Return to Work After Concussion

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Jenni Diamond (she/her)

- Jenni Diamond Occupational Therapy, Founder
- Adjunct Lecturer, University of Toronto
- Course Creator: Complete Concussion Management, Canadian Association of Occupational Therapy (CAOT)
- University of Toronto Occupational Therapy Alumni Achievement Award (2022)
- CAOT Award for Leadership in OT (2025)

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Disclaimer

This session is for educational purposes only.
No information shared or discussed should constitute as medical advice. Always follow the advice of your treating medical provider.

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Learning Objectives

1. Understand what a gradual return to work (RTW) plan looks like following a concussion.
2. Evaluate readiness to return to work and create a gradual RTW plan.
3. Identify strategies and accommodations that support a successful return to work after concussion.

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Occupational Therapy

- Registered healthcare profession
- Help individuals to perform and participate in daily activities
  - *self care, leisure and productivity*

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OT Role in Concussion Rehab

- Work Strategies
- School Strategies
- Active Rehabilitation
- Energy Conservation
- Sleep
- Lifestyle Strategies
- Noise & Light Sensitivity
- Headache Management
- Cognitive Rehab
- Ergonomics
- Rest and Relaxation
- Concussion Education

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Return to Work and Concussion

- Beneficial to return to work ASAP – *if able
  - Activity more likely to speed up recovery (vs delay)
  - Health status, well-being, social integration
  - Avoid risk of reinjury
- Identify barriers
- Establish gradual RTW plan with limitations and restrictions

(Concussions Ontario, 2023; Cancelliere et al., 2014)

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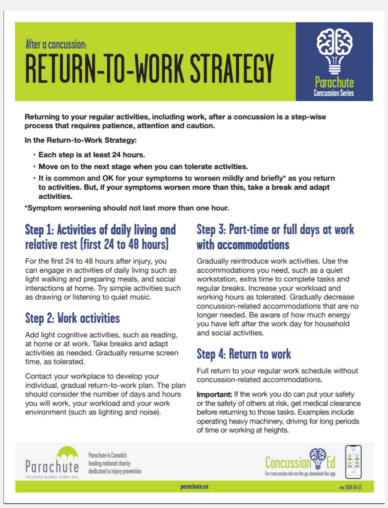
Return to Work Guidance



After a concussion:

RETURN-TO-WORK STRATEGY

Parachute Concussion Series

Returning to your regular activities, including work, after a concussion is a step-wise process that requires patience, attention and caution.

In the Return-to-Work Strategy:

- **Each step is at least 24 hours.**
- **Move on to the next stage when you can tolerate activities.**
- **It is common and OK for your symptoms to worsen mildly and briefly* as you return to activities. But, if your symptoms worsen more than this, take a break and adapt activities.**

***Symptom worsening should not last more than one hour.**

Step 1: Activities of daily living and relative rest (first 24 to 48 hours)

For the first 24 to 48 hours after injury, you can engage in activities of daily living such as light walking and preparing meals, and social interactions at home. Try simple activities such as drawing or listening to quiet music.

Step 2: Work activities

Add light cognitive activities, such as reading, at home or at work. Take breaks and adapt activities as needed. Gradually resume screen time, as tolerated.

Contact your workplace to develop your individual, gradual return-to-work plan. The plan should consider the number of days and hours you will work, your workload and your work environment (such as lighting and noise).

Step 3: Part-time or full days at work with accommodations

Gradually reintroduce work activities. Use the accommodations you need, such as a quiet workstation, extra time to complete tasks and regular breaks. Increase your workload and working hours as tolerated. Gradually decrease concussion-related accommodations that are no longer needed. Be aware of how much energy you have left after the work day for household and social activities.

Step 4: Return to work

Full return to your regular work schedule without concussion-related accommodations.

Important: If the work you do can put your safety or the safety of others at risk, get medical clearance before returning to those tasks. Examples include operating heavy machinery, driving for long periods of time or working at heights.

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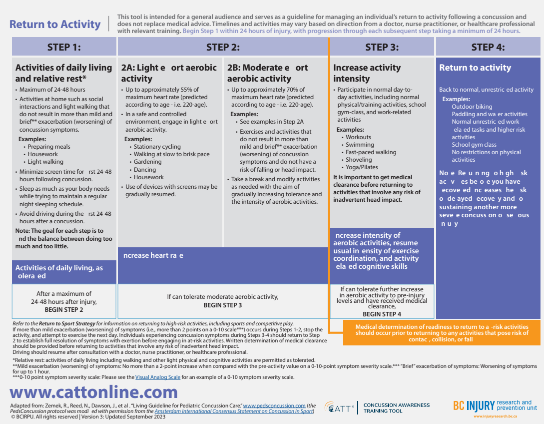
Concussion Ed For concussion info on the go, download the app

parachute.ca rev. 2024-04-22



Return to Activity | This tool is intended for a general audience and serves as a guideline for managing an individual's return to activity following a concussion and does not replace medical advice. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or healthcare professional with relevant training. Begin Step 1 within 24 hours of injury, with progression through each subsequent step taking a minimum of 24 hours.

STEP 1: Activities of daily living and relative rest*
- 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:
  - Preparing meals
  - Housework
  - Light walking
- Minimize screen time for rst 24-48 hours following concussion.
- Sleep as much as your body needs while trying to maintain a regular night sleeping schedule.
- Avoid driving during the rst 24-48 hours after a concussion.

Note: The goal for each step is to nd the balance between doing too much and too little.

Activities of daily living, as olera ed

After a maximum of 24-48 hours after injury, **BEGIN STEP 2**

STEP 2:

2A: Light e ort aerobic activity
- Up to approximately 55% of maximum heart rate (predicted according to age - i.e. 220-age).
- In a safe and controlled environment, engage in light e ort aerobic activity.
  Examples:
  - Stationary cycling
  - Walking at slow to brisk pace
  - Gardening
  - Dancing
  - Housework
- Use of devices with screens may be gradually resumed.

2B: Moderate e ort aerobic activity
- Up to approximately 70% of maximum heart rate (predicted according to age - i.e. 220-age).
  Examples:
  - See examples in Step 2A
  - Exercises and activities that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms and do not have a risk of falling or head impact.
- Take a break and modify activities as needed with the aim of gradually increasing tolerance and the intensity of aerobic activities.

ncrease heart ra e

If can tolerate moderate aerobic activity, **BEGIN STEP 3**

STEP 3: Increase activity intensity
- Participate in normal day-to-day activities, including normal physical/training activities, school gym-class, and work-related activities
  Examples:
  - Workouts
  - Swimming
  - Fast-paced walking
  - Shoveling
  - Yoga/Pilates

It is important to get medical clearance before returning to activities that involve any risk of inadvertent head impact.

ncrease intensity of aerobic activities, resume usual in ensity of exercise coordination, and activity ela ed cognitive skills

If can tolerate further increase in aerobic activity to pre-injury levels and have received medical clearance, **BEGIN STEP 4**

STEP 4: Return to activity

Back to normal, unrestric ed activity
Examples:
Outdoor biking
Paddling and wa er activities
Normal unrestric ed work
ela ed tasks and higher risk activities
School gym class
No restrictions on physical activities

No e Re u n ng o h gh sk ac v es be o e you have ecove ed nc eases he sk o de ayed ecove y and o sustaining another more seve e concuss on o se ous n u y

Medical determination of readiness to return to a -risk activities should occur prior to returning to any activities that pose risk of contac , collision, or fall

*Refer to the **Return to Sport Strategy** for information on returning to high-risk activities, including sports and competitive play.*
If more than mild exacerbation (worsening) of symptoms (i.e., more than 2 points on a 0-10 scale***) occurs during Steps 1-2, stop the activity, and attempt to exercise the next day. Individuals experiencing concussion symptoms during Steps 3-4 should return to Step 2 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of medical clearance should be provided before returning to activities that involve any risk of inadvertent head impact.
Driving should resume after consultation with a doctor, nurse practitioner, or healthcare professional.

*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 (*the PedsConcussion protocol was modi ed with permission from the Amsterdam International Consensus Statement on Concussion in Sport*)
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BC INJURY research and prevention unit www.injuryresearch.bc.ca

(Parachute, 2024; Concussion Awareness Training Tool, 2024)

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(Parachute, 2024)

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STEP 1:	STEP 2:		STEP 3:	STEP 4:
Activities of daily living and relative rest*	**2A: Light e ort aerobic activity**	**2B: Moderate e ort aerobic activity**	**Increase activity intensity**	**Return to activity**
• 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:** • Preparing meals • Housework • Light walking • Minimize screen time for rst 24-48 hours following concussion. • Sleep as much as your body needs while trying to maintain a regular night sleeping schedule. • Avoid driving during the rst 24-48 hours after a concussion. **Note: The goal for each step is to nd the balance between doing too much and too little.**	• Up to approximately 55% of maximum heart rate (predicted according to age - i.e. 220-age). • In a safe and controlled environment, engage in light e ort aerobic activity. **Examples:** • Stationary cycling • Walking at slow to brisk pace • Gardening • Dancing • Housework • Use of devices with screens may be gradually resumed.	• Up to approximately 70% of maximum heart rate (predicted according to age - i.e. 220-age). **Examples:** • See examples in Step 2A • Exercises and activities that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms and do not have a risk of falling or head impact. • Take a break and modify activities as needed with the aim of gradually increasing tolerance and the intensity of aerobic activities.	• Participate in normal day-to-day activities, including normal physical/training activities, school gym-class, and work-related activities **Examples:** • Workouts • Swimming • Fast-paced walking • Shoveling • Yoga/Pilates **It is important to get medical clearance before returning to activities that involve any risk of inadvertent head impact.**	Back to normal, unrestricted activity **Examples:** • Outdoor biking • Paddling and water activities • Normal unrestricted work related tasks and higher risk activities • School gym class • No restrictions on physical activities **Note: Returning to high risk activities before you have recovered increases the risk of delayed recovery and for sustaining another more severe concussion or serious injury.**
Activities of daily living, as tolerated	**Increase heart rate**		**Increase intensity of aerobic activities, resume usual intensity of exercise, coordination, and activity related cognitive skills**	
After a maximum of 24-48 hours after injury, **BEGIN STEP 2**	If can tolerate moderate aerobic activity, **BEGIN STEP 3**		If can tolerate further increase in aerobic activity to pre-injury levels and have received medical clearance, **BEGIN STEP 4**	

Medical determination of readiness to return to at-risk activities should occur prior to returning to any activities that pose risk of contact, collision, or fall

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(Concussion Awareness Training Tool, 2024

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Additional Considerations

- How do we know if the individual is ready to return?
- What should the gradual return look like?
- What do we need to consider for restrictions and limitations?
- How do we ensure the return is successful?
- What self-management strategies can the individual use for support?

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Meet: Derek

(he/him/his)

- Age: 30
- Slipped and fell on ice Jan 2026
- Persistent headaches, light/noise sensitivity, fatigue
- Occupation: Director of Business Development at a startup
- Currently off work

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Derek's goal:

Return to work in 6 weeks.

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Return to Work Steps

1) Identify work responsibilities
2) Evaluate current activity tolerance, challenges, and strengths
3) Evaluate readiness to return
4) Create a plan to prepare
5) Create gradual RTW schedule
6) Identify restrictions and limitations

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Work Responsibilities

- 6-8+ h/d computer screen time daily
- 2-3 h/d Zoom/phone call meetings
- Spreadsheets/excel, creates and delivers presentations, emails, project development, outreach, critical thinking and problem solving skills
- Works in the office, 4 days a week; at home 1 day a week
  - Commute: 20 min drive to work

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Current activity tolerance

- Computer time:
  - *2-2.5 hours and then bad headache sets in.*
- Facetime/Zoom with friends:
  - *Has to get off the call after 1 hour due to symptoms.*
- Socializing in person:
  - *Has been limiting this due to symptoms.*

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Current activity tolerance

- Cognitive issues
  - *Short term memory and word finding*
- Driving:
  - *Has driven up to 15 minutes*
- Some anxiety around returning to fast-paced work environment

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Return to work steps

~~1) Identify work responsibilities~~

~~2) Evaluate current activity tolerance, challenges, and strengths~~

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Readiness to Return to Work

Current Activity Tolerance ≥ Work Responsibilities

(for a gradual return)

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Readiness to Return

- Modified RTW hours:
  - 3 hours a day x 2 days a week*
- Screen time, meetings, critical thinking, decision making, planning.
- Option to work from home?

*typical starting point, but varies by client and workplace

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Readiness to Return

- Goal: 3 hr x 2 days/week
- Screen time, meetings, critical thinking, decision making, planning.
- Option to work from home?

Considerations:

- 2-2.5 hours screen time and then bad headache sets in.
- 1 hour on Zoom/Facetime
- Limited social interactions
- Noise/light sensitivity
- STM and word finding issues
- Limited driving tolerance (15 min)

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Readiness to Return

- Goal: 3 hrs/d x 2 d/week
  - *Limited screen tolerance (2-2.5 hours)*
- Meetings
  - *Current ability = 1 hour MAX*
- Option to work from home?
  - *Yes! Decr stimuli (light, noise and distractions) in office setting; cuts out driving*

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Is Derek Ready?

??

Current Activity Tolerance ≥ Work Responsibilities

(for a gradual return)

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Is Derek Ready?

Not right now. Likely soon!

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Return to work steps

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Return to work steps

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Create a plan to prepare

- Goal: 3 hours a day x 2 days a week
- Work from home

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Create a plan to prepare

- Goal: 3 hours a day x 2 days a week
- Remember: current screen tolerance is only 2-2.5 hours before bad headache.

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Create a plan to prepare

- Goal: 3 hours a day x 2 days a week
- Remember: current screen tolerance is only 2-2.5 hours before bad headache.
- How do we get up to 3 hours?!

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How to increase screen tolerance

- Energy conservation
- Active rehab
- Technology support
- Headache/symptom management strategies
- Ergonomics

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How to increase screen tolerance

- **Energy conservation**
- **Active rehab**
- Technology support
- Headache/symptom management strategies
- **Ergonomics**

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Energy Conservation

(Recurrent, 2023)

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REST BREAKS

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Rest Breaks

- Quality of breaks matters!
- Rest before, during, and after activities.
- Rest when symptoms increase – to prevent significant symptom exacerbation.
  - *Note: this does not mean STOP because of symptoms – just take a rest and then resume!*
- Take breaks BEFORE you need them.
  - *Hydration analogy*

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Quality of Breaks in the Day

True Rest Break ← → **Not True Rest**

Deep breathing Meditation Listening to relaxing music Eye Palming Stretching	Light household activities	Listening to podcasts	Reading	Screen Time (Leisure): - TV - Internet - Texting	Socializing/errands busy environments Transportation Screen Time (Productivity) - Emails - Bills - Work

Least Energy Used "Restorative" → **Most Energy Used**

(JDOT, 2026)

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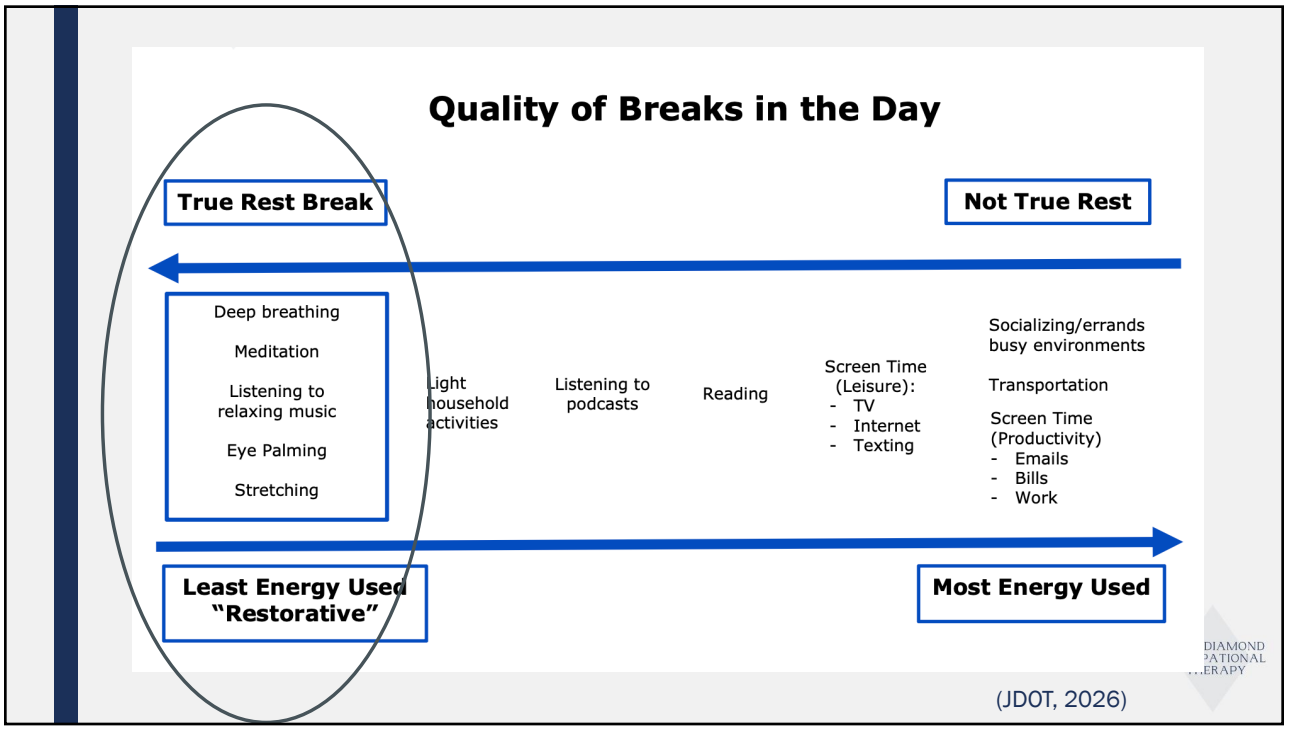

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Active Rehabilitation

Slow and **gradual** increase in time

and/or effort spent on activities each day.

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Active Rehabilitation

- Rest is not best
- Increase intensity/duration of activities with only a **mild** and **brief** increase in symptoms.

(Patricios et al, 2022)

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Active Rehabilitation

Symptoms are **MILD:**
Can increase by up to 2 points, out of 10.
(0 = no symptoms; 10 = worst symptoms imaginable)

Symptoms are **BRIEF:**
Should resolve within 1 hour.

(Patricios et al, 2022)

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Ergonomics

- The study of people's efficiency in their working environment
- Goal: to decrease work-related injuries

(Horst & Krokowicz, 2011)

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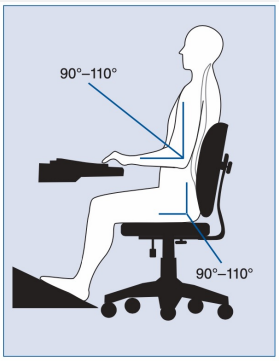
Ergonomics

- Screen height: top of screen **at or just below eye level**
- 90-110 degrees at the knees, hips, elbows
- Move or change positions every 20-30 minutes
- Feet, back, wrist and forearm supports
  - *Footrest or flat on floor, lumbar support, wrist wrests*



(Hullfish et al., 2009)
(ProCare Rehabilitation)
(WorkSafe BC)

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Gradual RTW schedule

- Individualized
- Slow and gradual
- Usually requires step-by-step plan*
  - **If able, don't map out a plan. Just an initial step.*
- Schedule should have a clause saying "subject to change"
- Consider WFH vs in-office
- Adjust ongoing, as necessary

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Sample Gradual RTW schedule

Stage 1: M and W x 3 hours *(Tu, Th, F off)*

Stage 2: M, W, F x 3 hours *(Tu and Th off)*

Stage 3: M, T, Th, F x 3 hours *(W off)*

Stage 4: Full week, x 3 hours

Stage 5: Full week, x 4 hours

Stage 6: Full week, x 5 hours

Stage 7: Full week, x 6 hours

Stage 8: Full week, x 7 hours

Stage 9: Full time

*consider commute

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Restrictions vs. Limitations

- Restriction = **should not** do
  - *May cause harm or be contraindicated*
  - *Based on advice of medical professional*
  - *i.e., working on a ladder/at heights if balance issues*
- Limitation = **cannot** do – due to symptoms
  - *i.e., screen time for >30 min at a time*

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Common Work Accommodations after Concussion

- Work from home
- Rest breaks every 20-60 min of work
- Meetings limited to 30-60 min, or break needed
- Video off for Zoom meetings (audio only)
- Tape record meetings/use of recording software

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Common Work Accommodations after Concussion

- Flexible deadlines
- Additional time to learn new responsibilities
- Excused from work to attend medical appointments
- May have to miss work if symptoms become exacerbated
- Shift workers: no night shifts

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Common Work Accommodations after Concussion

- Assign mentor for weekly check in
- If in office:
  - Quiet office space and/or quiet space to take breaks
  - Natural lighting and desk lamp (remove fluorescent)

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Return to work steps

1) ~~Identify work responsibilities~~
2) ~~Evaluate current activity tolerance, challenges, and strengths~~
3) ~~Evaluate readiness to return~~
4) ~~Create a plan to prepare~~
5) ~~Create gradual RTW schedule~~
6) Identify restrictions and limitations

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Return to work steps

1) ~~Identify work responsibilities~~
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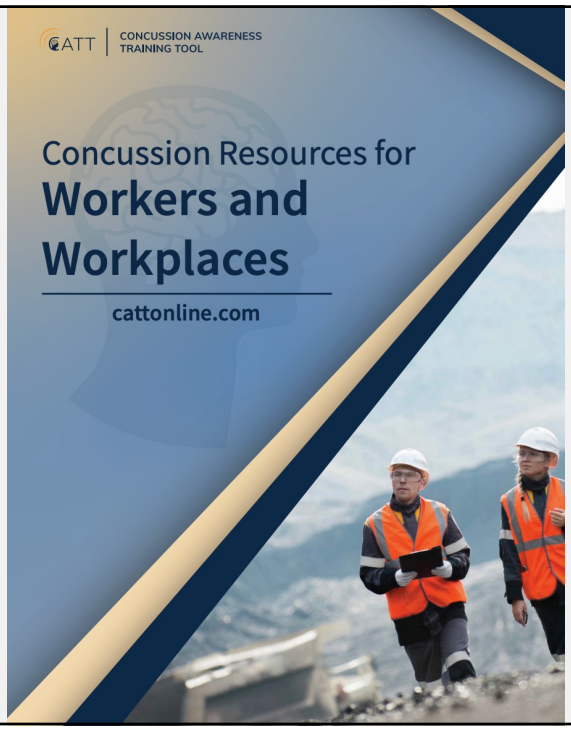

(BC Injury Research and Prevention Unit, 2024)

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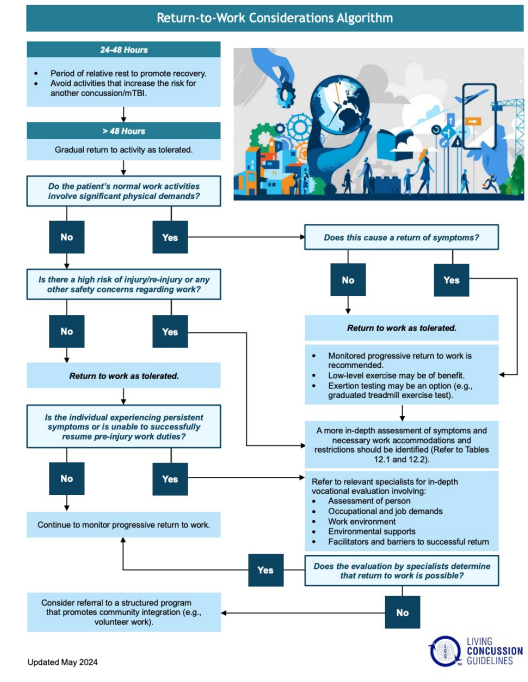

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Thank You!

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