

## Active Rehabilitation Calendar

### INSTRUCTIONS

Goal: Slowly and gradually increase time and effort spent on activities each day, within limits.

#### Upon initiating your Active Rehab Program

1. Choose your daily **physical** challenge
  - a. Examples: walking, jogging, biking, swimming
2. Choose your daily **cognitive** challenge
  - a. Examples: reading, writing, screen time, knitting

#### To progress through Active Rehab Calendar

Increase intensity of activities each day according to severity of symptoms:

- Increase time or effort of activities when symptoms are in **GREEN** or **YELLOW** zones.
- Avoiding pushing too hard when symptoms are in **RED** zone.

#### “Green-Yellow-Red” Symptom Severity Scale:

<b>GREEN</b>	<b>YELLOW</b>	<b>RED</b>
<p><b>Participates in activity at 100% of ability</b></p> <p>Example: I have a headache but I can still participate fully in a soccer game</p>	<p><b>Participates in activity at LESS than 100% of ability</b></p> <p>Example: I have a headache and I can play a soccer game, but I can't run as fast and need lots of rest breaks</p>	<p><b>UNABLE to participate in activity</b></p> <p>Example: I have a headache, and it is so severe that I cannot play soccer at all</p>

#### Remember...

- Make sure to **complete Step 1 the DAY BEFORE** your physical and cognitive challenges!
- Progress physical and cognitive challenges in a **slow and graduated manner**, so as not to make symptoms worse.
- Medical clearance is required before returning to full contact sports.

Access this resource on our website: [www.neurologycentreutoronto.com](http://www.neurologycentreutoronto.com),  
“Concussion”, “NCT Concussion Care Team Resources: Concussion”, “Active Rehabilitation – Calendar”

## Step 1: PLAN

Complete this section **ONE DAY BEFORE** challenge:

Day #	Example Day	Day 1	Day 2	Day 3
Tomorrow's Date	June 1, 2018			
<b>Physical Challenge:</b> Walk, 10 min What time tomorrow will I complete this?	10:00 am			
<b>Cognitive Challenge:</b> Reading, 5 min What time tomorrow will I complete this?	1:30 pm			

## Step 2: DO

Complete this section **THE DAY OF** challenge:

Day #	Example Day	Day 1	Day 2	Day 3
Today's Date	June 1, 2018			
<b>Physical Challenge:</b> Walk, 10 min Time completed: Symptoms: Challenge completed? Challenge set for tomorrow?	10:00 am Green: <input checked="" type="checkbox"/> Yellow: <input checked="" type="checkbox"/> Red: <input type="checkbox"/> Yes    No <input checked="" type="checkbox"/>	Green: <input type="checkbox"/> Yellow: <input type="checkbox"/> Red: <input type="checkbox"/> Yes    No <input type="checkbox"/>	Green: <input type="checkbox"/> Yellow: <input type="checkbox"/> Red: <input type="checkbox"/> Yes    No <input type="checkbox"/>	Green: <input type="checkbox"/> Yellow: <input type="checkbox"/> Red: <input type="checkbox"/> Yes    No <input type="checkbox"/>
<b>Cognitive Challenge:</b> Reading, 5 min Time completed: Symptoms: Challenge completed? Challenge set for tomorrow?	10:00 am Green: <input checked="" type="checkbox"/> Yellow: <input type="checkbox"/> Red: <input type="checkbox"/> Yes <b>No</b> <input checked="" type="checkbox"/>	Green: <input type="checkbox"/> Yellow: <input type="checkbox"/> Red: <input type="checkbox"/> Yes    No <input type="checkbox"/>	Green: <input type="checkbox"/> Yellow: <input type="checkbox"/> Red: <input type="checkbox"/> Yes    No <input type="checkbox"/>	Green: <input type="checkbox"/> Yellow: <input type="checkbox"/> Red: <input type="checkbox"/> Yes    No <input type="checkbox"/>

## Step 1: PLAN

Complete this section **ONE DAY BEFORE** challenge:

Day #	Day ____	Day ____	Day ____	Day ____
Tomorrow's Date				
<b>Physical Challenge:</b> What time tomorrow will I complete this?				
<b>Cognitive Challenge:</b> What time tomorrow will I complete this?				

## Step 2: DO

Complete this section **THE DAY OF** challenge:

Day #	Day ____	Day ____	Day ____	Day ____
Today's Date				
<b>Physical Challenge:</b> Time completed: Symptoms: Challenge completed? Challenge set for tomorrow?	Green: <input type="checkbox"/> Yellow: <input type="checkbox"/> Red: <input type="checkbox"/> Yes    No <input type="checkbox"/>	Green: <input type="checkbox"/> Yellow: <input type="checkbox"/> Red: <input type="checkbox"/> Yes    No <input type="checkbox"/>	Green: <input type="checkbox"/> Yellow: <input type="checkbox"/> Red: <input type="checkbox"/> Yes    No <input type="checkbox"/>	Green: <input type="checkbox"/> Yellow: <input type="checkbox"/> Red: <input type="checkbox"/> Yes    No <input type="checkbox"/>
<b>Cognitive Challenge:</b> Time completed: Symptoms: Challenge completed? Challenge set for tomorrow?	Green: <input type="checkbox"/> Yellow: <input type="checkbox"/> Red: <input type="checkbox"/> Yes    No <input type="checkbox"/>	Green: <input type="checkbox"/> Yellow: <input type="checkbox"/> Red: <input type="checkbox"/> Yes    No <input type="checkbox"/>	Green: <input type="checkbox"/> Yellow: <input type="checkbox"/> Red: <input type="checkbox"/> Yes    No <input type="checkbox"/>	Green: <input type="checkbox"/> Yellow: <input type="checkbox"/> Red: <input type="checkbox"/> Yes    No <input type="checkbox"/>