

Medical Clearance Letter

Date:	Athlete's Name:		
To whom it may concern,			
Cana Schoo Acco	tes who are diagnosed with a concussion should be managed according to the dian Guideline on Concussion in Sport, 2nd edition, including the Return-to-I and Ringette-Specific Return-to-Sport Strategies (see page 2 of this letter). dingly, the above athlete has been medically cleared to participate in the ing activities as tolerated effective the date stated above (please check all that:		
	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		
Athle school withous recur their	if symptoms recur? The symptoms recur? The symptoms recur? The symptoms recurs are the symptom recurrence. Any athlete who has been medically cleared and has a symptom recurrence. Any athlete who has been medically cleared and has a symptoms, should immediately remove themself from play and inform coach, teacher or parent/caregiver. Medical clearance is required before sessing to step 4 of the Ringette-Specific Return-to-Sport Strategy again.		
conc	thlete who returns to practices or games and sustains a new suspected ssion should be managed according to the Ringette Canada Concussion Policy rotocol.		
Othe	comments:		
	Sincerely,		
_	ture/print M.D. / N.P. (circle appropriate nation)*		

*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

Activity Description Step Typical activities at home (e.g. Activities of daily living & relative rest preparing meals, social interactions, light walking). Minimize screen time. After a maximum of 24-48 hours after injury, progress to Step 2. Homework, reading or other light cognitive activities at school or home. Take breaks & adapt activities as needed. School activities with encouragement to return to school (as tolerated) If the student can tolerate school activities, progress to Step 3. Gradually reintroduce schoolwork. Part-time school days with access to breaks & other accommodations may be required. Part-time or full days at school with Gradually reduce accommodations related to the concussion and increase workload. If student can tolerate full days without accommodations for concussion, progress to Step Return to full days at school & academic activities, without accommodations related to the

Return to School is complete.

Return to school full-time

concussion.
 For return to sport & physical activity,

including physical education class, refer to the Ringette-Specific Return-to-Sport Strategy.

Ringette-Specific Return-to-

Sport Strategy

Step	Activity	Description
,	Activities of daily living & relative rest (First 24 – 48 hours)	Typical activities at home (e.g. preparing meals, social interactions, light walking). Minimize screen time.
		After maximum of 24–48 hours after injury, progress to Step 2
	2A: Light effort aerobic exercise	Walking or stationary cycling at slow to medium pace for 10 – 15 minutes. May begin light resistance training that does not result in more than mild & brief worsening of symptoms. Exercise up to approximately 55% of maximum heart rate. Take breaks & modify activities as needed.
	2B: Moderate effort aerobic exercise	Gradually increase tokrance & intensity of aerobic activities, such as walking or stationary cycling at a brisk pace for 10 – 15 minutes. May begin light resistance training that does not result in more than mild & brief worsening of symptoms. Exercise up to approximately 70% of maximum heart rate. Take breaks & modify activities as needed.
		If the player can tolerate moderate aerobic exercise, progress to Step 3
	Individual ringette-specific activities, without risk of inadvertent head impact	 Add ringette-specific activities (e.g., skating, changing direction, individual drills) for 20 – 30 minutes. Perform activities individually & under supervision from a parent/guardian, coach, or Safety Personnel. Progress to where the athlete is free of concussion-related symptoms, even when exercising. There should be no body contact or other jarring motions, such as high-speed stops. Athletes should wear a "No Contact 'identification primy.
	f an athlete has co	Medical Clearance ompleted Return-to-School (if applicable) & has been medically cleared, progress to Step 4.
	Non-contact training drills and activities	Progress to exercises with no body contact at high intensity, including more challenging drills & activities (e.g., shooting & passing drills, multi-player training, & practices). Where possible, give extra space around other athletes to avoid collisions or falls on the ice. Athletes should wear a "No Contact" identification pinny.
	If the athlete can	tolerate the usual intensity of activities with no return of symptoms, progress to Step 5.
5	Return to all non- competitive activities, full- contact practice & physical education activities	Progress to higher-risk activities including typical training activities, full-contact ringette practice & physical education class activities. On not participate in competitive gameplay.
	If the	athlete can tolerate non-competitive, high-risk activities, progress to Step 6
6	Return to sport	Unrestricted sport & physical activity Full gameplay
_		Return to Sport is complete.