

Return to Work

This tool is a guideline for managing an individual's return to work following a concussion and does not replace medical advice. Every concussion is unique, and recovery is very different for each individual. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or healthcare professional with relevant training. It is important to get medical clearance before returning to high-risk activities.

STEP 1:	STEP 2:	STEP 3:	STEP 4:
<p>Activities of daily living and relative rest*</p> <ul style="list-style-type: none"> • Maximum of 24-48 hours • Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. • Examples: <ul style="list-style-type: none"> • Preparing meals • Housework • Light walking • Minimize screen time for first 24-48 hours following concussion. • Avoid driving during the first 24-48 hours after a concussion. <p>Contact workplace to discuss a tailored Return to Work plan.</p>	<p>Work activities (at work, as tolerated)</p> <ul style="list-style-type: none"> • Medically unnecessary delays in Return to Work should be avoided. • Individuals are encouraged to remain at, or promptly return, to some form of productive work, provided it does not pose risk of re-injury. • Reading or other cognitive activities. • Take breaks and adapt activities if concussion symptom exacerbation (worsening) is more than mild and brief.** • Use of devices with screens may be gradually resumed, as tolerated. 	<p>Part-time or full-time days at work with accommodations (if needed)</p> <ul style="list-style-type: none"> • Gradually reintroduce work activities, according to your graduated return to work plan. • May require accommodations, such as: <ul style="list-style-type: none"> • Partial work days with access to breaks throughout the day • Extra time for tasks • Access to a quiet, distraction-free work environment • Gradually reduce accommodations and increase workload until full days without concussion-related accommodations are tolerated. • Accommodations can be phased out in "trial" periods, to ensure that they are no longer needed. 	<p>Return to work full-time</p> <p>Return to full days at work without requiring accommodations (related to the concussion).</p> <p>Note: Only return to job duties that may have safety implications for you or others (e.g., operating heavy equipment, working from heights) when cleared by a doctor, nurse practitioner, or licensed healthcare professional.</p>
<p>Activities of daily living, as tolerated</p>	<p>Increase tolerance to work-related activities and connect socially with peers/colleagues.</p>	<p>Gradually reduce accommodations and increase workload</p>	<p>Full workload (no accommodations related to the concussion)</p>
<p>After a maximum of 24-48 hours after injury, BEGIN STEP 2</p>	<p>If able to tolerate work with accommodations, BEGIN STEP 3</p>	<p>If can tolerate full days without concussion related accommodations, BEGIN STEP 4</p>	<p>Return to Work completed</p>

Returning to work is an individual process, in some instances workers may return to regular duties, while others may need accommodations or placement in a completely different job function. Progression through the strategy may be slowed when there is more than a mild and brief symptom exacerbation**. Therefore, each program should be individually prescribed and should support the reintegration and rehabilitation of the person with the injury or disability back into the workplace. Written determination of medical clearance should be provided before full Return to Work, as required by workplaces or occupational health and safety organizations.

Driving should resume after consultation with a doctor, nurse practitioner, or healthcare professional.

Progression through the strategy may be slowed when there is more than a mild and brief symptom exacerbation.**

*Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.

Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale.* "Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour.

***0-10 point symptom severity scale: Please see the [Visual Analog Scale](#) for an example of a 0-10 symptom severity scale.

www.cattonline.com

Adapted from: Zemek, R., Reed, N., Dawson, J., et al. "Living Guideline for Pediatric Concussion Care." www.pedsconcussion.com
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