Gradual return to your activities and participation is important for your recovery, starting with a few days to weeks after your injury. Activity is more likely to speed up your recovery than delay it. However, it is important to remember your threshold and be aware of your symptoms. The physical, mental, and emotional difficulties after a concussion/mTBI can make it difficult for you to do regular activities.

During your recovery period, and especially in the first 7 to 10 days, avoid any activity that might put you at risk of having another concussion/mTBI. If you feel the onset of any existing or new symptoms, remember to take frequent breaks and keep the activity load light.

**What should I consider about returning to work?**

Most people can return to work or school within 1 to 2 weeks after the injury. When planning your return to regular activities you need to consider both cognitive and physical activity because both have the potential to make your concussion/mTBI symptoms worse.

In the early days after your injury, try to avoid activities that have a high cognitive load. Activities that cause high cognitive load are those that require a lot of attention, concentration, and problem solving. For example:

- Reading or doing tasks that need you to focus or problem solve
- Using computer or cell phone, watching TV, playing video games
- Being in demanding social situations, such as with too many people, too much noise, or too many things happening at once

It will be helpful for you or your family members to keep track of your tolerance level for both cognitive and physical activity. If any activity causes the onset of new or existing symptoms, reduce your effort for a short while. Take frequent breaks and gradually resume the activity for a shorter period of time.

You may need to do an exertion test (such as a graded treadmill exercise test) to identify the level of effort that causes your symptoms to return. This is what is known as 'your threshold', and the results of this test will be useful when planning your return-to-activity plan.
How can I manage my symptoms at work?
Returning to some activity as soon as possible after a concussion/mTBI will improve your health and well-being. The support of your family, friends, and healthcare providers is important to your recovery.

It is important that your employer helps to modify your work environment and expectations of you, based on your medical restrictions, limitations, and symptom triggers.

What symptoms might I experience after a concussion/mTBI?
Your primary care provider will help you identify any medical or cognitive restrictions that will require accommodations at work. For example, if you have poor balance, a reasonable medical restriction would be “no working at heights”. Similarly, if you have poor concentration or visual difficulties, a reasonable medical restriction would be “no operation of heavy equipment”. If you have difficulty with screens, you may require a blue light screen protector and a desk lamp rather than florescent lighting.

You may experience the following symptoms:

- **Physical**: such as sensitivity to light (photophobia) and sound (sonophobia), or balance and physical fatigue.

- **Cognitive**: affecting your ability to focus, understand, and remember information. Cognitive difficulties can also affect your ability to multi-task, prioritize, organize, plan, and manage your time.

- **Mood related**: affecting your ability to be in large groups or busy places, deal with stress, and manage your feelings.

Examples of work accommodations include:
- Flexible work hours (such as starting later or ending earlier)
- Gradual work re-entry (such as starting at 2 half days per week and increasing gradually)
- Additional time to finish tasks
- A quiet space available for breaks throughout the day
- Temporary change of job
- Environmental modifications such as a quieter work environment, more supervision, less computer work, working from home or only day shift hours
Your healthcare providers will help you create a plan to help you return to work. The goal of this plan is to allow you to work without making your symptoms worse or bringing on new symptoms. The plan that is right for you will depend on the work that you do and the symptoms you have.

Depending on your medical restrictions and limitations, or work accommodations, you may need to have a vocational evaluation. This is especially likely if your job could put your safety or the safety of others at risk, or if your work requires you to make a lot of difficult decisions.

This type of evaluation will look at the following:

- Ability to function mentally and socially
- Work demands
- Work environment
- Existing receiving
- Other factors that are likely to help or make it difficult for you to return to work

If prolonged symptoms make it difficult for you to return to work, there are other temporary options you may want to consider; this could include retraining, taking a course, or doing volunteer work.
### Key Guideline Recommendations

The following key guideline recommendations for healthcare providers have been included here so that you can see what the guideline recommends healthcare providers do in assessing and treating patients after concussion.

<table>
<thead>
<tr>
<th>12.1</th>
<th>Immediately following any concussion/mTBI, patients should be provided with recommendations to avoid activities that would increase their risk for sustaining another concussion during the recovery period, particularly in the first 7-10 days.</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.2</td>
<td>Patients with concussion/mTBI should be encouraged to gradually resume normal activity (activities of daily living, work, physical, school, duty, leisure) based upon their tolerance as long as the activity is not at specific risk for concussion. Patients should be pre-emptively cautioned that transient symptom exacerbations with increased activity are common. If symptoms increase in severity, then a monitored slower progressive return to normal activity as tolerated should be continued.</td>
</tr>
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</table>
| 12.3 | Patients who have not successfully resumed pre-injury work duties following injury should be referred for a interdisciplinary vocational evaluation that includes an assessment of:  
  - Cognitive and psychosocial functioning  
  - Occupational and job demands  
  - Work environment  
  - Environmental supports  
  - Facilitators and barriers to successful work/return to work |
| 12.4 | Within 24-48 hours post-injury:  
  If asymptomatic: the student can attend school as tolerated but should not undergo evaluations (tests, exams) or should write with accommodations (such as separate space, paced breaks, rooms where lights can be altered, additional time) and should be monitored for potential symptoms.  
  If symptomatic: the student should refrain from attending school and from participating in all academic sports activities, including apprenticeship, practicum, and shop related activities, in order to decrease the risk for symptom exacerbation. In addition, the student should be offered psychoeducation and modified at-home study tasks as tolerated. Students should be able to tolerate school and life responsibilities prior to participating in sports or activities that put them at risk. |
After 24-48 hours post-injury:

If asymptomatic: the student may return to academic/program related activities as tolerated as long as they remain asymptomatic.

If symptomatic: the student should refrain from attending academic and/or program-related activities for one full week and up to two full weeks if symptoms remain functionally debilitating.

- Connect with academic accessibility/disability services to request accommodations and receive additional support
- Be monitored for the emergence of potential symptoms and be provided with support an education
- The healthcare professional (with permission) should ensure that accessibility/disability services are notified that a concussion/mTBI has occurred and that the student will require time off and may require accommodations and support for reintegration.
- Reintegration should occur progressively and specific accommodations should match the student’s residual symptoms.

1-2 weeks post-injury:

If symptoms are still functionally debilitating at 1 week post-injury the student should refrain from attending academic and/or program-related activities. The healthcare professional should again notify accessibility/disability services that the student is still symptomatic and accommodations and support for reintegration will be required.

After 2 weeks post-injury:

The student should start attending school (non-physical activities) very gradually as tolerated and with accommodations, even if he/she is still experiencing symptoms. A healthcare professional with experience in concussion/mTBI rehabilitation should provide guidance to the student and educators. Accessibility/disability services should be notified again so teachers/professors can subsequently monitor progress with the student and adjust the return-to-school plan, as necessary.
Additional Resources

Acute Concussion Evaluation (ACE) Care Plan – Work Version
https://braininjuryguidelines.org/concussion/fileadmin/media/appendices/appendix-12-5.pdf

Stepwise Approach to Return-to-Work Planning for Patients with Concussion/mTBI
https://braininjuryguidelines.org/concussion/fileadmin/media/tables/table-12-2.png

Return-to-Work Considerations
https://braininjuryguidelines.org/concussion/fileadmin/media/algorithms/algorith-12-1.pdf

Cautionary Note to Users

The content of the Guideline for Concussion/mTBI & Persistent Symptoms, 3rd Edition: for Adults over 18 years, is based on the status of scientific knowledge available at the time of their finalization (2017) as well as on the consensus of the experts who participated in the guideline development.

This guideline has been created to provide recommendations and help with management of concussion/mild traumatic brain injury (mTBI). It is only for management for adults over 18 years of age. This guideline is not intended for use by people who have sustained or are suspected of having sustained a concussion/mTBI for any self-diagnosis or treatment.

The guideline can be used by patients when speaking with healthcare providers about their care. It covers getting a diagnosis, managing symptoms in the early phase (acute) and management in the longer recovery phase (prolonged symptoms). Patients may wish to bring their healthcare and other providers’ attention to this guideline. It is based on up-to-date, quality research evidence, the expertise of providers and the input of patients.