

Return-to-Learn Strategy for College Students

Returning to activity after a concussion is difficult, especially for a college student. The process of returning to schoolwork is called return-to-learn. Return-to-learn is a series of steps that gradually return a student to academic work based on their symptoms. Return-to-learn has been [heavily studied](#) in children but less so in college-aged populations. This means that most of the current recommendations are directed toward grade-school students; however, many recommended strategies for returning to schoolwork can be applied to students of all ages. Additional blog posts about return-to-learn research are [here](#), [here](#), and [here](#).

In the return-to-learn process, [college students reported a variety of academic-related symptoms](#). These symptoms included difficulty concentrating and remembering, sensitivity to light and noise, drowsiness, headache, dizziness, and feeling “slowed down.” They also found reading, engaging with computer/projector screens, and paying attention to instructors to be especially difficult.

The process of how we developed this Return-to-Learn protocol

Because few guidelines exist for college students, Concussion Alliance developed the return-to-learn protocol below. To maximize the relevance of this return-to-learn protocol, we engaged with different collegiate stakeholder groups: students who experienced concussions while in college, a disability peer leader, a varsity sports team captain, and college administrators. The stages are partially adapted from [Parachute Canada’s Guideline on Concussion in Sport](#), [US Air Force Academy’s Return-to-Learn](#) and [Northwestern University’s Concussion Management Plan](#), the [Concussion Awareness Training Tool E-Learning Course for Parent and Caregiver](#), and [Achieving Consensus Through a Modified Delphi Technique to Create the Post-concussion Collegiate Return-to-Learn Protocol](#).

About Return-to-Learn Stages

Return-to-learn consists of several stages that increase cognitive tasks while minimizing symptoms. The first stage is 24-48 hours; for the rest of the stages, the amount of time for each stage will vary for each student, and some stages may take longer than others. At a minimum, each stage should be 24 hours. A student can move to the next stage when they can tolerate the activities in the current stage without new or worsening symptoms. For the student to move on to the next stage, symptoms do not have to disappear completely.

If symptoms reappear or worsen, the student should stay at the current stage for at least an additional 24 hours or move back a stage. You can review or revise accommodations as needed. Keep in mind [red flag symptoms](#): If these are present, seek medical care immediately.

For [symptoms that persist](#), current guidelines suggest seeking specialized care in these time frames: [neck pain \(as soon as possible\)](#), most [other symptoms \(2-3 weeks\)](#), and [vision issues \(4 weeks\)](#).

Return-to-Learn Stages for College Students

Stage 0

Cognitive and Physical Rest (24-48 hours): Minimize any activities that require physical or cognitive activity or may aggravate symptoms, such as doing schoolwork, screen time, reading, driving, bright lights, and loud noises. Staying in living spaces during this time, which can help avoid bright lights and loud noises, may be beneficial. However, staying in a dark room for prolonged periods (commonly called ‘cocooning’) is no longer recommended and may delay recovery. It may also be helpful to eat meals in living spaces to avoid dining halls or eat in dining halls during periods when fewer students are present if the student lives on campus. Move to Stage 1 when symptoms begin to improve (after resting for at least 24 hours) or after resting for 48 hours maximum.

Important additional steps (you may want to ask a friend or other support person for assistance):

- Seek immediate emergency medical care if you experience any red flag symptoms (e.g. severe or worsening headache, slurred speech, persistent vomiting; see our [College Students](#) page for more red flag symptoms).
- All concussion patients should see a medical provider as soon as possible, ideally within 24-72 hours of their injury.
- Begin building your **multidisciplinary team** (see the end of this document for details). Contact your team and any peer supports that may be helpful (student wellness leaders, resident advisors, class TAs, club presidents, sports captains, etc). Let them know that you have a concussion and may need help or support in the coming weeks; you should stay in contact with your team throughout the Return-to-Learn process.
- Your dean or accessibility staff should begin the accommodations process upon notification; read our [Accommodations & Strategies Guide for College Students](#) for more information.
- Notify instructors that you will likely need to miss class in the next 24-72 hours (depending on symptom severity) and may have to miss further classes going forward depending on your recovery timeline.

Stage 1

Light Cognitive/Physical Activity: Light cognitive activities, such as easy reading, limited TV, and short peer contact, are introduced. Cell phone and computer usage should be limited. If symptoms worsen, the student should take a break from the activity that is exacerbating them. Light physical activity like walking should be added as well. This stage ends when 30 minutes of cognitive activity can be tolerated.

If you haven't already, begin discussing academic adjustments or accommodations with your accessibility resource office and instructors. Refer to our [guide for accommodations and self-care strategies](#) for yourself; it may be helpful to send your professors our [guide for educators on accessibility adjustments](#) for their classes.

Stage 2

School-Type Work/Gradually Increased Physical Activity: School-type work in 30-minute chunks, such as assignments or readings with modifications as necessary, is added when tolerated. When students can tolerate 60 total minutes of cognitive activity in chunks, move on to the next stage. For guidelines on physical activity, refer to [Guidelines for Recovery](#).

Stage 3

Part-Time School, Light Load: Up to 120 total minutes of cognitive activity, taking breaks as needed. Taking preventative breaks before symptoms worsen can help increase tolerance for cognitive activity. Begin going to a class or two, taking breaks as needed. It may be easier to avoid classes that may lead to the onset of symptoms, such as classes with labs, excessive computer use, or more challenging material. Testing and exams are not recommended during this stage, and students should work with their professors and the Accessibility Office to create an alternative exam or paper schedule. When able to tolerate schoolwork for around 2 hours at a time without new or worsening symptoms, advance to Stage 4.

Stage 4

Part-Time School, Moderate Load:

1. Introduce limited testing with modifications (e.g., extra time, reduced distraction testing environments, open-note options).
2. Begin schoolwork for 4-5 hours a day, including homework, and attend more class sessions.
3. Reduce learning accommodations as needed, though it's always an option to ask for the accommodation back if reducing an accommodation is too much or increases symptoms.
4. Move on to Stage 5 once 4-5 hours of schoolwork for several days during the week is tolerated.

Discuss rehabilitative treatment options with your medical provider if: you are not progressing through this protocol within 2-4 weeks, you have symptoms that have not improved, or your symptoms continue to worsen during cognitive activities (especially schoolwork, classes, or exams).

Stage 5

Nearly Normal Workload: This stage signals the return to nearly normal cognitive activities, doing routine schoolwork and homework as tolerated. Learning accommodations may be further reduced during this stage. When able to tolerate a full-time academic load without worsening symptoms, move on to the final stage, Stage 6.

Stage 6

Full Time: Return to normal cognitive activities, with routine schoolwork, full curriculum load, and no learning accommodations. The return-to-learn process has ended, and the process of returning to sports or higher-risk physical activities when cleared by a medical professional may begin.

Notes About the Return-to-Learn Process

When considering the recommended activity duration within each stage, keep in mind these are recommendations adapted partially from guidelines designed for school children. Research suggests when compared to younger students, [older students are able to spend more time on academic tasks before symptoms worsen](#). The point is to gradually increase the amount of time spent on schoolwork without aggravating symptoms, so the duration for each activity can be treated more as a suggestion instead of a hard rule.

Further academic modifications may be necessary when the student experiences prolonged symptoms that necessitate the student not attending class for an extended period and may require a medical leave of absence from school, as determined by the student's physician under advisement from the rest of the medical team.

Comorbid conditions such as mental health issues (i.e., depression), ADHD, cognitive disabilities, and sleep disorders have been reported as a consequence of sport-related concussions. The physician will consider these additional diagnoses when developing the treatment recommendations and communicate concerns with the multidisciplinary team.

Details about your multidisciplinary team

Be sure to work with your **multidisciplinary team** to help coordinate and keep communication lines open regarding decisions to progress, regress, or maintain the status quo during the

return-to-learn process. Your multidisciplinary team may include but is not limited to, physicians, athletic trainers, academic advising staff, coaches, administrators/professors.

Your multidisciplinary team may include the following:

Medical Team: primary care physician, sports medicine or brain injury medicine physician, mental healthcare professional (psychologist or other behavioral health providers), and athletic trainer (if relevant).

Academic Team: campus academic advisor, assistant dean of students, accessibility office, academic dean, professors—and (if relevant), athletic academic advisor, faculty Athletic Representative.

Family Team: Roommates, parents, siblings, and close friends—and (if relevant) teammates and coaches.