trouble with balance (e.g. inability to balance on one leg)

IDENTIFIABLE

- Headache or feeling of pressure “in the head”
- Dizziness or vertigo
- Cloudy or blurred vision
- Sensitivity to light or noise
- Nausea, which may lead to vomiting
- Neck pain

COGNITIVE SYMPTOMS

OBSERVABLE

- Concentration or attention problems

IDENTIFIABLE

- Feeling slowed down
- Memory problems, difficulty understanding or remembering information
- Feeling of being in a fog

EMOTIONAL SYMPTOMS

OBSERVABLE

- Feeling abnormally emotional (e.g. anxiety, irritability, sadness, abnormally intense emotions, symptoms of depression)

IDENTIFIABLE

- Feeling “out of sorts”

12. More details, as well as information on the roles of various healthcare professionals, are available in **Section 6** of this document.

The same procedure applies if **at least one** of the following signs is observed after an impact to the head or body during violent contact, a collision or a fall causing a back-and-forth movement or a jolt to the head:

SIGNS

- Lying motionless on the ground
- Inability to respond appropriately to questions
- Slowness in getting up after a direct or indirect blow to the head
- Coordination problems
- Facial injury

In the presence of **signs and symptoms**, the participant:

- Must not be left alone for at least the first three hours.
- Must be accompanied on their return home.
- Must not drive a motor vehicle.
- Must be in the presence of a responsible adult.

It is normal to feel one or more symptoms after an incident; the type of symptoms may vary from one individual to the next.

In the presence of symptoms

Start applying the strategies for returning to learning activities (RLA) and to physical and sports activities (RPSA) as soon as possible



When symptoms appear immediately or up to 48 hours after an impact to the body or head during violent contact, a collision or a fall causing a back-and-forth movement or a jolt to the head, the person affected must follow a specific sequence of steps as part of a p**rogressive return to their activities**. These are grouped together under the name: "Strategies for returning to learning activities and to physical and sports activities."

Section 5, "Progressive Return to Activities," presents these strategies for gradually resuming all of the activities a person participated in prior to their concussion. It is important to review this information to understand the steps to be taken during the recovery process.

4.3 IN THE ABSENCE OF IMMEDIATE SYMPTOMS

Preventative approach – 24 to 48 hours

When a participant has been removed from an activity following an impact to the head or body during violent contact, a collision or a fall causing a back-and-forth movement or a jolt to the head, **but no immediate symptoms have been observed**, it is necessary to adopt a preventative approach in the 24 to 48 hours following the event presenting a risk. During this period, the participant can:

CONTINUE

- intellectual and learning activities at home (e.g. doing homework or reading – **however, screen time must be strictly kept to the minimum required**, meaning for essential school work, in the case of a student)
- light physical activities involving no risk (e.g. taking a walk)
- class attendance[13]

AVOID (for 24 to 48 hours)

- any activity involving a risk of contact, collisions or falls (e.g. physical education and health courses, sports activities at recess, some extracurricular or community activities)
- participation in organized sports, even if there is a low risk of impact
- significant amounts of screen time for entertainment (e.g. video games, social media, computer, television)

Remember that the absence of immediate symptoms is not necessarily a reliable indicator because the symptoms may emerge up to 48 hours after the impact. Therefore, it is recommended that participants under 14 years old adopt a preventative approach for the maximum duration, meaning 48 hours.

The participant can resume all of their prior activities **if no symptoms have appeared after a waiting period of 24 to 48 hours.** However, if the participant was not previously assessed by a healthcare professional, they should be cautious and resume activities gradually, depending on their level of tolerance and the changes in their state of health. The participant must also prioritize returning to learning activities before sports activities.

13. Participation in physical education and health courses as well as in any other activity involving a risk of violent contact, a collision or a fall (e.g. recess, extracurricular activities) should be avoided. Class attendance can continue; however, the student's teacher should be made aware of the situation in order to closely monitor the appearance of symptoms that may indicate a concussion and require removal from learning, physical and sports activities.

5 Progressive return to activities

Strategies for returning to all activities:

- **Return to learning activities (RLA)**
- **Return to physical and sports activities[14] (RPSA)**

As soon as warning signs, signs or symptoms of concussion appear, even if they disappear a few hours after the incident, it is important to apply the strategies for returning to activities. These strategies specify the goal the participant should achieve in each step, provide examples of activities to carry out (presented in **Appendix 1**) and provide a recommended percentage of effort,[15] based on the participant's normal capacity. This information makes it easier to adjust the intensity of an activity, to understand the effort required and to monitor the participant's progression through the steps, in order to not exceed the recommendations.

The **tracking sheet** provides a useful summary of the procedure for returning progressively to activities and provides an overall view of the changes in the participant's state of health. The participant should start applying the strategies for returning to learning activities (RLA) and to physical and sports activities (RPSA) as soon as possible. This sheet is used to track the participant's recovery and to record changes in symptoms at each step. Additional information related to the **tracking sheet** is provided in Section 8. **In order to determine the progress of recovery and plan for a return to normal activities, all of these steps must be taken.**

In fact, the implementation of strategies for returning to learning, physical and sports activities is at the heart of the recovery process following a concussion, as they encourage a gradual increase in the intensity of activities when moving from one step to the next.

14. Recreational, educational, outdoor, etc.
15. The "effort pie charts" used in various places in this document, are drawn from the work of the Montreal Children's Hospital, *Concussion Kit – 4th Edition*, 2023, **montrealchildrenshospital.ca/wp-content/uploads/2024/04/2023_sports-cards_generic_web_en.pdf**.

It is important to speak to a healthcare professional **if there is no progress** in a participant's health condition, if the participant has difficulty moving on to another step after several attempts or if symptoms are worsening. Consulting a qualified healthcare professional must also be seriously considered in a case where the participant's state of health does not improve much after two weeks, or if there are any other ongoing concerns. A completed **tracking sheet** is a key tool to share with a healthcare professional during a consultation; it allows the professional to suggest adjustments to better guide progress.



When these steps are taken, the chances of a full recovery are improved by a gradual return to all activities. The following problems are then avoided:

- risks associated with a second impact
- other injuries
- long-term symptoms or after-effects



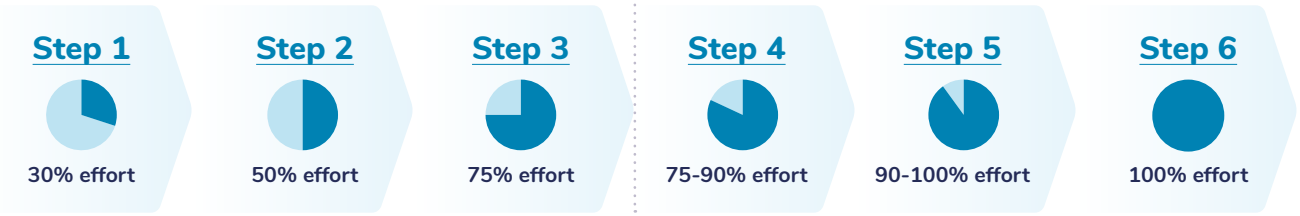
It is important to pay attention to energy management and to respect the participant's level of fatigue and need for sleep, throughout the return to activities.

The strategies for returning to learning activities and to physical and sports activities are applied in parallel, step by step, according to the following model:

Return to learning activities (RLA)

Step 1 → **Step 2** → **Step 3** → **Step 4**

Return to physical and sports activities (RPSA)



The following section provides more details on the goals and the progression of the steps for **returning to learning activities (RLA) and to physical and sports activities (RPSA)**, as shown in the previous diagram. Recommendations on the activities to carry out are included in a table in the appendix. They provide examples that can be implemented in different learning contexts or in different sports and physical activities.

Progress through the steps

To better support the participant as they progress through these steps, it is important to understand that:

- The minimum duration between each RPSA step must be **24 hours**, whereas the minimum duration of RLA steps can vary based on the progression of symptoms.
- It is important to work through all of the steps in the order given before returning to all learning, physical and sports activities.
- The participant cannot move to the next step before the previous step is complete, as progressing too quickly may actually slow down recovery.
- Steps 4 to 6 of the RPSA should only be started once all the steps of the RLA have been completed, meaning once all symptoms have resolved and the participant has resumed learning at 100% of their capability, without adaptation measures.

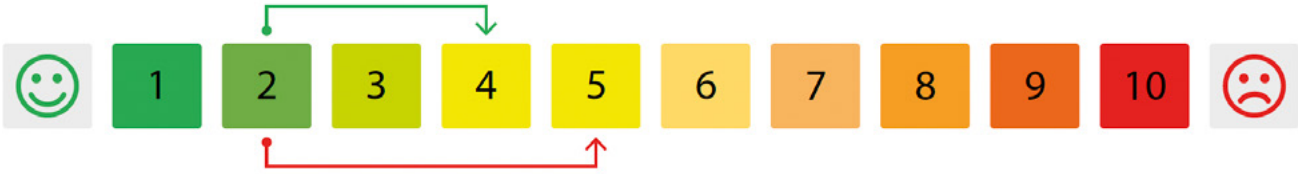
Therefore, Step 4 of the RPSA cannot be started before Step 4 of the RLA has been completed.

In order to successfully complete a step and move to the next one, the following conditions must be met:

- There must be no significant increase in symptoms during the step.
- No new symptoms must have appeared.

In order for a step to be considered complete, the increase in activity intensity must be well-tolerated by the participant, in both learning activities and physical and sports activities.

The scale below, drawn from the work of the Institut national d'excellence en santé et en services sociaux (INESSS),[16] allows the intensity of symptoms and the degree to which they increase to be evaluated.



A significant increase in symptoms means an increase of more than 2 points on a scale of 1 to 10 for a given symptom. For example, if a symptom goes from an intensity of 2 to an intensity of 4, this increase is not significant and can be tolerated, provided that the symptoms return to their starting level in the hours after the activity has ended. **On the other hand, if the intensity of the symptom increases from 2 to 5 (or more), this increase of three points is considered significant and must be addressed. In this case, the participant cannot move to the next step.** First, the participant should stop and wait for the symptom or symptoms to return to the initial level, then attempt the step again at an appropriate time, with the intensity lightly reduced if necessary.

The participant must consult a healthcare professional **if they have difficulty successfully completing the steps** for resuming activities, meaning if no progress has been observed after several attempts.[17]

16. Québec, Institut national d'excellence en santé et en service sociaux, *Mild Traumatic Brain Injury – Pamphlet*, 2024, inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Traumatologie/INESSS_TCCL_Depliant_ANG.pdf.
17. The duration of each step may vary significantly between individuals; therefore, the best indicator of changes in a participants' health condition is their progression. Remaining at the same step for a significant amount of time is a sign that must be taken seriously, and which indicates that a consultation with a healthcare professional is necessary and justified.

5.1 STEP 1 OF THE RLA AND THE RPSA

Active rest | Manage energy

Following an incident causing an impact to the body or head, **it is essential to start Step 1 without delay**.

Step 1 is carried out in the 24 to 48 hours following the incident, for both the return to learning activities strategy and the return to physical and sports activities strategy. **This step is compulsory, whether or not symptoms appear immediately.**

- If **symptoms** are present, a participant who is attending school must be temporarily removed from school, in order to reduce their exposure to a noisy and overstimulating environment.
- In the **absence of immediate symptoms**, class attendance can continue, but participants should avoid physical education and health courses as well as any other activity involving a risk of violent contact, a collision or a fall in the 24 to 48 hours following an event involving a risk of concussion. As symptoms may appear later, the participant's teacher must also be made aware of the situation in order to closely monitor the appearance of symptoms requiring a removal from learning, physical and sports activities.

Unless symptoms worsen or the participant receives a medical opinion indicating otherwise, absence from school should be limited to one or two days.

This step is referred to as "active rest," as it is necessary for the participant to engage in daily life activities at their own pace during this period, by taking things slowly and only engaging in activities involving no risk of contact, collisions or falls. For example, it is possible to participate in calm activities, such as listening to soft music or to audio books, while activities that require significant concentration, reflection and memory, such as attending school, should be avoided for the first 24 to 48 hours. Screen time should be limited to the minimum required.



During this step, the effort used for physical and sports activities should be approximately **30% of normal physical capacity**, which means very low-intensity activities.

It is important to play close attention to the symptoms that are already present, but also to the appearance of new symptoms as well as their intensity. The **assessment scale** presented earlier in this document can be referred to for tracking the intensity of symptoms and their variation.

Appendix 1 provides examples of activities that can be carried out during each of the steps of the strategies for returning to learning, physical and sports activities, as well as details on how the intensity should progress at each step.

5.2 STEP 2 AND 3 OF THE RLA AND STEP 2 OF THE RPSA

Move | Manage energy

The second step aims for a partial return to educational and physical activities. However, it is important to remain attentive to the participant's level of tolerance and a potential increase in their symptoms, and to respect the participant's energy level throughout their recovery.

At this time, Step 2 of the RPSA and of the RLA can start simultaneously, but their progress will not necessarily be the same. It is important to remember that the duration between each step of the RPSA must be **a minimum of 24 hours**, while the corresponding duration in the RLA can vary and will therefore be different depending on the progression of symptoms. Therefore, it is possible that the RLA will progress slightly more quickly than the RPSA.[18]



During this step, the effort used for physical and sports activities should be approximately **50% of normal physical capacity**, which corresponds to light to moderate aerobic effort.

In practice, the goals to achieve in this step are the following:

- **On the cognitive level (RLA):** increased tolerance for cognitive work
- **On the physical level (RPSA):** increased heart rate

18. For example, a participant may be ready to move to Step 4 of the RLA but not Step 3 of the RPSA; progressing through the two strategies for returning to activities takes place in parallel but they are not interdependent.

5.3 STEP 4 OF THE RLA AND STEP 3 OF THE RPSA

Risk-free activities | Manage energy

To successfully complete the third step of the strategy for returning to physical and sports activities (RPSA), the participant must have carried out a complete return to learning activities (RLA) with no adaptation measures, as well as a return to class if they attend school. Considering this condition, the duration of the RPSA step may vary and may be longer for some participants.



During this step, the effort used for physical and sports activities should be approximately **75% of normal physical capacity**, which means light to moderate aerobic effort.

In practice, the goals to achieve in this step are the following:

- **On the cognitive level (RLA):** returning to normal learning activities without adaptation measures, meaning returning to all pedagogical activities and catching up academically. A complete return is carried out during this step.
- **On the physical level (RPSA):** adding specific movements, changes of direction and an increase in intensity



To move to Step 4 of the RPSA:

- The symptoms must have disappeared.
- The RLA must have been completed **without** accommodations.



Additionally, if **symptoms reappear** during Steps 4, 5 and 6 of the RPSA, it is important to stop and return to Step 3. It is essential to wait for symptoms to resolve entirely before returning to activities with a risk of contact, collisions or falls.

5.4 STEP 4 OF THE RPSA

Sports training without contact

After the RLA has been completed without adaptation measures, it is possible to start Step 4 of the RPSA.

At this time, the participant's sports organization may ask for an authorization from a healthcare professional. Obtaining this authorization is recommended before starting the fourth step of the RPSA. **Section 6**, "Assessment by a Healthcare Professional," explains the need for the participant to speak to a qualified healthcare professional to obtain this authorization.

In all cases, **it is recommended to get an authorization from a qualified healthcare professional before starting Step 4**, in particular when returning to physical and sports activities involving a risk of contact, collisions or falls.



During this step, the effort used for physical and sports activities should be approximately **75-90% of normal physical capacity**, meaning exercise that gradually reaches a high intensity but without contact.

In practice, the goals to achieve in this step are the following:

- **On the physical level (RPSA):** returning to exercise at the normal intensity, with the standard expectation of coordination and cognitive load related to the sport, while avoiding any situations involving a risk of contact, collisions or falls

5.5 STEP 5 OF THE RPSA

Training with contact

At this step, returning to an environment with contact is permitted. Therefore, it is possible to once again participate in a full training session with a team and to resume activities involving a risk of contact, collisions or falls. However, before allowing these activities, it is important to ensure that the participant is ready and has successfully completed the previous steps, so that their athletic abilities have returned to the same level as before the concussion. It is also key to **be attentive and to ensure that no symptoms reappear** following this training.



During this step, the effort used for physical and sports activities should be approximately **90-100% of normal physical capacity**, which means a return to normal training, including situations involving a risk of contact, collisions or falls (if this is normal in the sport), but without participation in competitions.

In practice, the goals to achieve in this step are the following:

- **On the physical level (RPSA):** regaining self-confidence and having a coach assess functional skills

5.6 STEP 6 OF THE RPSA

Complete return to sports without any restrictions or adaptation measures

In practice, the goals to achieve in this step are the following:

- **On the physical level (RPSA):** resuming the specific sport, including competitions, as well as returning to all sports activities



During this step, the effort used for physical and sports activities should be approximately **90-100% of normal physical capacity**, which means a complete return to sports and all related physical and sports activities, including competitions.

6 Assessment by a healthcare professional

It is **necessary** to receive emergency medical care immediately when **at least one** of the **warning signs** listed earlier is identified or reported following an impact to the head or body during violent contact, a collision or a fall. Additionally, if one of the signs or symptoms of a concussion is observed following a situation involving a risk of concussion, the participant must be assessed by a healthcare professional as quickly as possible. However, other conditions also require consulting a qualified healthcare professional in order to ensure appropriate progress towards recovery. Since the length of this process can vary greatly from one individual to another, it is difficult to give a time frame.

The presence of some indicators may, however, justify the need for further consultation with a qualified healthcare professional as soon as possible.

Therefore, it is important that the participant consult a qualified healthcare professional again in the following circumstances:

- if there has been **no progression** in the participant's state of health since the incident and the start of the application of the protocol
- if the participant does not successfully complete the steps despite adjusting the intensity of their activities, even after several attempts
- if their state of health deteriorates
- if their state of health has not significantly improved after two weeks
- if symptoms persist one month after the incident
- for any concerns about their state of health

6.1 RESOURCES

The following table provides information to help a participant and their family choose the qualified healthcare professional best able to deal with the situation, meet the participant's needs and provide the type of follow-up sought during the consultation.

In contexts where a professional healthcare team (e.g. athletic therapist, physiotherapist, kinesiologist) with concussion-related expertise working under medical supervision is present, this protocol can be applied with some flexibility, in order to leave room for professional clinical judgment.

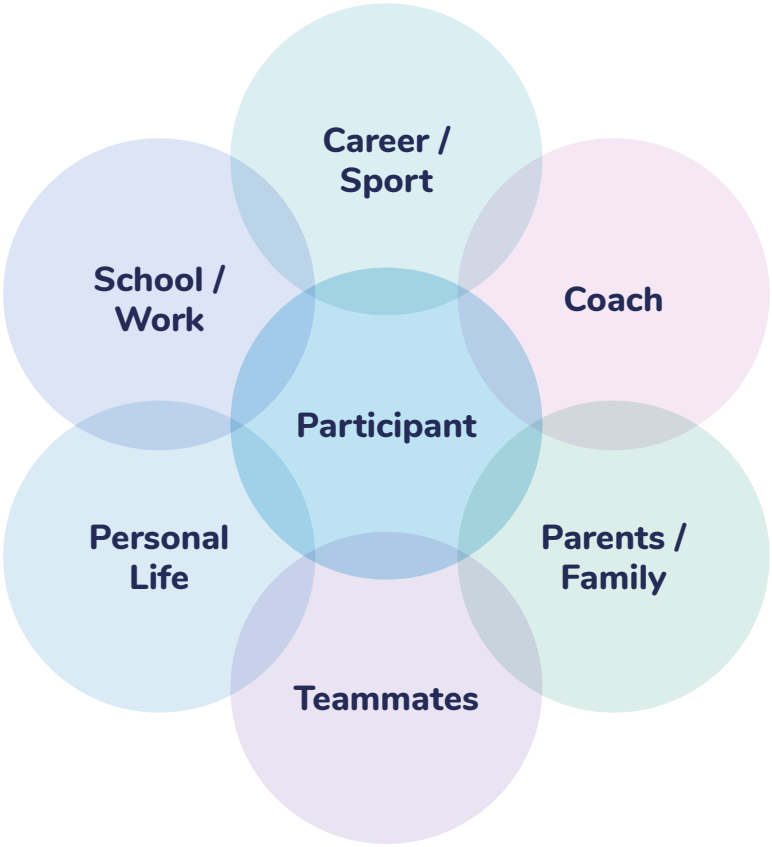
Note that even when a qualified healthcare professional with concussion-related expertise is present, **the protocol still applies. It also must be followed when there is no healthcare professional present.**

HEALTHCARE PROFESSIONALS	Diagnosis, evaluation or clinical assessment	Authorization for returning to play the specific sport or to physical and sports activities	Support during the RLA/RPSA steps	Management of physical symptoms	Management of cognitive or emotional symptoms
Physician	x	x		x	x
Nurse practitioner	x	x	x	x	x
Physiotherapist[19, 20]	x	x	x	x	
Occupational therapist[21]					x
Chiropractor[22, 23]	x		x	x	
Athletic therapist[24]		x[25]	x	x	
Neuropsychologist	x		x	x	x
Kinesiologist[26]			x		
Physical education and health teacher			x		

19. Collège des médecins du Québec, *Autorisation de la reprise d'activités sportives après un TCCL ou une commotion cérébrale: mise au point relative à l'apport des physiothérapeutes*, March 24, 2025, cms.cmq.org/files/documents/Avis-et-prises-de-position/avis-CMQ-OPPQ_TCCL-CC.pdf (in French).
20. Ordre professionnel de la physiothérapie du Québec, "Commotions cérébrales et TCCL: les physiothérapeutes peuvent autoriser la reprise d'activités sportives," April 16, 2025, oppq.qc.ca/membres/actualites-et-dossiers/tccl-autorisation-reprise-sport/ (in French).
21. Ordre des ergothérapeutes du Québec, "Qu'est-ce que l'ergothérapie?," 2025, oeq.org/m-informer/qu-est-ce-que-l-ergotherapie.html (in French).
22. Ordre des chiropraticiens du Québec, "Chiropractors' role and responsibilities," 2025, https://www.ordredeschiropraticiens.ca/en/public-protection/chiropractors-role-and-responsibilities/.
23. Canadian Chiropractic Association, *Position statement: Assessment, diagnosis and management of mild traumatic brain injury/concussion*, 2025, chiropractic.on.ca/wp-content/uploads/Final-CCA-CCGI_Concussion-PostionsStatement_Bilingual.pdf.
24. Collège des médecins du Québec, *Autorisation, par les thérapeutes du sport, de la reprise d'activités sportives après un diagnostic de trauma craniocérébral léger (TCCL) ou de commotion cérébrale (CC)*, January 9, 2025, cms.cmq.org/files/documents/Avis-et-prises-de-position/avis-TCCL-CC-20250108.pdf (in French).
25. Please see the attached note on this topic.
26. Fédération des kinésiologues du Québec, "Learn More –The Kinesiologist," kinesiologue.com/en/le-kinesiologue.

7 Communication and collaboration

Communication and collaboration between all of the stakeholders surrounding the participant play a key role in the steps to recovery.



Everyone involved, directly or indirectly, with an incident that may cause a concussion has a role to play and has responsibilities in the participant's recovery process.

Here are a few examples:

Role and responsibilities of the participant

- Recognize that an impact to the head or body during violent contact, a collision or a fall puts an individual at risk of a concussion.
- Report an incident or a situation with a concussion risk, whether they are the victim or a witness.
- Withdraw from an activity in order to monitor the changes in their state of health for the next 24 to 48 hours, knowing that symptoms can appear later.
- Report any symptoms that may be related to a concussion.
- Follow the instructions given by a qualified healthcare professional, if applicable, and carry out the steps of the strategies for returning to learning activities (RLA) and to physical and sports activities (RPSA) from the Concussion Management Protocol.
- Fill out the **tracking sheet** in order to record recovery progress and report on the progression of the steps for the progressive return to activities.
- Keep the people around them informed of changes to their state of health (see the image above).

Role and responsibilities of the parent or guardian

- Be aware of the state of health of the young person and monitor changes in symptoms, especially in the 24 to 48 hours following the incident, and refer to the Concussion Management Protocol and the **tracking sheet** in order to have a good understanding of the possible symptoms and manifestations of this type of injury.
- Take the steps needed to obtain proper health care, if necessary.
- With the agreement of the young person, update the stakeholders from different contexts (e.g. student employer, person responsible for activities, school) about their state of health if it is impossible for the participant to do so.
- Encourage the return to activities in line with the advice provided by a qualified healthcare professional, if necessary, and support the young person in carrying out the steps of the strategies given in the Concussion Management Protocol for returning to learning activities (RLA) and to physical and sports activities (RPSA).
- Act as a reassuring figure for the young person.
- Stay alert for the appearance of psychological signs (e.g. anxiety, depression).

Role and responsibilities of the person responsible for well-being, health and safety, as well as activity supervisors

- Ensure that the participant is removed from the activity following an impact to the head or body during violent contact, a collision or a fall, which has put them at risk of a concussion.
- Ensure that symptoms are checked after the participant is removed from the activity and monitor the changes in their state of health.
- If warning signs are present, call 9-1-1 or ensure that another person has done so.
- If the participant is a minor:
  - under 14 years of age: As soon as possible, notify the participant's parents or legal guardian of the incident.
  - 14 years of age or older: The participant can consent to care required by their state of health, so their approval must be obtained before contacting their parents or legal guardian, but there are exceptions.[27]
- With the consent of the participant or their parents, if the participant is a minor, inform all the staff involved of the participant's condition and describe the measures that must be implemented.
- Facilitate the application of the procedure based on the advice of the qualified healthcare professional, if one has been consulted, and the Concussion Management Protocol.

Role and responsibilities of the person responsible for applying the protocol in an educational institution

- Inform and equip the staff (updated protocol and **tracking sheet**)
- Coordinate the actions of the school staff while a participant is returning to learning, physical and sports activities

Memory aids are available online at **Quebec.ca/commotion**, in order to provide more information on the roles for the person responsible at each educational level.

Role and responsibilities of facility managers

- Record the incident in the appropriate injury log.
- Analyze the incidents and add new preventative measures, if necessary.
- Support the staff who are involved in applying the procedure based on the advice of the qualified healthcare professional, if one has been consulted, and the Concussion Management Protocol.
- Raise awareness among all facility staff and users, in particular by posting preventative measures.

27. "Medical Decisions for Children 14 to 17 Years Old," *Éducaloi*, **https://educaloi.qc.ca/en/capsules/medical-decisions-for-children-14-to-17-years-old/**.

Role and responsibilities of the teacher

For participants who are attending school, teachers have an important role to play, especially regarding the return to learning activities. The teacher must:

- Understand the repercussions that a concussion may have on a student's ability to function in a school environment.
- Support a school-aged participant in the process of returning to learning activities by allowing them to use some adaptation measures, such as by temporarily giving them more time for school work or exams, if necessary, or by allowing a student to write their exams in a calm environment.
- Be aware of the possible signs and symptoms of a concussion and refer to the Concussion Management Protocol if necessary.

Role and responsibilities of a physical education and health teacher

These teachers have a more specific role to play in the return to physical and sports activities. They must:

- Be familiar with the Concussion Management Protocol and refer to it in order to help school-aged participants gradually return to physical and sports activities.
- Take into consideration changes in the participant's state of health as well as the information recorded by the participant in their **tracking sheet**, with the goal of adapting the intensity of the activity.
- Guide the participant through the steps of the strategies for returning to physical and sports activities (RPSA), when asked to do so.
- Support participants who are attending school in implementing strategies for returning to learning activities (RLA), in particular and if necessary, by acting as a bridge between the teachers involved in rehabilitation and the participant.

8 Tracking sheet

The **tracking sheet** aims to facilitate sharing information among all parties concerned, including the participant, their parents or guardian, healthcare professionals and anyone else with responsibility in the contexts concerned. The role of the **tracking sheet** is to:

- Record information about the incident, especially in cases where there were no witnesses to the event or where the participant does not remember the details of the event.
- Record the symptoms as well as their changes in intensity over time.
- Record the progressive return to activities (learning, physical and sports) and provide support during this process.
- Guide the participant and the people around them on the approach to follow and support them during the recovery process.
- Facilitate the transmission of information for all parties concerned, meaning the participant and the people around them, as well as a qualified healthcare professional, if necessary, and the people who are responsible in the contexts concerned (e.g. stakeholders in education, sports environments).

When a situation involving a risk of concussion occurs, it is recommended that organizations inform the participant, or the participant and their family, depending on the context, of the necessary follow-up. At that time, it is advisable to provide as much information as possible about the Concussion Management Protocol, in particular by consulting the **Quebec.ca/commotion** website, managed by the Ministère de l'Éducation du Québec, where all the Ministère's tools for managing concussions are published.

Additional information

When a participant is removed from an activity following an impact to the body or head during violent contact, a collision or a fall causing a back-and-forth movement or a jolt to the head, several best practices need to be put into place. First, if the incident took place in an educational institution or within a sports or recreation organization, the **tracking sheet** must be filled out by the person responsible for concussions or for health and safety in that environment, with the assistance of a person who witnessed the event, if there is one. For a participant attending school, **it is recommended that the tracking sheet be shared with professionals in the educational institution and teachers working with the participant in order to ensure that any necessary adaptation measures are implemented.**

The first section of the **tracking sheet** is filled out to record the warning signs as well as the signs and symptoms that may be observed and to determine if emergency measures need to be implemented. Next, a copy of the sheet is provided to the participant and their parents or guardian, if the participant is younger than 14 years old, so that the monitoring period can continue at home. If the participant is a minor but is over 14 years old, they must first consent to the release of information before a copy of the **tracking sheet** can be given to their parents.[28]

The second section of the **tracking sheet** addresses the progressive return to activities, based on the steps planned in the strategies for returning to learning activities (RLA) and to physical and sports activities (RPSA). It serves to record the activities carried out in each step while performing them, as well as any changes in symptoms.

In the following days, the participant, along with their family or other stakeholders, **record on the tracking sheet**:

- changes in the participant's symptoms
- observations on the activities resumed according to steps completed or steps in progress
- changes in the intensity of symptoms when adding activities and when moving from one step to the other
- any other information deemed relevant to the recovery process

When the participant is a young person, it is still important to communicate, throughout the process, with the stakeholders around them concerning their medical condition and any changes to it. This facilitates the implementation of adaptation measures to support the application of the protocol and promote recovery. Again, if the young person is under 14 years of age, this communication can take place at the discretion of the parents or legal guardian. However, if the young person is older than 14, their consent is required before releasing information on their state of health to a third party.

28. "Medical Decisions for Children 14 to 17 Years Old," Éducaloi. https://educaloi.qc.ca/en/capsules/medical-decisions-for-children-14-to-17-years-old/.

9 Appendices

9.1 APPENDIX 1

Examples of activities and the progression of their intensity as part of the strategies for returning to learning, physical and sports activities, adapted for young people attending school

Recommendations for young people regarding the activities they can perform throughout the process of returning to activities, as well as their intensity, are listed for each step in the tables below. However, the possibilities are not limited to the activities presented here, and alternatives that are more specific and adapted to a given sport can also be carried out. The same applies to the activities that the participant should avoid: it is impossible to name every applicable example and therefore the examples provided here are neither exhaustive nor limiting.



Step 1 of the RLA and the RPSA

TO DO

RETURN TO LEARNING ACTIVITIES

Duration: 24 to 48 hours

1

- Light learning activity at home, such as reading or short periods of homework, while limiting exposure to screens
- Starting with 5-to-15-minute sessions, then increasing gradually
- One cognitive activity at a time, with short pauses in case symptoms appear

RETURN TO PHYSICAL AND SPORTS ACTIVITIES

Duration: 24 to 48 hours



Effort: 30% of normal capacity

1

- Everyday activities at home (e.g. walking, making the bed, emptying the dishwasher, socializing, preparing meals, walking the dog)
- Short periods of physical activity (5 to 15 minutes) to start

TO AVOID

RETURN TO LEARNING ACTIVITIES

1

- Student job, volunteering
- Significant amounts of screen time (e.g. video games, social media, computer, television)
- Any work involving reflection and requiring a significant amount of concentration

RETURN TO PHYSICAL AND SPORTS ACTIVITIES

1

- Returning to play
- Constant increase in the intensity of activities despite an increase in symptoms
- Periods of activity that are too long
- Activities with a risk of impact to the head or risk of falls (e.g. biking, playing ball)

Step 2 and 3 of the RLA and Step 2 of the RPSA

TO DO

RETURN TO LEARNING ACTIVITIES

Variable duration, based on the intensity of symptoms and the adaptation measures necessary for returning to school

2

If significant cognitive symptoms persist:

- spend short periods of time on homework, reading or any other cognitive activity outside of class
- continue to take short breaks if symptoms are present
- obtain permission to leave class in order to reduce symptoms
- obtain permission to leave school early if symptoms have increased
- obtain access to a calmer area for meals or some school work
- gradually increase screen time, 5 to 15 minutes at a time
- gradually increase amount of cognitive activities if symptoms do not worsen more than 2 points on a scale of 0 to 10 points.[29]

Gradual return to school (1 to 2 half days, for example) up to a full-time return

- Returning to courses with a greater cognitive load (such as mathematics, sciences and second languages) should not take place as soon as the student returns to class. The student must start by working on homework for these classes so that the state of their symptoms during this type of cognitive task can be observed.
- Returning to school gradually also makes it possible to verify whether the student is able to tolerate a louder and brighter environment.
- Temporary permission should be granted to the student for a slightly later arrival to school or slightly earlier departure from school.

RETURN TO PHYSICAL AND SPORTS ACTIVITIES

Minimum duration of 24 hours



Effort: 50% of normal capacity

2

- Sports activities **without a risk of contact, collisions or falls**, especially aerobic activities at a **low intensity** (up to 55% of the maximum heart rate) to **moderate intensity** (up to 70% of the maximum heart rate), outside of a sports facility and practiced alone
- The goal is to practice activities without a risk of injury where the participant feels a slight shortness of breath and to respect the following requirements:
  - **minimum frequency:** every 2 days
  - **maximum frequency:** 6 days out of 7, if this step lasts longer than 24 hours
  - **duration:** 20-30 minutes, increasing by 5 to 10 minutes each time, with no new symptoms appearing if the person is otherwise asymptomatic, or with a maximum increase of 2 points on a 0 to 10 scale[30]
  - walking, light jogging, stationary bike
  - warm-up circuit (such as an ankle circuit without jumps)
  - walking around a gymnasium, followed by integrating intervals of light jogging
  - light jogging on a flat, even surface after warming up by walking for several minutes

↓ Cont. ↓

29. An increase in symptoms is tolerated so long as it remains minor (maximum of 2 points on the scale of perception) and brief.
30. It is important to be aware that the level of intensity required to raise the heart rate and feel slightly short of breath is not the same for everyone.

↓ Cont. ↓

RETURN TO LEARNING ACTIVITIES

3

Complete return to class with adaptation measures

- For subjects that require a greater cognitive effort: when homework remains difficult (i.e. when completing the work requires a significantly longer time than usual or there is a significant increase in symptoms), students who are present in class for these subjects must be provided with adaptation measures.
- A student should be allowed to have a reduced workload during their first full week back at school.

Examples of adaptation measures:

- Allow more time for school work.
- Allow more time for exams.
- Modify the exam schedule to add a day without evaluations between two days of tests.
- Allow access to a quiet place to do tests.
- Facilitate taking notes, for example, by providing a course plan or notes ahead of time to a young person returning to class or allow them to photocopy another student's notes.

Step 2 of the RPSA and of the RLA can start simultaneously, but their progress will not necessarily be the same. For example, a participant may be ready to move to Step 3 of the RLA but not Step 3 of the RPSA. As shown in the table, the strategies for returning to learning activities and those for returning to physical and sports activities take place in parallel but are not interdependent.







TO AVOID

RETURN TO LEARNING ACTIVITIES

2

- Student job, volunteering
- Increasing cognitive effort too rapidly
- Refusal to gradually increase screen time

3

- Failure to consider that adaptation measures can be used at school when necessary
- Lack of care regarding symptoms

RETURN TO PHYSICAL AND SPORTS ACTIVITIES

2

- Activities with a risk of falls or contact (for elementary school students, this may include any game at recess presenting a risk as well as extracurricular activities)
- Return to play
- Activities that are overly intense and significant increase in heart rate
- Physical activity that lasts too long (more than 30 minutes)

Step 4 of the RLA and Step 3 of the RPSA

TO DO

RETURN TO LEARNING ACTIVITIES

Variable duration, based on the intensity of symptoms and the adaptation measures necessary for returning to school

4

- Presence in class for a full day, **without adaptation measures**

Conditions for a step to be successfully completed:

- total absence of symptoms and resumption of the normal school workload
- time spent on homework has returned to the normal amount from prior to the concussion
- screen time also returned to normal
- return to a student job (if it involves no physical effort or risk of injury) and volunteer activities without the recurrence of symptoms
- successful return to all non-sports activities without recurrence of symptoms

RLA completed, return to normal learning activities WITHOUT RESTRICTIONS or accommodations

RETURN TO PHYSICAL AND SPORTS ACTIVITIES

Minimum duration of 24 hours



Effort: 75% of normal capacity

3

- **Individual** sport-specific exercises, starting outside of the sports facility, under the following conditions:
  - **minimum frequency:** every 2 days
  - **maximum frequency:** 6 days out of 7
  - **duration:** up to 60 minutes, with no new symptoms appearing if the person is otherwise asymptomatic, or with a maximum increase of 2 points on a 0 to 10 scale[31]
- Depending on the sport and on access to training equipment, a gradual return to a safe sports environment may begin (with no risk of contact, collisions or falls). If the environment is very noisy, this aspect should be considered when adapting the return to activities based on the presence or non-presence of symptoms.
- At first, change only one aspect at a time: either the intensity or a new stimulus.
- Exercises can be added or increased if no symptoms appear or worsen more than 2 points on a 1 to 10 scale for more than an hour.

Specific examples:

At this step, it is appropriate to restart sport-specific exercises, such as:

- **basketball:** dribbling the ball
- **soccer:** 10 foot passes (minimum 2 ball touches)
- **football:** 5 minutes of ladder drills that also challenge reaction time (include some backwards exercises)
- **hockey:** passing with a ball (10 forehand + 10 backhand)
- **gymnastics:** floor routine without inversions (head downwards)
- **figure skating:** stroking and turns (without twizzles), section of the program without jumps or spins
- **light jogging:** light running on flat and even ground
- **ankle circuit:** warmups with changes of direction, without jumps
- **resistance training:** adapted weightlifting, if well-tolerated

31. An increase in symptoms is tolerated so long as it remains minor (maximum of 2 points on the scale of perception) and brief.

TO AVOID

RETURN TO LEARNING ACTIVITIES

4

- Failure to to apply adaptation measures at school when necessary, and **refusal to acknowledge symptoms**

RETURN TO PHYSICAL AND SPORTS ACTIVITIES

3

- Activities with a risk of falls or contact (for school-aged children, this may include any game at recess presenting a risk as well as extracurricular activities)
- Return to play
- Participation in sports activities involving movements with increased risks of contact to the head, such as:
  - **jumps and spins** (e.g. in gymnastics, figure skating)
  - **practice with contact** (e.g. in hockey, football, soccer)
  - **exercises with the head down** (e.g. in weightlifting, back extension exercise)
- Continuing a physical activity without acknowledging symptoms

To move to Step 4 of the RPSA:

- The symptoms must have disappeared.
- The RLA must have been completed **without** accommodations.

Additionally, if **symptoms reappear** during Steps 4, 5 and 6 of the RPSA, it is important to stop and return to Step 3. It is essential to wait for symptoms to resolve entirely before returning to activities with a risk of contact, collisions or falls.

Step 4 of the RPSA

TO DO

RETURN TO PHYSICAL AND SPORTS ACTIVITIES

Minimum duration of 24 hours



Effort: 75-90% of normal capacity

4

- Gradual progression to high-intensity exercise
- Sport-specific training with a team **without contact**, but including the following:
  - additional speed
  - quick changes in direction
  - added decision making during action (stimulation of the cognitive-motor aspect)
- Return to the sports facility

Specific examples of training with a team:

- with a football team, throwing passes combined with lateral movements
- integration of short intervals of fast jogging, followed by gradual increase of the duration
- warm-up period with a soccer team: 15-metre sprint, change of direction for 5 metres, side-stepping for 5 metres, sprint for 5 metres (5 times on each side, alternating), etc.
- **football:** cut block with bags: push a bag to the ground, return to the starting position and move to the next (3 bags on the ground), 5 times on each side
- **hockey:** sprint from the blue line to the faceoff circle, quick turn and return to the starting point (3 times to the left, 3 times to the right), involving the head and stick
- **figure skating:** jumps, first off the ice and then on the ice

TO AVOID

RETURN TO PHYSICAL AND SPORTS ACTIVITIES

4

- Complete return to play without restrictions
- Overstimulation and too much decision making during the activity
- Risk-taking related to contact, collisions or falls

Step 5 of the RPSA

TO DO

RETURN TO PHYSICAL AND SPORTS ACTIVITIES

Minimum duration of 24 hours



**Effort: 90-100%
of normal capacity**

5

- Training session with contact and activities with a risk of falls
- Return to normal training
- Restored confidence
- Return to using 100% of the participant's athletic skills, meaning returning to their capacities prior to the concussion
- All sources of stimuli are permitted and necessary when making a final decision on returning to sports with no restrictions, but this step still does not include returning to competition.

TO AVOID

RETURN TO PHYSICAL AND SPORTS ACTIVITIES

5

- Competitions
- Continuing with training despite the return of symptoms

Step 6 of the RPSA

TO DO

RETURN TO PHYSICAL AND SPORTS ACTIVITIES

Minimum duration of 24 hours



**Effort: 100%
of normal capacity**

6

- Return to sports, including competition
- Return to all sports activities in all fields

9.2 APPENDIX 2

Figures – Steps for applying the protocol

As it is sometimes difficult to quickly find what you need following a concussion or an event that may have led to a concussion, this resource includes a simple and visual summary that allows all the steps and important related documents to be located quickly. This summary is presented in two different ways: first as an infographic (Figure 1) and then as a flow chart (Figure 2). You are encouraged to use these tools and to place them prominently in your facility, so as to help address the needs of a participant who experienced an impact to the body or the head.

Figure 1 – Infographic

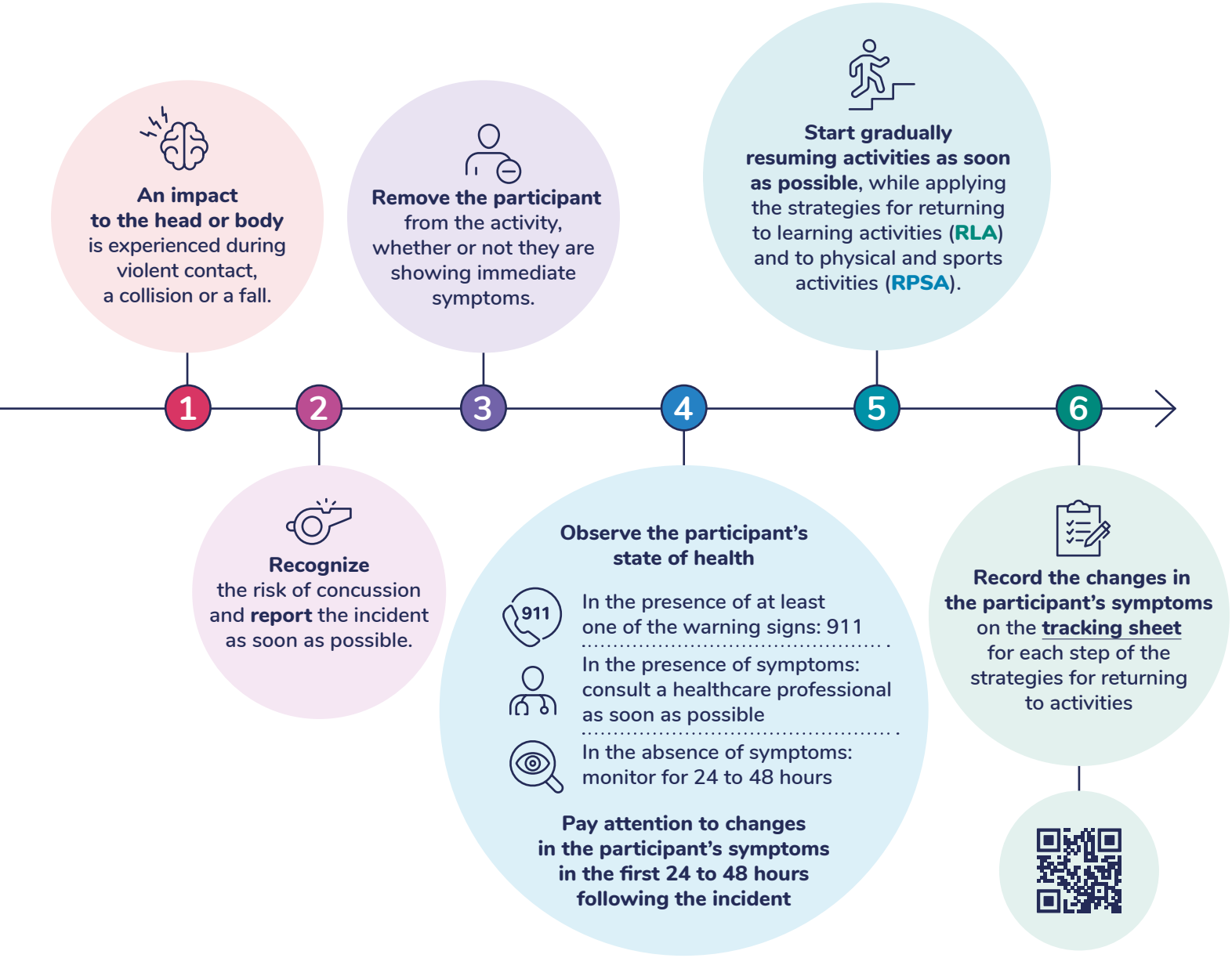
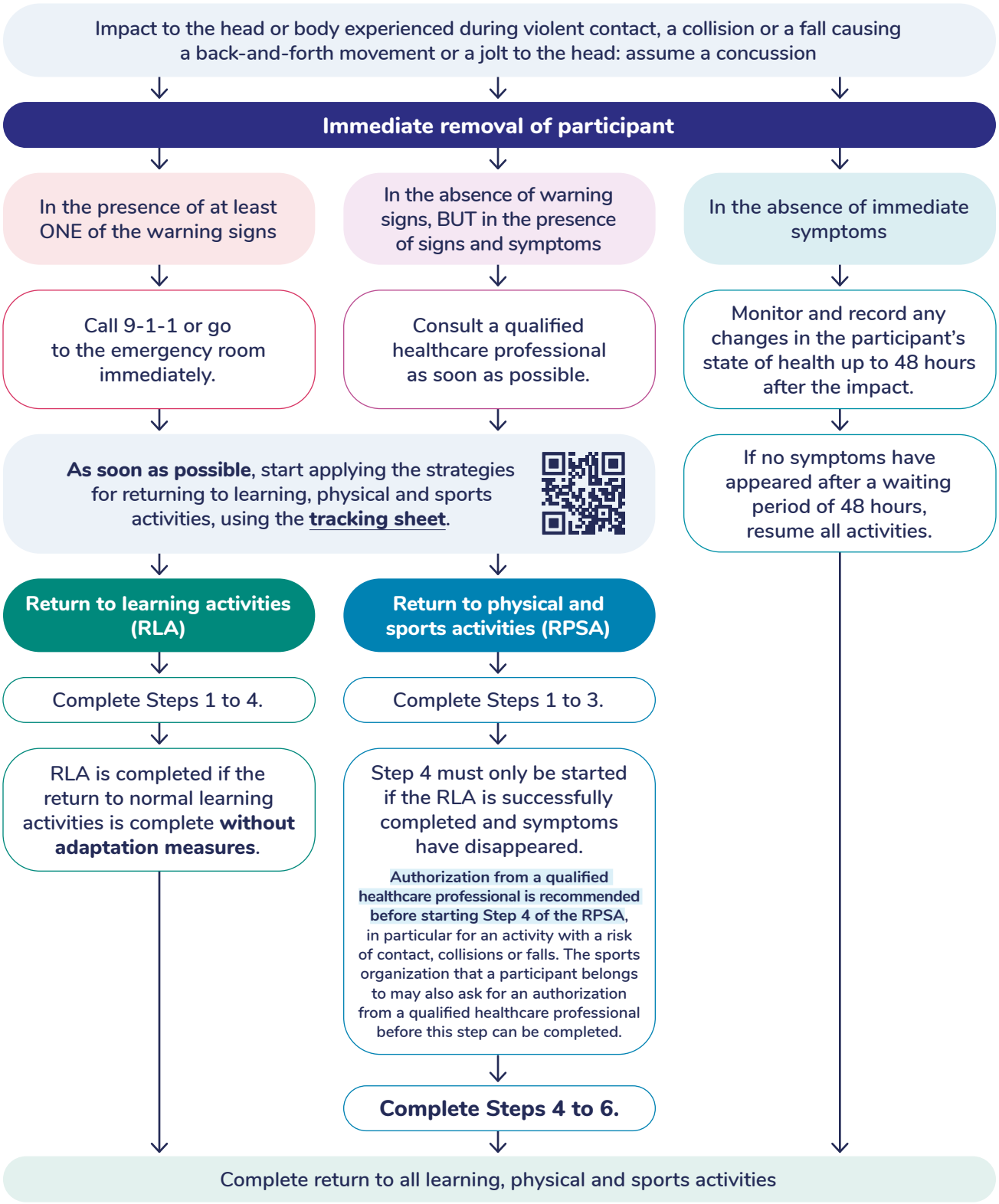


Figure 2 – Flow chart



10 References

The Concussion Management Protocol published by the Ministère de l'Éducation du Québec is based on the following references:

Websites

- **Concussions in Early Childhood – COCO program**
  COCO Communication – Concussion – COCO | Concussions in Early Childhood
- **Parachute Canada**
  https://parachute.ca/en/injury-topic/concussion/

Resources and tools

- **CRT6: Concussion Recognition Tool**
  Concussion in Sport Group. *Concussion Recognition Tool (CRT6®)*. Concussion in Sport Group, 2023. cisgstg.wpengine.com/wp-content/uploads/2023/07/CRT6.pdf.
- **INESSS Pamphlet**
  Québec. Institut national d'excellence en santé et en service sociaux. *Mild Traumatic Brain Injury – Pamphlet*. 2024. inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Traumatologie/INESSS_TCCL_Depliant_ANG.pdf.
- **MSSS program for managing mTBI/C**
  Québec. Ministère de la Santé et des Services sociaux. *Programme de prise en charge du traumatisme craniocérébral léger et de la commotion cérébrale (TCCL/CC) au Québec – Mars 2025*. 2025. Programme de prise en charge du traumatisme craniocérébral léger et de la commotion cérébrale (TCCL/CC) au Québec.

Journal article

- **6th International Conference on Concussion in Sport**
  Jon S. Patricios et al., "Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022," *British Journal of Sports Medicine 57*, no. 11 (2023): 695-711, doi.org/10.1136/bjsports-2023-106898.

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