**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, 2nd edition,* including the *Return-to-School* 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):

* **Return-to-Sport Step 4: Non-contact training drills and activities with risk of inadvertent head impact (Exercises with no body contact at high intensity)**
* **Return-to-Sport Step 5: Return to all non-competitive activities, full-contact practice and physical education activities**
* **Return-to-Sport Step 6: Unrestricted sport and physical activity**

**What if symptoms recur?**   
Athletes who have been medically cleared must be able to participate in full-time school, if applicable, as well as high intensity resistance and endurance exercise without symptom recurrence. Any athlete who has been medically cleared and has a recurrence of symptoms, should immediately remove themself from play and inform their coach, teacher or parent/caregiver. Medical clearance is required before progressing to step 4 of the Return-to-Sport Strategy again.

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:

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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 Clearance 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-School Strategy**

The *Return-to-School Strategy* should be used to help students make a gradual return to school activities. Progression through the steps will look different for each student. It is common for symptoms to worsen **mildly and** **briefly** with activity. If the student’s symptoms worsen more than this, pause and adapt activities as needed.

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| --- | --- | --- | --- |
| Step | Activity | Description | Goal of each step |
| **1** | Activities of daily living and relative rest (first 24-48 hours) | Typical activities at home (e.g. preparing meals, social interactions, light walking). Minimize screen time. | Gradual reintroduction of typical activities |
| **2** | School activities with encouragement to return to school (as tolerated) | Homework, reading or other light cognitive activities at school or home. Take breaks and adapt activities as needed. Gradually resume screen time, as tolerated. | Increase tolerance to cognitive work and connect socially with peers |
| **3** | Part-time or full days at school with accommodations | Gradually reintroduce schoolwork. Part-time school days with access to breaks and other accommodations may be required. Gradually reduce accommodations related to the concussion and increase workload. | Increase academic activities |
| **4** | Return to school full-time | Return to full days at school and academic activities, without accommodations related to the concussion. | Return to full academic activities |

**Return-to-Sport Strategy**

The Return-to-Sport Strategy should be used to the athlete to make a gradual return to sport activities. The athlete should spend a minimum of 24 hours at each step before progressing to the next. It is common for symptoms to worsen **mildly and** **briefly** with activity and this is acceptable through steps 1 to 3. If the athlete’s symptoms worsen more than this, they should stop the activity and try resuming the next day at the same step. It is important that athletes return to full-time school activities, if applicable, and provide their coach with a Medical Clearance Letter before progressing to step 4.

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| --- | --- | --- | --- |
| **Step** | **Activity** | **Description** | **Goal of each step** |
| **1** | Activities of daily living and relative rest (first 24-48 hours) | Typical activities at home (e.g. preparing meals, social interactions, light walking). Minimize screen time. | Gradual reintroduction of typical activities. |
| **2** | 2A: Light effort aerobic exercise  2B: Moderate effort aerobic exercise | Walking or stationary cycling at slow to medium pace. May begin light resistance training. Gradually increase intensity of aerobic activities, such as stationary cycling and walking at a brisk pace. | Increase heart rate. |
| **3** | Individual sport-specific activities, without risk of inadvertent head impact | Add sport-specific activities (e.g., running, changing direction, individual drills). Perform activities individually and under supervision. | Increase the intensity of aerobic activities and introduce low-risk sport- specific movements. |
| **Medical clearance** | | | |
| **4** | Non-contact training drills and activities | Exercises with no body contact at high intensity. More challenging drills and activities (e.g., passing drills, multi-athlete training and practices). | Resume usual intensity of exercise, co-ordination and activity-related cognitive skills. |
| **5** | Return to all non- competitive activities, full-contact practice and physical education activities | Progress to higher-risk activities including typical training activities, full-contact sport practices and physical education class activities. Do not participate in competitive gameplay. | Return to activities that have a risk of falling or body contact, restore confidence and assess functional skills by coaching staff. |
| **6** | Return to sport | Unrestricted sport and physical activity |  |

Tables adapted from: Patricios, Schneider et al., 2023; Reed, Zemek et al., 2023