

Module D: Manage, Return to Work

This module presents information on:

- standardized concussion management and
- the Return to Work and Return to Activity strategies.

An evidence-based concussion management strategy is strongly recommended. Returning to regular activities too quickly, such as on the day of injury, can trigger or worsen concussion symptoms, and delay recovery.

As everyone experiences different concussion symptoms, severity, and triggers, an individualized approach to concussion management is recommended. Gradually returning to work follows a 6-stage strategy, as outlined in the CATT Return to Work tool. The stages progress from the initial rest period in Stage 1 through to full return to work by Stage 6. The Return to Activity strategy is a 5-stage process which can be tailored to support returning to general activity. The Return to Activity strategy may be preferable for those who do not have workplace support, such as those who are self-employed or family caregivers.

Stage 1 in any concussion management strategy is to rest, both physically and cognitively. While rest for the first 24 to 48 hours following concussion allows the brain to heal, prolonged rest has not been found to be beneficial and may even delay recovery.

Physical rest includes limiting activities that require physical exertion. This can include daily exercise routines, participating in sports, weight training or any heavy lifting, or aerobic activity such as going up and down the stairs.

Cognitive rest includes limiting activities that require mental focus, concentration, memorization or multitasking. This can include watching television or movies, reading or writing, driving, texting friends or scanning social media, playing video games, or using a computer.

Rest in a quiet and calm environment. Things to try during this period include listening to quiet music or an audio book, light conversation, or folding laundry. Keep social visits brief, and sleep as much as needed while trying to maintain a regular nighttime sleeping schedule.

Sleep is critical to the recovery process. Anyone recovering from concussion should not be woken if sleeping comfortably. However, if a caregiver notices irregular breathing or a change in skin colour, it is advisable to wake the person and consider seeking medical care.

After the initial period of rest, resuming a normal daily routine with regular sleeping habits is important. This is accomplished by gradually returning to more demanding cognitive and physical activities, as tolerated.

Recognizing that workplace environments vary by industry and occupation, returning to work may focus more on return to cognitive activity, physical activity, or a combination of both. The 6-stage Return to Work strategy can be customized to support anyone returning to work.

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. The goal for each stage is to find the 'sweet spot' between doing too much and doing too little. Timelines and activities may vary by direction of a health care professional.

AT HOME		AT WORK				
STAGE 1:	STAGE 2:	STAGE 3:		STAGE 4:	STAGE 5:	STAGE 6:
<p>Initial physical and cognitive rest</p> <ul style="list-style-type: none"> Rest in a quiet and calm environment. Try activities that do not aggravate symptoms (e.g., listening to quiet music or colouring). Sleep as much as your body needs while trying to maintain a regular night sleeping schedule. <p>Limit:</p> <ul style="list-style-type: none"> Lengthy social visits. Screen time (smartphone, computer, television) and reading. <p>Avoid:</p> <ul style="list-style-type: none"> Sports or physical activities that increase your heart rate or cause you to break a sweat. <p>NOTE: It is recommended to discuss driving with a licensed medical professional for safety considerations.</p>	<p>Light activity</p> <ul style="list-style-type: none"> Gradually increase cognitive activity by trying simple, familiar tasks (e.g., reading, watching TV, using the computer or drawing). Go for walks or try other light physical activity (e.g., swimming, stationary bike, light housework), without becoming short of breath. Take frequent rest periods; keep napping to a minimum. Begin with brief periods of activity, up to 30 minutes. Start thinking about returning to work: communicating with the workplace, a return to work plan, and your commute. 	<p>Prepare to return to work—at home</p> <ul style="list-style-type: none"> Continue to increase cognitive activity. Continue to return to pre-injury physical activities (e.g., grocery shopping, gardening, jogging, light weight training). Contact workplace to discuss a tailored Return to Work plan. Attempt to commute to work to assess if it aggravates symptoms or drains energy. A regular sleeping schedule supports a successful return to work. Work your way up to 2 hours of activity, with breaks as needed. 	<p>Prepare to return to work—at work</p> <ul style="list-style-type: none"> Work accommodations can include: flexible hours, reduced workload, extra time for tasks, access to a quiet, distraction-free work environment. Arrange to return to work on a graduated basis. Consider number of hours per day and appropriate accommodations. Work your way up to an additional 2 hours of activity, with breaks as needed. Have a plan to leave work and return to Stage 2 if symptoms worsen. 	<p>Begin graduated return to work</p> <ul style="list-style-type: none"> Return to work according to your graduated return to work plan, with the agreed upon number of hours per day and accommodations. At work, start with less demanding activities before more difficult ones. Gradually increase working hours week-to-week, or sooner, as appropriate. 	<p>Regular work hours with modifications, as needed</p> <ul style="list-style-type: none"> Decrease accommodations as energy and capacity increases. Accommodations can be phased out in "trial" periods, to ensure that they are no longer needed. Monitor energy levels for completing household tasks and participating in social or recreational activities after the work day. 	<p>Full return to work</p> <ul style="list-style-type: none"> Full regular work schedule with usual expectations for productivity, without accommodations. <p>NOTE: Only return to job duties that may have safety implications for you or others when cleared by a licensed medical professional (e.g., operating heavy equipment, working from heights, driving).</p>
	<p>Gradually increase activity</p>	<p>Prepare to return to work</p>		<p>Return to work with accommodations and a personalized Return to Work plan</p>	<p>Adjust workplace accommodations, as needed</p>	<p>Full return to work</p>
<p>Rest</p> <p>When symptoms start to improve OR after resting for 2 days max, BEGIN STAGE 2</p>	<p>When 30 minutes of activity is tolerated, BEGIN STAGE 3</p>	<p>When 4 hours of activity is tolerated, with breaks as needed, BEGIN STAGE 4</p>		<p>When ready for regular work hours with accommodations, BEGIN STAGE 5</p>	<p>When regular work hours are tolerated with min. accommodations, BEGIN STAGE 6</p>	<p>Once you have COMPLETED STAGE 6, Return to Work strategy completed</p>

Following complete rest for a maximum of 2 days in Stage 1, **Stage 2** of the Return to Work strategy introduces light cognitive activity, such as reading, watching TV, using the computer or colouring; and light physical activity without becoming short of breath. This may include going for walks, swimming, using a stationary bike, or light housework such as folding laundry or washing a few dishes. Continue to increase activity level until 30 consecutive minutes of activity is tolerated.

During **Stage 3**, continue to increase activity level until four hours of activity is tolerated.

During Stage 2 and 3, the person can begin to prepare for returning to work. This includes contacting the workplace to discuss making a Return to Work plan; and attempting the commute to work to assess if it aggravates symptoms or drains energy. If feasible, the plan should include an arrangement to return to work on a gradual basis with reduced hours, and consideration of other supports and accommodations available to the worker. When planning to return to work, involve occupational health or a trade union, as they can make recommendations about appropriate accommodations. Supports and accommodations may include:

- Support and encouragement from supervisors and co-workers;
- Understanding of how a concussion might affect work and productivity;
- Working in a familiar and calm environment;
- Ability to take regular breaks;
- Additional time to complete tasks; and
- Temporarily reassigning specific tasks to avoid aggravating symptoms.

It is important to note that any work that does not allow room for error should not be undertaken during concussion recovery. This includes duties that have implications for the safety of the worker or the safety of others.

In **Stage 4**, it is time to begin a graduated return to work with reduced hours according to the plan developed by Stage 3. The worker should be provided all available support and accommodations at this time, and gradually increase working hours. Once the worker is ready to return to regular hours, with breaks and accommodations, it is time to move to Stage 5.

In **Stage 5**, the worker will decrease accommodations as energy and capacity increases. Accommodations can be phased out in trial periods, to check that they are no longer needed. Once the remaining supports and accommodations are removed, the worker moves to Stage 6, regular work hours with no supports or accommodations.

To ensure that recovery from concussion is on track, the workplace may request written clearance from a licensed medical professional prior to beginning Stage 6. A standardized medical clearance letter for concussion is available in the Resource section.

The worker may or may not be back to fully participating in other non-work related activities at this time. See the CATT Return to Sport strategy to support a return to physical activity, if applicable. All return to activity strategies, for work, school, sport, or general activity, focus on gradually increasing activity in a step-wise process. It may be appropriate to follow more than one strategy at a time, for example Return to School and Return to Sport, however it is recommended to focus on work or school prior to sport or recreation.

Concussion recovery and return to work can be affected by:

- Level of risk for re-injury in the work environment;
- Anxiety or doubt in abilities while recovering;
- Active involvement and input into the Return to Work plan;
- Support from supervisors and co-workers;
- Personal obligations; and
- Financial considerations.

Returning to work is good medicine. Productivity and work-life balance provide numerous physical and mental health benefits, and are associated with improved quality of life.

Return to Activity

This tool is a guideline for managing an individual's return to activity 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:
<p>Initial rest</p> <ul style="list-style-type: none"> • Stay home in a quiet and calm environment. • Limit your screen time (computer, television, and smartphone use). • Keep any social visits brief. • Sleep as much as your body needs while trying to maintain a regular night sleeping schedule. <p>Note: The goal for each stage is to find the 'sweet spot' between doing too much and too little.</p>	<p>Prepare to return to activity</p> <ul style="list-style-type: none"> • Test your readiness by trying some simple, familiar tasks such as reading, using the computer, or shopping for groceries. • Keep the time on each activity brief (e.g., less than 30 minutes) and take regular rest breaks. • Go for walks or try other light physical activity (e.g., swimming, stationary bike), without becoming short of breath. • Keep bed rest during the day to a minimum. It is unlikely to help your recovery. 	<p>Increase your activity</p> <ul style="list-style-type: none"> • Gradually return to usual activities and decrease rest breaks. • Start with less demanding activities before harder ones. • Physical activity might include jogging, lifting light weights, or non-contact sport drills, gardening, dancing. <p>Note: You could start returning to school or work on a part-time basis (e.g., a few hours per day).</p>	<p>Gradually resume daily activities</p> <p>Resuming daily activities can be challenging because your energy and capacity for activities may be variable, but should improve day-to-day or week-to-week.</p> <p>Students and workers may require accommodations, such as reduced hours, reduced workload, extra time for assignments, or access to a quiet distraction-free work environment.</p>	<p>Full return to activity</p> <ul style="list-style-type: none"> • Full class schedule, with no rest breaks or accommodations. • Full work schedule with usual expectations for productivity • Student athletes should not return to sport competition until they have fully returned to school. <p>Only return to contact sports or dangerous job duties (e.g., operating heavy equipment, working from heights) when cleared by your doctor.</p>
<p>Rest</p>	<p>Get ready to return</p>	<p>Start your return</p>	<p>Continue your return</p>	
<p>When symptoms start to improve OR after resting for 2 days max, BEGIN STAGE 2</p>	<p>Tolerates simple, familiar tasks, BEGIN STAGE 3</p>	<p>Tolerates further increase in level of activity, BEGIN STAGE 4</p>	<p>Tolerates partial return to usual activities, BEGIN STAGE 5</p>	

Just as in the Return to Work plan, after resting for a maximum of 2 days in Stage 1, Stage 2 of the Return to Activity strategy introduces light cognitive and physical activity.

Stage 2 focuses on preparing to return to activity by trying simple, familiar tasks such as reading or using a computer or mobile devices. It is recommended to keep activity periods brief, no longer than 30 minutes each, with breaks in-between. Light physical activity can include anything that does not increase the heart rate, such as going for a gentle walk.

Stage 3 focuses on gradually building up to regular activity while decreasing the number and length of breaks.

Stage 4 continues to gradually increase daily activities over days or weeks. Accommodations may be needed, such as wearing a baseball cap or sunglasses indoors, or noise cancelling headphones or ear plugs if experiencing sensitivity to light or noise.

Stage 5 is a full return to activity, and the final stage when a normal schedule has been resumed with no extra breaks or accommodations.

For both Return to Work and Return to Activity, it is important to understand that although 24 hours is the minimum time period between stages, after resting for 24 to 48 hours to complete Stage 1 there is no maximum amount of time that a person can stay in any one stage. Someone who is experiencing significant symptoms after two days of rest in Stage 1 may stay in Stage 2 for a prolonged period, until no new or worsening symptoms are experienced during periods of light activity.

After completing Stage 2, if new or worsening symptoms are experienced at any stage, the person returns to the previous stage for at least 24 hours, or until symptoms have improved once again. It is common to move back a stage more than once during the recovery process. As each injury is unique, everyone progresses through the stages at different rates, depending on the types and severity of symptoms they are experiencing.

It is normal to experience symptoms during recovery. It is important to find a balance between doing too much and too little; similar to a traffic light, where green represents going about your daily activities, experiencing no symptoms, and red represents overwhelming symptoms, causing you to stop, yellow is functioning comfortably with some mild symptoms.

During the recovery period, it is normal to experience feelings of sadness due to an inability to engage fully in regular activities. Low-key social interaction that does not worsen symptoms can be important in preventing boredom, social isolation and anxiety, which may lead to depression. Depression is a potentially serious symptom that should be managed by a licensed medical professional.

A follow-up medical assessment 1 to 2 weeks after the initial concussion diagnosis is recommended, with regular check-ins, as needed. This allows the doctor or nurse practitioner to monitor progress, identify risk factors for prolonged recovery, and ensure that anyone with delayed recovery receives specialized care and management.

Continue to the quiz to test your knowledge on managing return to work or activity.