

Table 2 Return to learn strategy

Step	Mental activity	Activity at each step	Goal
1	Daily activities that do not result in more than a mild exacerbation of symptoms	Typical activities during the day (e.g. reading) while minimising screen time. Start with 5–15 min at a time and increase gradually	Gradual return to typical activities
2	School activities	Homework, reading or other cognitive activities outside the classroom	Increase tolerance to cognitive work
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day	Increase academic activities
4	Return to school full-time	Gradually progress in school activities until a full day can be tolerated without more than mild symptom exacerbation	Return to full academic activities and catch up on missed work

Source: Patricios JS, Schneider KJ, Dvorak J, Ahmed OH, Blauwet C, Cantu RC, et al. Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport-Amsterdam, October 2022. *British Journal of Sports Medicine*. 2023;57(11):695-711. doi: 10.1136/bjsports-2023-106898.

Notes: *Mild and brief exacerbation of symptoms can occur during a graded return to learn/education. Begin at Step 1 (i.e. within 24-48 hours of injury) with progression through each subsequent step. Several days at each step may be required and should be guided by symptoms, ideally with the involvement of the health care practitioner and/or school/educator. Where return is problematic, a review by a health care practitioner is warranted and a referral to a health care practitioner experienced in concussion management, neuropsychologist, or interdisciplinary concussion clinic may be required.