

## Medical Clearance Letter

Date: \_\_\_\_\_ Athlete's Name: \_\_\_\_\_

To whom it may concern,

Athletes who are diagnosed with a concussion should be managed according to the *Canadian Guideline on Concussion in Sport* including the *Return-to-Activities* and *Return-to-Sport Strategies* (see page 2 of this letter). Accordingly, the above athlete has been medically cleared to participate in the following activities as tolerated effective the date stated above (please check all that apply):

- Symptom-limiting activity (cognitive and physical activities that don't provoke symptoms)
- Light aerobic activity (Walking or stationary cycling at slow to medium pace. No resistance training)
- Sport-specific exercise (Running or skating drills. No head impact activities)
- Non-contact practice (Harder training drills, e.g. passing drills. May start progressive resistance training. Including gym class activities without a risk of contact, e.g. tennis, running, swimming)
- Full-contact practice (Including gym class activities with risk of contact and head impact, e.g. soccer, basketball)
- Full game play

**What if symptoms recur?** Any athlete who has been cleared for physical activities, gym class or non-contact practice, and who has a recurrence of symptoms, should immediately remove himself or herself from the activity and inform the teacher or coach. If the symptoms subside, the athlete may continue to participate in these activities as tolerated.

Athletes who have been cleared for full contact practice or game play must be able to participate in full-time school/work (or normal cognitive activity) as well as high intensity resistance and endurance exercise (including non-contact practice) without symptom recurrence. Any athlete who has been cleared for full-contact practice or full game play and has a recurrence of symptoms, should immediately remove himself or herself from play, inform their teacher or coach, and undergo medical assessment by a medical doctor or nurse practitioner before returning to full-contact practice or games.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*.

Other comments:

\_\_\_\_\_  
\_\_\_\_\_

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print \_\_\_\_\_ M.D. / N.P. (circle appropriate designation)\*

*\*In rural or northern regions, the Medical Assessment Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.*

**We recommend that this document be provided to the athlete without charge**

**Return-to-Activities Strategy<sup>1</sup>**

The following is a general guide that should be used to help athletes, their parents/guardians, medical professionals and teachers or supervisors, if applicable, to collaborate in supporting the athlete to make a gradual return to school, work and other daily activities, particularly activities requiring thinking and concentration. Depending on the severity and type of the symptoms present athletes will progress through the following stages at different rates. If the athlete experiences new symptoms or worsening symptoms at any stage, they should return to the previous stage before trying again. Athletes and their parents/guardians should be encouraged to ask their school or workplace, if applicable, if they have a Return-to-Learn Program or return-to-work procedures in place.

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2	School/work activities	Homework, reading or other cognitive activities outside of the classroom/work environment.	Increase tolerance to cognitive work.
3	Return to school/work part-time	Gradual introduction of schoolwork and/or work duties. May need to start with a partial school/work day or with increased breaks during the day.	Increase academic and/or work activities.
4	Return to school/work full-time	Gradually progress.	Return to full academic and/or activities and catch up on missed schoolwork and/or work requirements.

**Return-to-Sport Strategy<sup>1</sup>**

The following is an outline of the Return-to-Sport Strategy that should be used to help athletes, their parents/guardians, coaches, trainers, and medical professionals to partner in supporting the athlete to make a gradual return to sport activities.

An initial period of 24-48 hours of rest is recommended before starting the Return-to-Sport Strategy. The athlete should spend a minimum duration of 24 hours without symptom increases at each stage before progressing to the next one. If the athlete experiences new symptoms or worsening symptoms at any stage, they should return to the previous stage before trying again.

It is important that athletes return to full-time school, work or other activities that do not put the athlete at risk for another concussion before progressing to stage 5 and 6 of the Return-to-Sport Strategy. It is also important that all athletes or their parents/guardians provide their coach with a *Medical Clearance Letter* prior to returning to full contact sport activities, where the athlete may be at risk for another concussion.

These guidelines are subject to any medical guidance or advice that the athlete may be receiving regarding the ability of the athlete to resume certain activities following the diagnosis of a concussion. That advice should be the primary advice that an athlete follows prior to resuming activities and medical clearance can only be provided by a licensed medical doctor or nurse practitioner.

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training. <i>-Light intensity jogging or stationary cycling for 15-20 minutes at sub-symptom threshold intensity</i>	Increase heart rate.
3	Sport-specific exercise	Running drills. No head impact activities. <i>- Moderate intensity jogging for 30-60 minutes at sub-symptom threshold intensity</i> <i>- Low to moderate impact and agility drills</i>	Add movement.
4	Non-contact training drills	Harder training drills. May start progressive resistance training. <i>- Participation in high intensity running and drills</i> <i>- Non-contact practice</i> <i>- Participation in resistance training work-outs</i>	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance <i>- Participation in full practice without activity restriction</i>	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal participation	

<sup>1</sup>Adapted from: McCrory et al. (2017). Consensus statement on concussion in sport – the 5<sup>th</sup> international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847.  
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