What Is the Treatment for a Concussion?
Initial treatment for a head injury or concussion is REST, both mental and physical. It is important to allow for sufficient brain rest so that the brain is able to heal. Allow your child to sleep as much as he needs.

Physical rest: Initially, no activity that could cause sweating, sustained increased heart rate or head trauma.

Brain rest: In the first few days following injury, your child should stay home from school until his symptoms are significantly improved. Reintroduce mental activity slowly as your child feels better. Your pediatrician can help guide this gradual process.

When Can My Child Return to School?
It will depend on your child. Every child’s injury and recovery is unique and requires careful observation from parents and doctors. You can promote recovery and prevent ongoing symptoms by following a “return to learn” plan like the one below. Your doctor will customize this plan based on your child’s recovery, and your child will move through the plan at her own pace.

Return to Learn Plan

Step 1: Immediately after a concussion, complete cognitive (thinking, processing) rest for up to a few days is beneficial.
- This may mean no school, no homework, no computer, no texting, no video games and maybe no television if it makes symptoms worse. In general, it is beneficial to minimize screen time.
- As symptoms improve, slowly reintroduce light cognitive activity. Initial activities may include watching television, listening to audio books, drawing and cooking as long as they do not increase symptoms.

Step 2: Light cognitive activity is resumed once your child has had a significant improvement in symptoms at rest.
- Your child may do activities that do not cause symptoms to get worse.
- Initially, your child may only tolerate 5 to 15 minutes of work at a time. Stop the activity when moderate symptoms develop.
- Your child may increase the length of cognitive activity as long as symptoms do not worsen significantly or as long as symptoms improve with less than a 30 minute break.

Step 3: School-specific activity should be increased gradually.
- When feeling better, your child should try to do some schoolwork at home, increasing the duration as tolerated.
- Your child should continue to participate in this activity in short bursts of time (up to 30 minutes) as tolerated and then work up to longer time periods.

Step 4: Follow these guidelines to determine when your child is ready to return to school:
- When your child is able to do 1 to 2 hours of homework at home for 1 to 2 days, she may try to return for a half day of school. Alternately, if your child is able to do 3 to 4 hours of homework at home for 1 to 2 days, she may try to return to school for a full day.
- If symptoms develop while your child is at school, she should take a break in a quiet, supervised area until symptoms resolve. When symptoms resolve, she may return to class.
- If symptoms do not resolve, your child should go home.
- Your child may increase her time in school as tolerated.

continued
When Can My Child Return to Physical Activity (Contact Sports and Play)?

It will depend on your child. You can promote recovery and prevent ongoing symptoms by following a “return to play” plan like the one below. Your doctor will customize this plan based on your child’s needs, and your child will move through the plan at his own pace.

**Return to Play Plan**

**Step 1:** Complete physical rest is beneficial until symptoms are improved. While bed rest is not necessary, your child may only tolerate light walking for up to 15 minutes — nothing that breaks a sweat or causes moderate or severe symptoms to develop.

**Step 2:** Your child may then participate in some light aerobic exercise (brisk walking, stationary cycling, etc.) as long as severe symptoms do not return during or after the activity. No weight training is permitted during this time. Your child should stop if symptoms develop. Your child should not advance until he can tolerate a full day of school without symptoms.

**Step 3:** Once your child is able to tolerate light aerobic exercise and school, he may advance to sport-specific exercise including moderate jogging/brief running, moderate-intensity stationary biking, throwing a baseball and kicking a soccer ball. No head impact activities are permitted.

**Step 4:** Once your child is able to tolerate sport-specific exercise, he may advance to noncontact training drills and heavy noncontact physical exertion, including sprinting/running, high-intensity stationary biking, his regular weightlifting routine and noncontact sport-specific drills.

**Step 5:** At this point, ask your child’s doctor if your child is ready to advance to full contact play.

**If you have questions about your child’s injury, please call your child’s primary care doctor, who can discuss symptoms and help you create a plan. If you have further questions after seeing your child’s primary care doctor, please call CHOP’s Trauma Center at 215-590-5932 or the Center for Sports Medicine and Performance at 215-590-1527.**

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**Call 911 If Your Child Has Any of the Following Symptoms:**

- Seizures (twitching or jerking movement of parts of the body; may look stiff)
- Weakness or tingling in the arms or legs
- Cannot recognize people or places
- Confused, restless or agitated
- Impaired consciousness
- Difficult to arouse or unable to awaken
- Repeated vomiting
- Slurred speech
- Bloody or clear fluid from the nose or ears

**Additional Resources**

**After The Injury**
www.AfterTheInjury.org
This website is dedicated to helping you understand your child’s reactions to injury and learn what you can do to help her respond in a healthy way.

**Brain Injury Association of Pennsylvania**
www.biada.org
800-444-6443

**Brain Injury Alliance of New Jersey**
www.bianj.org
800-669-4323

**Brain Injury Association of Delaware**
www.biade.com
800-411-0505

**BrainSTEPS: Brain Injury School Re-Entry Program**
www.brainsteps.net
724-944-6542

**The Centers for Disease Control and Prevention – Concussion and Mild Traumatic Brain Injury**
www.cdc.gov/concussion

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